

Morehouse School of Medicine
Division of Graduate Education in Nursing
Post-Master's DNP Applicant
Preceptor-Supervised Clinical Hours Verification Form

Directions to Student:

Applicants must provide verification of prior preceptor-supervised clinical hours from their master's degree for admission to the Post-Master's Doctor of Nursing Practice (DNP) program. These verified hours will be applied to the 1,000 clinical hours required for DNP degree completion. Please send this form to the academic institution that granted your master's degree and request that it be completed and returned as directed below.

Directions to Academic Institution:

Please complete this form and submit it electronically to: msmnursing@msm.edu
If you are unable to submit the form electronically, you may print, sign, and mail it in a sealed institutional envelope to the address listed below.

Student Information

Name of Graduate (Last, First): _____

Name of Institution Where Master's Degree Was Conferred: _____

Year Master's Degree Conferred: _____

Practice Specialty Completed by Graduate

(Select one. If not listed, select "Other" and provide the specific specialty.)

- | | |
|---|---|
| <input type="checkbox"/> Adult/Gero NP (primary or acute) | <input type="checkbox"/> CNS _____ (enter population) |
| <input type="checkbox"/> Nursing Administration. | <input type="checkbox"/> Psych/Mental Health NP |
| <input type="checkbox"/> Nurse Anesthesia. | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Adult/Women's Health NP. | <input type="checkbox"/> Family NP |
| <input type="checkbox"/> Nursing Informatics | <input type="checkbox"/> Nurse Midwifery |
| <input type="checkbox"/> Women's Health NP | <input type="checkbox"/> Pediatric NP |
| <input type="checkbox"/> Other: _____ | |

Total Number of Preceptor-Supervised Clinical Hours Completed in Master's Program:

_____ Hours

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Program Director Verification

Program Director Name: _____

Signature: _____ Date: _____

Institution or Program Seal/Stamp: (Not required if submitted electronically)

Submit Electronically To: **nursing@msm.edu**

If mailing is necessary, send to:

Morehouse School of Medicine

Graduate Education in Nursing

Attn: Admissions Office – Post-Master's DNP

720 Westview Drive SW

Atlanta, GA 30310

☎ Questions? Contact us at 404-752-1500 or nursing@msm.edu