



REGIS

Verification of Hours

Applicant

Name: _____

Date: _____

Faculty

Reviewer

Name: _____

Date: _____

Master's/Doctoral Program/Prior Clinical Hours (applicant to complete)

| | |
|----------------------------|--|
| School: | |
| Location: | |
| Year Graduated: | |
| Specialty: | |
| Practicum Hours Completed: | |

Applicant Signature
(electronic portfolio, i.e. Elogs, Typhon, attached)

Organization Signature/Title
Required if electronic portfolio not attached

Experiential Learning

1. National Certification(s)/ANCC or other Nurse Specialty Certification Organization

200 hours/initial certification and 50 hours/re-certification(s)

Attach copy of certification document(s) to support (re)certification(s)

Hours applied: _____ (applicant to complete)

Hours approved: _____ (faculty reviewer to complete)

Please list:

| (Re)Certification | Hours Applied | Document attached |
|-------------------|---------------|-------------------|
| | | |



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2. Employment activities above and beyond employment requirements

Examples might include **leadership** in your organization’s health policy work or committee work that is over and above your employment responsibilities at your place of employment (Quality Improvement committee leader/activities; EMR implementation leader; ad hoc committees/leadership addressing workplace concerns, etc.). List employment leadership activity, DNP Essential alignment, and hours claimed.

Learning experience at employment

Hours applied: _____ (applicant to complete)

Hours approved: _____ (faculty reviewer to complete)

List/Describe:

| Leadership Activity | DNP Essential Alignment | Hours Claimed |
|---------------------|-------------------------|---------------|
| | | |

National/State/Regional professional nursing affiliation activities

Examples might include leadership in a professional nursing organization such as STTI, ANA, AONE, or State Nursing Organization. List leadership activity, DNP Essential alignment, and hours claimed.

Hours applied: _____ (applicant to complete)

Hours approved: _____ (faculty reviewer to complete)

List/Describe:

| Leadership Activity | DNP Essential Alignment | Hours Claimed |
|---------------------|-------------------------|---------------|
| | | |



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Student Signature

Date

**Faculty Reviewer
Signature**

Date

**Program Director
Signature**

Date

Total Hours Approved by Program Director (not to exceed 600): _____

Total Hours Applicant must complete in NU 740- NU 743: _____