University of Miami
School of Nursing and Health Studies

DOCUMENTATION OF CLINICAL HOURS IN MASTER'S COURSE OF STUDY

I, _____, am an applicant to the University of Miami School of Nursing and Health Studies DNP program and must submit confirmation of the number of supervised clinical hours that I completed in my master's program. Please complete the form below and fax to 305-284-6540, Attention: Daphne Perez, or mail to:

University of Miami
School of Nursing and Health Studies
Office of Student Services
PO Box 248153
Coral Gables, FL 33124-3850

_____ _____
Signature Date

_____ attended the Master's program at

_____
(College/University)

from _____to_____.
(Dates of attendance)

He/she received the _____degree on _____

with a specialization in _____ (NP, CNS, administration, informatics, etc).

The MSN degree contained_____ total credit hours and _____ supervised clinical hours.

Name of Dean or Program Director (print) _____

Signature _____Date_____

Phone number: _____ E-mail: _____

For UM SONHS Use ONLY: This documentation has been reviewed and completion of _____ supervised clinical hours have been confirmed.

Faculty Name (print) _____

Signature _____ Date _____

Revised 5/5/2014