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 completed in Masters or supervised Post-Master’s program/ projects. The attached completed Clinical Hours Portfolio reflects these hours. As the identified contact person for identified clinical hours, please verify that these hours were completed and meet the requirements for the Clinical Hour Portfolio as described within the document. Please complete the form below and mail with the completed Clinical Hours Portfolio form IN A SEALED ENVELOPE DIRECTLY to:

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

________________________________________________________ _______________________
Signature         Date

________________________________________________________ completed _____ clinical hours
described in the Clinical Hours Portfolio at ____________________________

(College/University/ Practice Site)
from ___________________________ to ___________________________.
(Dates of attendance)

Name of Dean/ Program Director/ Supervisor (print) ____________________________

Title _________________________________________________________________________________

Signature __________________________________________Date______________________________

Phone number: ____________________________   E-mail: ________________________________

For UM SONHS Use ONLY: This portfolio was reviewed for clinical hour equivalency. We have determined that this portfolio is equivalent to ____ clinical hours.

Faculty Name (print) ____________________________

Signature __________________________________________ Date ____________________________

Approved by GASAC Committee on 7/17/2013