



Rush University, College of Nursing  
Verification of Post-Baccalaureate Clinical Practice Hours

**DNP Applicant: Please have the Faculty Advisor or Program Director from the school in which you did your advanced practice work validate the supervised clinical hours you completed.**

**Upload the clinical hours verification form to the Documents section of the Program Materials section of NursingCAS.**

**Student Name** \_\_\_\_\_

**University** \_\_\_\_\_

**University Address** \_\_\_\_\_

**University Phone** \_\_\_\_\_

**Program** \_\_\_\_\_ **Concentration** \_\_\_\_\_

**Date of Completion** \_\_\_\_\_

**Number of Clinical Practice Hours** \_\_\_\_\_

**Your signature on this form attests to the above name individual has completed the program and clinical practice hours indicated on this document.**

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_