



## Documentation of 1,000 Hours of Supervised Clinical Practica Experience

Student: \_\_\_\_\_ Faculty Advisor: \_\_\_\_\_  
 Entry to Program: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

**Clinical hours accepted from previous MSN and certificate programs:**

University: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Specialty Program: \_\_\_\_\_ Hours: \_\_\_\_\_  
 University: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Specialty Program: \_\_\_\_\_ Hours: \_\_\_\_\_  
 University: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Specialty Program: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Total Previous Clinical Hours: \_\_\_\_\_

**MU DNP Clinical Practica Hours completed:**

Course	Credit Hrs.	Semester	Total Clinical Hours	Course	Credit Hrs.	Semester	Total Clinical Hours
<b>Total MU Clinical Hours:</b>							
<b>Total for All Clinical Hours:</b>							

*Note: Total must equal at least 1000 hours before student is eligible to graduate from DNP program.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Action Taken: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Director of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_