Valdosta State University
School of Nursing
Verification of Graduate Clinical and Practice Hours for MSN-DNP students

The DNP applicant should forward this form to the MSN program director for completion. Once completed, please upload in your Self-Service Center checklist (https://valdosta.radiusbycampusmgmt.com/ssc/zx6702SSA7020x671mfIF.ssc).

Student Name (Print or type):_____

                                 First   Middle/Maiden   Last

Student's ID Number:_____

The information below _must be completed by the MSN program director_

1. **Name of University:**_____

   Program Name:_____

   University Address:_____

   University Telephone:_____

2. **Type of Degree Received: MSN or Post-Masters**

   _____

3. **Area of Concentration: (FNP, AGNP, etc.)**_____

4. **Date of Program Completion:**_____

5. **Total number of clinical practice hours in the program (clock hours):**_____

6. **Your signature on this form attests that the above named has completed the program indicated on this document.**

   Program Director (print name):_____

   Program Director's email address:_____

   Program Director (signature):_____

   Date:_____