



DNP Verification of Practicum/Residency Hours

Student Name:

E or T #:

Course #:

Course Name:

Semester:

Year:

Residency:

Track:

Area of Concentration:

Number of NP clinical specialty hours in this course (only for BSN NP students or MSN students who are changing concentration)

Number of residency, practicum/residency hours in this course

Total number of clinical practicum/residency practicum hours in this course

Examples of residency activities: meetings, webinars, and attendance at all presentations related to the DNP project. Please complete the DNP Residency/Practicum Non-Precepted Activity Form for each activity.

Student's Electronic Signature:

Date:

Chair's Electronic Signature:

Date:

Note: All residency activities must be signed by the chair. Faculty signature is required for clinical activities.