APPENDIX V
EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF NURSING
(CON INTERNAL FORM USE ONLY)
Doctor of Nursing Practice
Verification of Practicum/Residency Hours

(Please print or type)

Name _____
Last First MI

Student ID _____

Course Number _____

Course Name _____

Semester/Year _____

Area of Concentration _____

Number of NP Clinical Specialty Hours in this course (only for BSN NP students)_____
Clock Hours

Number of Residency/Internship, Practicum/Residency Hours in this course_____
Clock Hours

Total Number of Clinical Practicum/Residency Practicum Hours in this course_____
Clock Hours

Experience(s): Meetings, webinars, and attendance at presentations all related to proposed capstone project. Individual activity forms completed for each activity and submitted to chair/faculty for approval.

Student Signature _____ Date _____

*Chair/Faculty Signature _____Date _____

*All Residency activities must be signed by the chair & faculty signature is required for clinical activities.

Copies: Student
Course Faculty

Approved October, 2013