



PACIFIC
LUTHERAN
UNIVERSITY

School of Nursing

Doctor of Nursing Practice Program Verification of Practicum Hours

To Applicant:

Please complete the top section and forward this form along with a stamped, addressed envelope to the program where you earned your Master's degree. It must be completed by the Program Director or Designee.

Name _____

Degree Earned/Year _____

College/University _____

Name

Location

Concentration/Specialty Area _____

To be completed by Nursing Program Director or Designee:

Please indicate the number of graduate-level practicum hours the individual named above completed as part of the Nurse Practitioner Program or Master's of Science in Nursing Program completed at your university.

Practicum Hours Completed

Print Name

Signature

Date

Mail or Fax to:

Pacific Lutheran University School of Nursing
Attn: Graduate Admissions
Tacoma, WA 98447-0029
Fax: 253-535-7590