



# REGIS

## Verification of Hours

**Applicant**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Faculty**

**Reviewer**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Master's/Doctoral Program/Prior Clinical Hours (applicant to complete)

<b>School:</b>	
<b>Location:</b>	
<b>Year Graduated:</b>	
<b>Specialty:</b>	
<b>Practicum Hours Completed:</b>	

\_\_\_\_\_  
**Applicant Signature**

(electronic portfolio, i.e. Elogs, Typhon,  
attached)

\_\_\_\_\_  
**Organization Signature/Title**

Required if electronic portfolio not attached

### Experiential Learning

#### **1. National Certification(s)/ANCC or other Nurse Practitioner/MSN Specialty Certification Organization**

- Certification must require a **master's degree** to take the exam (NP certifications, CNE, etc.). Those which only require a bachelor's degree will not be accepted
- 200 hours/initial certification and 50 hours/re-certification(s)
- Attach copy of certification document(s) to support (re)certification(s)

Hours applied: \_\_\_\_\_ (applicant to complete)

Hours approved: \_\_\_\_\_ (faculty reviewer to complete)

Please list:

(Re)Certification	Hours Applied	Document attached



## 2. National/State/Regional professional nursing affiliation activities

Examples might include leadership in a professional nursing organization such as STTI, ANA, AONE, or State Nursing Organization. List leadership activity, DNP Essential alignment, and hours claimed.

Hours applied: \_\_\_\_\_ (applicant to complete)

Hours approved: \_\_\_\_\_ (faculty reviewer to complete)

List/Describe:

Leadership Activity	DNP Essential Alignment	Hours Claimed

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Faculty Reviewer \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

Program Director \_\_\_\_\_  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Total Hours Approved by Program Director (not to exceed 500): \_\_\_\_\_

Total Hours Applicant must complete at Regis College:\_\_\_\_\_