



SUPPLEMENTAL APPLICATION

DOCTOR OF NURSING PRACTICE PROGRAM

School of Nursing, Oakland University

Rochester, MI 48309

Validation of Supervised Clinical Practice Hours

Instructions to Students: Please forward this form to the Program Director of your master's program in order to validate your supervised clinical practice hours in that program. If your program no longer exists, please forward this form to the Graduate Coordinator, Associate Dean for Graduate Programs, or comparable administrator of your alma mater. They should be able to access your student file and obtain this information.

NOTE: If you are a CRNA, instead of contacting your program director, please contact the NB CRNA council and certification and provide an official transcript to Oakland University.

Student's Name: _____

Signature of Student: _____ Date: _____

1. **The individual named above graduated from:**

Name of University _____

Program Name _____

Program Address _____

Program Phone Number _____

2. **Date Degree Conferred:** _____

3. **Number of supervised clinical practice clock hours completed in this program:** _____

4. **Program director/chair signature:** Your signature on this form attests that the above named individual completed the graduate nursing program and clinical hours indicated above.

Program Director/Chair (Print Name): _____

Signature: _____ Date: _____

Submission Instructions

Complete the form in Adobe Acrobat • Click "File" • Click "Print" • In the "Printer" drop down box select "Adobe PDF" • Click the "Print" button • Choose the location to save the file on your computer • Click "Save" • Log in to the Admission Login Page using your email and password and click 4.Submit Supplemental Items button. Don't forget to first complete your Admission Application if you haven't done so already.