

GRADUATE NURSING

PRACTICUM VERIFICATION FORM

Instructions: Applicants will complete the information section. Please request that the program director or chair from your graduate program complete the second half of the form and return to luoverify@liberty.edu.

APPLICANT INFORMATION

Student Name (Last Name, First Name)

Degree Concentration

Name of Institution

Date of Conferal

SCHOOL OFFICIAL SECTION

The above applicant has applied for admission to Liberty University's Doctor of Nursing Practicum program. As part of the application, our program requires applicants to submit verification of their supervised/precepted graduate degree clinical hours. Please email completed form to luoverify@liberty.edu

Name of Instituion

Mailing Address

School of Nursing Official and Title

Email Address

Phone Number

Applicant's Specialty

Total Number of Supervised Practicum Hours

*I, _____ verify that the applicant named above
has completed these precepted/supervised clinical hours as part of a formal graduate degree program.*

Signature