MICHIGAN STATE UNIVERSITY | College of Nursing

Validation of Advanced Practice Nursing Clinical Hours and APN Core

INSTRUCTIONS

The individual listed below has applied for admission to the Michigan State University College of Nursing Doctor of Nursing Practice Program for Fall Semester 2018. As Associate Dean or Program Director of the applicant's MSN or Post Masters Program, please verify the information below, documenting clinical hours and APN Core Coursework completed in the Program. The student has authorized release of this information for the purposes of application only. **Please return this form to the applicant so that it may be uploaded to the application. Or you may also send it to the Graduate Program Advisor Nick Turinsky via Email: turinsky@msu.edu or Fax: (517) 432-8251**

All Forms must be received by the application deadline of December 1, 2017 for the early process or May 1, 2018 for the final process.

STUDENT INFORMATION & AUTHORIZATION TO RELEASE INFORMATION: *- Applicant Completes*

Applicant Last Name | **First Name** | **MI**

Street Address

City | **State** | **Zip**

Student Email

Authorization for Release of Information:

I authorize the requested information to be released to Michigan State University College of Nursing for the purposes of application to the Doctorate of Nursing Practice Program.

Signature | **Printed Name** | **Date**

INSTITUTION INFORMATION: *- Institution Completes*

NAME OF UNIVERSITY | **CITY** | **STATE**

PHONE NUMBER | **EMAIL ADDRESS**

TYPE OF DEGREE | **CONCENTRATION/SPECIALTY** | **DATE CONFERRED**

DESIGNATE THE ORGANIZATION(S) THAT ACCREDITS YOUR PROGRAM: ❒ CCNE ❒ NLNAC ❒ COA

WAS THE PROGRAM ACCREDITED AT THE TIME THE STUDENT ATTENDED AND GRADUATED? ❒ YES ❒ NO

(IF NO, PLEASE EXPLAIN)____

TOTAL FACULTY SUPERVISED CLINICAL HOURS:____

ADVANCED PRACTICE CORE: Please check the appropriate boxes to indicate that the following courses were included in the student's program of study. ❒ Advanced Pathophysiology ❒ Advanced Pharmacology ❒ Physical Assessment

NAME OF INDVIDUAL VERIFYING INFORMATION (INCLUDE CREDENTIALS) | **TITLE**

SIGNATURE | **DATE** | **EMAIL ADDRESS**