

Degree and Clinical Hour Verification Form

Student Name:			
University/College			
Name:			
Degree Obtained:			
Month/Year of			
Graduation:			
Directions: The purp	ose of this form is to verify students' prev	vious academic	course information
that will be needed to	apply for certification testing. Please list	all courses tha	t were needed to
obtain your masters d	egree/nurse practitioner degree. Please in	clude the cours	se number, course
name, number of cred	lit hours, and number of clinical hours co	mpleted for each	ch course.
			Clinical Hours
Course Number	Course Name	Credit Hours	Completed
Total Number of Clinical Hours Completed:			