



The Ohio State University, College of Nursing, Doctor of Nursing Practice (DNP) Verification of Hours Form

If applying to the Post-Master's DNP program at The Ohio State University, please select one of the options below most applicable to your background and then follow the corresponding steps.

I have completed a Master of Science degree in nursing and am certified as an APRN (NP, CNM, CRNA, or CNS).

1. Fill out Section 1 on the next page.
2. Attach proof of your APRN certification by clicking the gray box below. This attachment may be a screenshot of your proof or a scanned or pdf version of a verification card and must include your full name, license number, and expiration date.
3. Submit this form using the [Admissions Uploader](#).

I am in progress to complete a Master of Science degree in nursing to become certified as an APRN (NP, CNM, CRNA, or CNS) no later than August 1.

1. Fill out Section 1 on the next page.
2. Submit this form using the [Admissions Uploader](#).

You will later be required to provide proof of degree completion and receipt of your APRN certification.

I have completed a Bachelor of Science in Nursing and have completed a non-APRN Master of Science in nursing or non-nursing master's degree (i.e. MBA, MPH, MHI) or will have completed a master's degree by August 1.

1. Fill out Section 1 on the next page.
2. Provide this form to a representative of your master's degree to complete Section 2. This should be someone familiar with the program's curriculum, such as a program director or administrator. Once they have completed Section 2, the form should be returned to you.
3. Submit this form using the [Admissions Uploader](#).

Please note that if you have completed more than one non-APRN master's degree, a copy of this form will need to be completed and submitted for each degree program.

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Verification of Hours Form**

Complete the following Sections as instructed on the previous page.

Section 1 - To be completed by the applicant.

Applicant's Name:

Date of Birth (MM/DD/YYYY):

Former/Maiden Name (in applicable):

Name of master's degree Institution:

Section 2 - To be completed by the master's degree program representative.

Number of master's-level clock hours completed by the applicant:

Clock hours must have been supervised by a faculty member. Countable hours should be field experiences related to healthcare. An example would be a project that involved a clinical topic or a healthcare leadership topic. For questions regarding what clock hours would be appropriate to tabulate, please contact nursing@osu.edu.

Number of hours completed:

Date hours were completed:

Representative's name:

Position or Title:

Email address:

By signing, I attest that the individual named above as the applicant completed a master's degree program that included the number of master's-level clock hours as I have provided.