Ida V Moffett School of Nursing
Samford University
Doctor of Nursing Practice Program
DOCUMENTATION OF ADVANCED CLINICAL PRACTICE HOURS AND PRACTICUM PLAN

Student Name (Please Print): _____________________________________________

Date: ___________________ Email Address: ________________________________

All DNP degree candidates must document a minimum of 1000 post baccalaureate hours of supervised advanced clinical practice in a chosen clinical specialty area (AACN DNP Essentials). Those with MSN degrees may apply up to 500 hours of advanced nursing practicum from the MSN degree. Students with post MSN Advanced Practice Certificates in their clinical specialty area may apply up to a maximum of 400 hours. MSN Educator (education only) practicum hours do not meet AACN guidelines and cannot be used toward the required 1000 hours. Practicum hours applied toward the DNP degree must be approved by the IVMSON Academic Advisor. The maximum number of hours any student may apply toward the DNP practicum hours is 500.

Institution: ___________________________ Degree or Certificate ___________________________

Year Completed: _______________ Nursing Specialty: ___________________________

Verification of Hours Completed: Please attached a letter from your institution’s graduate nursing program director. This letter should include the number of advanced nursing clinical practice hours received as part of the program. Verification letters for applicants with a MSN in Education whose program of study included advanced nursing clinical practice hours must include the following additional information for each course: (a) course title, (b) course credit hours, (c) clinical practice hours for the course, and (d) a copy of the course syllabus.

Calculation of Practicum Hours: (to be completed by Academic Advisor)

Hours Required: 1000

Minus Hours from MSN Program: _________

Subtotal Hours: _________

Minus Hours from DNP Specialty Courses: 135
  • Administration (NURG 720, 721, 722)
  • Advanced Practice (NURG 740, 741, 742)

Practicum Hours Required in DNP practicum _________

Student Signature: ___________________________ Date: _________________

Advisor’s Signature: ___________________________ Date: _________________

Revised 11/20/2015 _Graduate Faculty