

**Supplemental Information for Post-Master’s DNP Admission Application**

Applicant Name: Click or tap here to enter text.

 Instructions to Student: Because it is necessary to evaluate the number of practice hours completed in your MSN program, we are asking that you fill in the information below. Once completed, please scan and return this form to the college at mkelle4@ilstu.edu.

Additionally, to verify completion of self-reported hours students must provide a letter of support from each college/university listed below verifying completion of those hours. Completed letters must be sent to: Maren Keller, mkelle4@ilstu.edu. Applications will not be considered complete until letters of verification have been received.

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| Name of College or University at which Practicum Hours Completed |

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| Address of college or university |

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| Course # and Title that included Clinical/Practicum Component |

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| Total Credit Hours for Course |

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| Required Number of Clock Hours Completed for Clinical/Practicum |

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|  **EXAMPLE ONLY** Mennonite College of Nursing at Illinois State University  |

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|  **EXAMPLE ONLY** MCN at Illinois State, Campus Box 5810, Normal, IL 61790  |

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|  **EXAMPLE ONLY** 483 EXECUTIVE NURSING ADMINISTRATION OF HEALTH SYSTEMS II \_\_\_\_\_\_\_\_\_\_\_\_\_\_OR 471 Family Nurse Practitioner IV  |

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|  **EXAMPLE ONLY** 1 semester hour theory & 3 semester hours practicum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 semester hours theory & 4 semester hours practicum  |

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|  **EXAMPLE ONLY** 3 semester hours = 180 clock hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 semester hours = 240 clock hours  |

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