

Clinical Contact Hours Attestation Form

Applicant Name: Click or tap here to enter text.

Clinical hours accepted from previous MSN and certificate programs:

University: Click or tap here to enter text. Dates Attended: Click or tap here to enter text.

Example:

Course Name: Primary care of the adult Clinical Contact Hours: 220 hours

Course Name: Click or tap here to enter text. Clinical Contact Hours: Click or tap here to enter text.

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**TOTAL Clinical Contact Hours:** Click or tap here to enter text.

Student Signature: Click or tap here to enter text.Date: Click or tap to enter a date.

Program director/mentor/authorized nursing department representative signature from University identified above.

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

Signature of UT DNP Program Director: Click or tap here to enter text.Date: Click or tap to enter a date.