



Verification of Doctorate of Nursing Practice Clinical Hours for Independent Nurse Practitioner (104 NP)

VERIFICATION OF DOCTORATE OF NURSING PRACTICE CLINICAL HOURS

A. TO BE COMPLETED BY APPLICANT: Please complete Section A and forward to the program director/representative for the nurse practitioner academic program for completion. Official transcripts submitted must include all completed coursework with the degree status conferred and must be sent directly to the Board of Registered Nursing (BRN) by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts.

Name:		
(Last)	(First)	(Middle)
Address of Record:		Date of Birth:
(Number and Street)	(City) (State) (Zip Code)	(Month) (Day) (Year)
Previous Names (including Maiden):	Mother's Maiden Name (Last Name Only):	US Social Security Number or Individual Taxpayer ID Number:
Home Telephone:	California NP License Number:	
Alternate Telephone:	Expiration Date:	
Name of Academic Program:		Specialty:
Signature:		Date:

B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE NURSE PRACTITIONER ACADEMIC PROGRAM: The above named applicant has applied for independent nurse practitioner (104 NP) certification in California. Please complete Section B and email to the BRN brn.aprn.edocs@dca.ca.gov.

Name of Nurse Practitioner Academic Program:	Telephone Number:
Address:	
(Number and Street)	(City) (State) (Zip Code)
<p>The above applicant is requesting to use clinical hours obtained during their doctoral education towards completion of the three full-time equivalent years or 4600 hours in direct patient care to qualify to move to an independent nurse practitioner in the State of California.</p> <p>Please insert the number of direct patient care hours provided in the course of the doctoral education that would not be required for a master's degree:</p> <p>Hours:</p> <p>Specialty:</p>	DNP PROGRAM
	Clinical Specialty:
	Entrance Date (MM/DD/YY):
	Completion Date (MM/DD/YY):
	Date Degree Status Conferred (MM/DD/YY):
<p>I certify under penalty of perjury that the documentation regarding the verification of doctorate of nursing practice clinical hours for the above named applicant is true and correct.</p>	
Signature:	Title: Date: