UNIVERSITY OF
South Carolina

College of Nursing

Verification of Work Hours form

As part of the application process, all applicants are required to verify at least 2400 hours as a RN or APRN within the past 24 months. *It is preferred that AGACNP and FNP applicants have at least 2400 hours in an acute care setting (ICU, Med-Surg or Emergency Department). All Nurse Executive Leaders applicants should have at least 2400 hours work experience in a leadership role over the last 5 years.

Applicant instructions: Complete the applicant information below and forward this your current/former Supervisor or HR Contact to validate your required work hours. After the form is completed by your supervisor/HR contact, please upload with your application or send a PDF of the form to gradapp@mailbox.sc.edu. *Please note you will not be able to submit your application until this is uploaded.

Name: _____ Date of Birth (MM/DD/YY): _____

Former/Maiden name (if applicable): _____

Employer _____

Check one: ☐ currently employed, start date _____

              ☐ previously employed, start date _____   end date _____

Supervisor/HR Contact: Please complete the information below and return this form to the (former) employee.

☐ **For students applying for a DNP / Nurse Practitioner track:**
  Did the indicated employee complete at least 2400 hours of work as an RN/NP within the past 24 months:

  ☐ **Yes**   ☐ **No**   **If No, please indicate how many hours were completed:** _____

    Were these completed in an acute care setting (ICU, Med-Surg or ED) ☐ **Yes**   ☐ **No**

☐ **For students applying for a DNP / Nursing Executive Leadership (NEL) track:**
  Did the indicated employee complete at least 2400 hours of work in a nursing leadership role within

  the past 5 years? ☐ **Yes** ☐ **No**   **If No, please indicate how many hours were completed:** _____

Date(s) completed: _____

Supervisor/HR Contact Name: _____

Supervisor/HR Contact Email Address: _____

Supervisor/HR Contact Phone Number: _____

I attest that the above named individual worked at least the number of work hours indicated above.

Please initial or provide an electronic signature: _____

Applicant: Please upload this form with your application or email the form to gradapp@mailbox.sc.edu.   3/21