



Verification of Work Hours form

As part of the application process, all applicants must verify at least 2400 hours as an 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). It is preferred for PMHNP applicants to have psychiatric experience. DNP-Executive Healthcare Leadership applicants should have 2000 (MSN prepared) or 4000 (MBA/MPH/MHA) hours of work experience over the last three years, preferably in a manager or higher-level position.

Applicant instructions: Complete the applicant information below and forward this to your current/former Supervisor or HR Contact to validate your required work hours. After your supervisor/HR contact completes the form, please upload it with your application or send a PDF to gradapp@mailbox.sc.edu. *Please note that you can submit your application once this is uploaded.

To be completed by the applicant:

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:

How many hours did the employee work during the abovementioned time frame? _____

What was the work setting: ICU, Med-Surg, ED, Psych, or other

If other, in what setting were they employed? _____

For students applying for a DNP / Executive Healthcare Leadership (EHL) track:

MSN Prepared: \geq 2000 work hours in the last three years: Yes No

MBA/MPH/MHA prepared: \geq 4000 work hours in the last 3 years: Yes No

For both: Leadership role at a manager or higher level? Yes No

Date(s) completed: _____

Supervisor/HR Contact Name: _____

Supervisor/HR Contact Email Address: _____

Supervisor/HR Contact Phone Number: _____

I attest that the individual named above 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.