



**COLLEGE OF NURSING**  
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

UAH College of Nursing

DNP Program

Verification of Specialty Hours

DNP Student: Please forward this form to the program director of the advanced practice program that you completed and request this form to be completed, signed, and returned to our address/fax listed below.

Student Name: \_\_\_\_\_

University/College Name: \_\_\_\_\_

Degree and Specialty Area: \_\_\_\_\_

Date of completion: \_\_\_\_\_

Number of clinical hours in program: \_\_\_\_\_

Program Director name: \_\_\_\_\_

Program Director signature: \_\_\_\_\_

Date: \_\_\_\_\_

**UAH College of Nursing**  
**Office of Graduate Programs, NB 202**  
**301 Sparkman Drive**  
**Huntsville, AL 35899**  
**Fax: 256.824.6026**