

Checkpoint 1 – DNP Hours Verification Form

Student's Name

Date

Required DNP Hours documented in the DNP Hours Documentation course and the DNP Hours Documentation Table by the end of the student's second semester in the DNP program.

- The student completed **at least 50 DNP Hours** by the end of his/her second semester in the DNP program.
- The student submitted evidence/documentation in the DNP Hours Documentation course that confirms engagement/participation in the activities described.
- The student submitted the DNP Hours Documentation Table in the DNP Hours Documentation course that confirms engagement/participation in the activities described.
- The student **did NOT complete** at least 50 DNP Hours by the end of his/her second semester in the DNP program.
- The student **did NOT include** evidence/documentation in the DNP Hours Documentation course that confirms engagement/participation in the activities described.
- The student **did NOT submit** the DNP Hours Documentation Table in the DNP Hours Documentation course that confirms engagement/participation in the activities described.
- The student will be referred to the Program Director and/or designee for additional guidance and/or feedback.

NOTE: Failure to demonstrate completion of the minimum required DNP Hours may affect progression in the DNP program.

Student's Signature

Date

Signature of Reviewer

Date

Signature of Graduate Nursing Program Director

Date