



### 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](mailto: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 \_\_\_\_\_

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*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:** \_\_\_\_\_

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Applicant: Please upload this form with your application or email the form to [gradapp@mailbox.sc.edu](mailto:gradapp@mailbox.sc.edu).