

The University of Scranton
Doctorate of Nursing Practice Degree
Nurse Anesthesia track

Clinical Experience Verification
(To be completed by employer(s) covering the last 5 years)

Name: _____

Address: _____

Place of Employment: _____

From: _____ To: _____

Hours worked per week: _____

Full Time: _____

Part Time: _____

Type of Unit _____ Number of beds: _____

(Please specify)

_____ Number of beds: _____

_____ Number of beds: _____

Signature of Employer: _____

Print Name: _____

Title: _____

Date: _____

**Use one copy per employer/facility*

Return to:
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Fax (570) 941-5995