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: __________________

____________________________ Number of beds: __________________

Signature of Employer: _________________________________________________

Print Name: __________________________________________________________

Title: ________________________________________________________________

Date: __________________________

*Use one copy per employer/facility

Return to:
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Scranton, PA 18510-4549
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Fax (570) 941-5995