**DNP Request for Specialty Clinical Practice Hours**

**Read the following information about requesting specialty clinical practice hours before completing your request:**

BSN to DNP students may consider doing clinical hours with approval from the DNP Program Coordinator. However, clinical practice hours in specialty settings will not be approved until all 800 level practicum hours are completed. That means that specialty practicum hours will not be permitted when taking N930 concurrently.

This form must be approved prior to the start of the course.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | Click here to enter text. | | | Last Name: | Click here to enter text. | | |
| Semester: | Click here to enter text. | | | | Course #: | Click here to enter text. | | |
|  |  | | |  |  |  | | |
| Practicum Facility: | | | | Click here to enter text. | | | | |
| Preceptor’s Name: | | | | Click here to enter text. | Preceptor’s Position: | | Click here to enter text. | |
| Preceptor’s Major Role Functions: | | | | Click here to enter text. | | | | |
| Specialty Area: | | | Click here to enter text. | | Number of Clinical Hours Requesting: | | | Choose |

Does Loyola have an affiliation agreement with the practicum facility already? Yes No

I understand that even if hours are approved by the Program Coordinator, I may not begin any specialty hours without an active affiliation agreement. If specialty hours cannot be completed due to affiliation agreement issues, I will still complete all clinical hours required for the course. Yes No

Rationale for completing specialty clinical hours:

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| --- |
| Click here to enter text. |

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| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: | Date |
| Print Name: | Click here to enter text. |  |  |  |

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| **For SON office use only:** | | | | |
| Request Approved: Yes No | | If yes, number of hours approved: | |  |
| DNP Program Coordinator Signature: |  | | Date: |  |
|  | | |  |  |

**Return this form via email to the DNP Program Coordinator, Dr. Ferguson,** [**ferguson@loyno.edu**](mailto:ferguson@loyno.edu)**.**