

Documentation of Completion of Monitored Hours

APRN Printed Name _____ **APRN License Number** _____

APRN Track _____

Designate work hours as an RN before graduation from the APRN program:

Original RN license date _____

Work hours < 1 year or 2000 hours need 2000 monitored hours

Work hours > 1 year or 2000 hours need 1000 monitored hours

Keep your verification letter from your work facility on file at your practice site

Clinical hours completed in your APRN program

_____ hours

Keep your verification letter from your school on file at your practice site

Clinical hours completed post APRN graduation and national certification

_____ hours

Keep a detailed calendar as to the days/hours/qualified provider on file at your practice site.

We verify the completed number of clinical hours and attest to the accuracy of the completion of the Board of Nursing required monitored hours.

APRN Signature

Date

Collaborating Physician Signature

Date

Please upload this completed summary document along with the proof of work hours as an RN, proof of clinical hours in APRN school, and proof of clinical hours post national certification to the BON gateway portal.