



BREAKDOWN OF HOURS FOR EACH COURSE FORM *(to be completed by the educational institution only)*

Please provide the breakdown of hours for EACH course. This information should include the total number of:

1. **theoretical** (i.e., classroom/teaching) hours
2. **laboratory** (i.e., hands-on training in biological and physical sciences; simulated learning completed in a classroom/laboratory setting with models/students) hours
3. **clinical** (i.e., care of actual patients in a hospital and/or clinical setting, while being supervised and assessed (i.e., graded) by a licensed nurse) hours.

Please note that weeks / months / years of instruction are NOT acceptable.

Name of student: _____

Name of institution: _____

Hours verified by (name): _____ Title: _____

Signature: _____ Date: _____

Affix school seal here.

Please print or type.

Course Number	Title of the Course on the Transcript	Total Theoretical Hours	Total Laboratory Hours	Total Clinical Hours

