

COURSE WAIVER REQUEST FORM

This form is for students who wish to request a waiver for the clinical course requirement of a specialty certificate program. Waivers may be granted to students who have demonstrated clinical experience in the specialty area and are approved by the specialty lead faculty.

Waiver Criteria may be met in two ways:

- 1) A specialty student may be a licensed nurse practitioner who is currently providing clinical services in a practice setting which is congruent with the specialty certificate. Those who are inactive from the specialty practice but have recently practiced in a concurrent setting may also be considered. A student in this situation would require the verification of employment form signed by the practice site/collaborating physician.
- 2) A current MSN, DNP, or post grad certificate student may request to waive the clinical specialty course if they have successfully completed a specialty clinical rotation during their matriculation at Duke or other school/college of nursing, meeting the requirements of a prior clinical rotation, which also meets the clinical requirements of the specialty certificate clinical course. For example, an AC-AGNP student might have performed a clinical rotation in a specialty area during their core clinical courses for their AC-AGNP major. These students are required to demonstrate specialty clinical competencies prior to completion of clinical rotations, receive a favorable clinical evaluation (>3 on all areas of evaluation), and provide documentation of clinical hours.

Instructions

In order to initiate a request to waive specialty clinical course work, the student must notify his/her specialty lead faculty, complete the specialty clinical course waiver form, and submit the completed form with required documentation to the lead faculty for the specialty. Additional documentation or requirements may be requested by the specialty lead faculty. The specialty lead faculty will review the submitted application and supporting documents in order to make a recommendation regarding specialty course waiver to the Program Director.

Completed form should be submitted to:

School of Nursing Registrar

DUMC 3322

Durham, NC 27710

Email: dusonregistrar@dm.duke.edu

Fax: (919) 684-4693

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Section 1: Student & Program Information

Student Name: _____ Duke Unique ID: _____ Date: _____

Program: MSN () Certificate () DNP Current Major: _____ Specialty: _____

Section 2: Course Information

Student wishes to waive the clinical course (Course Number: _____) for this specialty based upon:

- Currently practicing as an NP in this specialty area
- Has practiced in this specialty area within the past 5 years
- Has successfully completed a graduate clinical course rotation in this specialty area as either an elective, or other required clinical course for the NP major

Section 3: Additional Supporting Documents Required

For practicing NPs with practice experience in specialty area

- Verification of Employment Form completed

For those who have performed a prior clinical rotation in the specialty area while a NP student

- Evidence of prior clinical rotation
- Evidence of a favorable clinical evaluation
- Documentation of clinical hours completed

I confirm that all required documentation listed above are complete and attached with this form.

Student Signature: _____ **Date:** _____

Section 4: Faculty Endorsements

Approved: () Yes () No

Lead Faculty: _____ Signature: _____ Date: _____

Program Director: _____ Signature: _____ Date: _____

Notify Clinical Placements Office

(for office use only)