



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
PRACTICAL NURSE LICENSURE  
VERIFICATION OF THEORY AND CLINICAL INSTRUCTION FORM**

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of School: \_\_\_\_\_ Country: \_\_\_\_\_

Enrolled From: \_\_\_\_\_ To: \_\_\_\_\_

**TO BE COMPLETED BY EDUCATIONAL INSTITUTION ONLY**

Applicants must have successfully completed a practical nursing program that provided at least 1,500 hours and no less than ten (10) months of attendance. Fifty percent (50%) of the contact hours must have been in supervised direct client care experiences and observational experiences.

Total amount of months: \_\_\_\_\_

Total amount of hours (including theory and clinical instruction): \_\_\_\_\_

Total amount of supervised direct client care/ observational experience: \_\_\_\_\_

Did this individual receive a degree, diploma or certificate in nursing? Yes  No .

Did this individual complete your program in good standing? Yes  No . If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Day Time Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please complete and return directly to:

Department of Public Health  
Practical Nurse Licensure  
410 Capitol Avenue MS# 12APP  
P.O. Box 340308  
Hartford, CT 06134  
Fax: (860) 707-1981