

**ATTESTATION OF CLINICAL APRN EXPERIENCE**

I, \_\_\_\_\_, attest that **I HAVE** clinically practiced for at least 2 years or 2,000 hours as an APRN. (Therefore, a **Collaborating Physician Attestation** is not required)

I, \_\_\_\_\_, attest that **I HAVE NOT** clinically practiced for at least 2 years or 2,000 hours as an APRN. Therefore, a **Collaborating Physician Attestation** form was completed and signed by my collaborating physician and me.

\_\_\_\_\_

Nurse Practitioner Signature

\_\_\_\_\_

Date