



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ADVANCED PRACTICE REGISTERED NURSE LICENSURE
VERIFICATION OF PHARMACOLOGY COURSEWORK**

TO BE COMPLETED BY APPLICANT

Applicant: Please forward this form to the educational institution where pharmacology coursework for advanced nursing practice was completed.

NAME: _____
LAST FIRST MIDDLE MAIDEN

NAME OF EDUCATIONAL INSTITUTION: _____

ADDRESS: _____
NO. & STREET CITY STATE ZIP CODE

TO BE COMPLETED BY EDUCATIONAL INSTITUTION ONLY

The applicant listed above is applying for advanced practice registered nurse licensure in Connecticut. Please provide the following information regarding pharmacology instruction in the advanced nursing educational program or in a post-graduate program for advanced nursing practice. Do NOT include pharmacology instruction in the basic nursing program.

Did this individual satisfactorily complete at least thirty (30) hours of theory and clinical instruction in pharmacology for advanced nursing practice: Yes No .

Dates of candidate's course attendance: From _____ To _____

Comments: _____

 Name of Dean or Director

 Date

 Signature

 Telephone Number

Thank you for your assistance. Please return this form directly to:

Department of Public Health
 APRN Licensure
 410 Capitol Avenue MS# 12APP
 P.O. Box 340308
 Hartford, CT 06134-0308
 Fax: (860) 707-1981