

Statement Regarding Nurse Practitioner Students and Direct Care Clinical Hours

Released March 23, 2020

In light of the COVID-19 pandemic, the undersigned organizations reaffirm that all nurse practitioner (NP) students are required to complete a minimum of 500 supervised direct patient care clinical hours over the course of the NP program. In addition, clinical hours are distributed to support competency development that represents the needs of the chosen population. If additional clinical hours are required by the institution or a certification organization (above the minimum 500 supervised direct patient care clinical hours), these additional hours may be completed as simulation, if students have completed the direct patient care clinical hours that are necessary and required for them to be fully prepared to practice as an NP in the population focus area.

During this COVID-19 pandemic, we realize that programs are assessing the status of course and clinical offerings. Based on these assessments, programs are making appropriate adjustments that ensure students graduate with a quality NP education and are fully prepared for certification examinations and NP practice. This statement is being released in response to the questions that we have received related to this topic.

According to the [2016 Criteria for Evaluation of Nurse Practitioner Programs, 5th Edition, A Report of the National Task Force on Quality Nurse Practitioner Education](#). Chapter III: Curriculum, Criterion III.E, “the NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development that represents the population needs” ([NTFC](#), page 12).

The elaboration section of Criterion III.E further states that “*simulation* is recommended to augment the clinical learning experiences, particularly to address the high-risk low-frequency incidents; however, *simulation* experiences may only be counted as clinical hours over and above the minimum 500 direct patient care clinical hours. Programs are encouraged to track the use of *simulation* to enhance the clinical experience.” Further, “clinical experiences and time spent in each experience are varied and distributed in a way that prepares the students to provide care to the populations served, which may include telehealth and international direct care experiences” ([NTFC](#), page 12).

If an NP student has completed the minimum 500 supervised direct patient care clinical hours that are necessary and required to be fully prepared to practice as an NP in that particular population focus area, and the faculty has ensured that the student has attained the end of program competencies and met program outcomes, then any additional clinical hours may be waived by the educational institution. The institution may also provide accommodations so that the additional clinical hours (above and beyond the minimum 500) may be completed in a different clinical setting or through the use of simulation.

If students have not had the range of necessary clinical experiences needed to be fully prepared and practice competently as NPs, even if they have completed 500 supervised direct patient care clinical hours, the educational institution is responsible for making arrangements for them to

complete their education. For some students, this may mean they will need to extend their education and postpone graduation. The educational institution is responsible for working with each student on a case by case basis to determine the gaps in the program content/courses/clinical hours. The educational institution is responsible for providing clear direction and guidance so students understand how modifications/adjustments may impact them.

The NP certification organizations will continue to require a minimum of 500 supervised direct patient care clinical hours in a population focus for eligibility to sit for the initial NP certification examinations. Collectively we agree that adhering to the above statement is necessary to ensure a quality educational experience for NP students and is in the best interest of institutions, students, public consumers, and employers.

Reference:

National Task Force, (2016). The National Task Force on Quality Nurse Practitioner Education, Criteria for Evaluation of Nurse Practitioner Programs, 5th Edition. Washington, DC.
<https://www.nonpf.org/page/14>.

Supporting Organizations

Accreditation Commission for Education in Nursing
American Academy of Nurse Practitioners Certification Board
American Association of Colleges of Nursing
American Association of Critical-Care Nurse-Certification Corporation
American Nurses Credentialing Center
Association of Faculties of Pediatric Nurse Practitioners
Commission on Collegiate Nursing Education
Gerontological Advanced Practice Nurses Association
National Association of Nurse Practitioners in Women’s Health
National Association of Pediatric Nurse Practitioners
National Certification Corporation
National Council of State Boards of Nursing
National Organization of Nurse Practitioner Faculties
NLN Commission for Nursing Education Accreditation
Pediatric Nursing Certification Board