

SHEPHERD UNIVERSITY

Department of Nursing Education

DNP Proposed Project Plan

Directions: Please complete the following information after discussion and approval from your proposed project chair. The following information is provided to the program coordinator by the DNP student in typed format. Approval must be obtained by **April 1st** prior to enrollment in **NURS 612** (Translating Research Into Evidence-based Practice I).

Student Information:

Student Name:

Student ID:

Contact Information: E-mail:

@rams.shepherd.edu

Phone:

Proposed Project:

Date of Proposed Project Beginning:

Proposed Project Topic:

Proposed Project (Provide a brief overview 200 words or less regarding your project, specifying the type of project, how it will be completed and your PICO question)

Proposed Clinical Agency:

Name:

Location:

Contact Person:

Phone Number:

E-mail:

What are the IRB Requirements of the project site?

Has the agency agreed to serve as the clinical site for your project?

Project Committee Member:

Project Committee Members: The DNP Project Committee will consist of a minimum of three members. The student will identify potential committee members in collaboration with the DNP Program Coordinator and the Department of Nursing Education. All members of the committee should bring expertise in the nursing topic of interest, the methodology used in the project or other knowledge related to the project.

The Project Chairperson must hold a graduate faculty status and be a member of the Department of Nursing Education.

Proposed Committee Chair Name:

Contact Information:

Rationale for selection of committee member:

The second committee member must be a Shepherd University faculty member.

Proposed Committee Name:

Contact Information:

Rationale for selection of committee member:

The third committee member must be a community member with a minimum of a Master's degree. It is highly recommended that the community member of the committee be selected from the organization of clinical site where the student will conduct the project. The student must send an electronic copy of each member's resume or vitae to the Project Chair and DNP Program Coordinator for approval.

Proposed Committee Name:

Rationale for selection of committee member:

Signatures:

Signature of DNP Student: _____ Date: _____

Signature of Proposed Project Chair: _____ Date: _____

DNP Coordinator Committee Review Feedback:

Reviewed by DNP Program Coordinators on: _____

Feedback to DNP Student and Any Recommendations or Required Actions:

Proposed Project Approved

Project Proposal Plan Approved on: _____

Signatures of Approval:

FNP Program Coordinator: _____ Date: _____

Leadership Track Program Coordinator: _____ Date: _____

Department Chair: _____ Date: _____

A copy of the approval will be placed (1) provided to the student, (2) provided to the committee chair, (3) placed in the students file; and (4) submitted to the Office of the Dean of Graduate Studies

Date: Dec. 2016