



DNP Project Practice Partner Form

DNP Project Title: _____

Student Name: _____

Phone: _____

Email: _____

DNP Project Faculty: _____

Phone: _____

Email: _____

Project Practice Partner: _____

Academic Credentials: _____

Relationship to Student: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

DNP Practice Partner Responsibilities:

The Doctor of Nursing Practice Program requires completion of a DNP Project. The DNP candidate will implement and evaluate a project approved by both the DNP project faculty and the practice partner. The project practice partner provides advice and facilitates access to resources required for the project.

The Practice Partner will:

1. Assist the DNP student in selecting goals that support the objectives of the DNP program.
2. Guide the DNP student in the development and acquisition of leadership skills required in the development of the project.
3. Meet with the DNP student regularly and provide feedback.
4. Support completion of the DNP project and communicates as needed with the DNP project faculty.

Signature of Practice Partner

Date