



Application for Graduation DNP Clinical - Post MSN (40 semester hours)

Last Name

First Name

Middle Name

Permanent Address

City

State

Zip Code

County

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Home Phone

Cell/Work Phone

Birthdate

Birthplace (City & State)

U.S. Citizen? Yes No

Alien Reg # _____

(if applicable)

Semester and year are you expect to graduate:

Fall/December

Spring/May

Year 20_____

Please PRINT your name EXACTLY as it is to appear on the diploma:

(print your name in the box above)

Student Signature

Date

Please email your completed form to austin.w.blair@osfhealthcare.org

DNP CLINICAL (POST MSN) CURRICULUM (40 Sem Hrs)

ADVISOR: Please refer to your copy of the Student Curriculum/Degree Audit Report.

COURSES:

Hours Completed:

707 - Prin of Epidemiology & Health Promo in Advanced Nrsng Pract	(3)	_____
710 – Biostatistics	(3)	_____
726 - Analysis of Evidence-Based Practice	(3)	_____
759 - Inf Sys & Tech for Transf of Hlthcare	(3)	_____
750 - Cultural Competency for Adv Pract	(3)	_____
736 - Translation of Evidence into Practice	(3)	_____
740 – Impact of Ethics & Law on the Role of the DNP	(3)	_____
765 - Healthcare Policy & Financial Mgmt	(3)	_____
815 - Org Mgmt & Leadership in Hlth Care Sys	(3)	_____

PRACTICUM:

834.1 – DNP- Project I	(3)	_____
834.2 – DNP- Project II	(4)	_____
834.3 – DNP- Project III	(3)	_____
836 – DNP- Residency	(3)	_____

<p><u>ADVISOR:</u> PLEASE TOTAL UP SEMESTER HOURS: _____</p> <p>Verified by: _____ (Academic Advisor) (Date)</p> <p>Forms Submitted: _____ (Admissions Department) (Date)</p>
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Total Program Practicum Hours = _____

Total Credit Hours = 40

REVISED 06-03-2021