



Application for Graduation DNP-L (40 semester hours)

Last Name

First Name

Middle Name

Permanent Address

City

State

Zip Code

County

()

()

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

DOCTORATE OF NURSING PRACTICE-L CURRICULUM (40 Sem Hrs)

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

CORE COURSES

**Hours
Completed**

707 – Principles of Epidemiology & Health Promotion in Advanced Nursing Practice (3)	_____
710 – Biostatistics (3)	_____
726 – Analysis of Evidence-Based Practice (3)	_____
736– Translation of Evidence Based Practice	_____
740 – Impact of Ethics & Law on Health Care	_____
745 – Managing Human Capital (3)	_____
765– Health Care Finance & Policy	_____
759–Information Systems & Technology for Transformation of Healthcare (3)	_____
815– Organizational Management / Leadership in Healthcare (3)	_____

PRACTICUM:

834.1 DNP Project I	_____
834.2 DNP Project II	_____
834.3 DNP Project III	_____
838–DNP-L Residency	_____

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

Total Program Practicum Hours = 512

Total Credit Hours = 40

REVISED: 6/3/21