

DNP STUDENT INFORMATION

Student Name:		
Address:		
Phone:	Email:	
Briefly Describe Your	DNP Project/ Abstract:	

ADVISOR INFORMATION

Faculty Chair Na	me and Credentials: (CV Attached)	
Phone:	Email:	
	er #1 Name and Credentials: (CV Attached)	
Address:		
	Email:	
Committee Memb	er #2 Name and Credentials: (CV Attached)	
Address:		
Phone:	Email:	

DNP PROJECT CHAIR RESPONSIBILITIES

DNP Project is a research endeavor and manuscript to demonstrate through a critical and systematic process the AACN *Essentials of Doctoral Education for Advanced Nursing Practice.* At the completion of the DNP Project courses, the candidate is expected to complete a bound DNP manuscript, defend their project and disseminate in a professional forum. The DNP Project Chair Roles and Responsibilities are, but not limited to, as follows:

- 1. Identify with the DNP student specific, measurable and obtainable goals to construct a framework and obtain the DNP Essential and Salve Regina University Student Learning Objectives.
- Supports and enhances the DNP student in developing systematic and organizational leadership skills to complete a DNP project within the construct of the course guidelines.
- Assist the DNP Student to collaborate with the DNP Project Committee Members to communicate effectively via written and verbal communication methods for consistent meetings, expectations and goals of the committee members and collaborative relationship development in DNP work.
- Supports and collaborates with the DNP Project Committee Members to provide effective communication and development of the DNP Systematic Leadership Skills.
- 5. Coordinates the DNP Project Defense.
- 6. Provide to the Salve Regina University Graduate Nursing Director/ Advisor a current CV, active, unencumbered license and certification for the Advanced Practice role, as appropriate.
- 7. Holds a terminal degree in Nursing and is a full-time faculty within Salve Regina University.

I agree to serve as the DNP Project Chair to ______, a Salve Regina University DNP student.

Signature of Faculty Advisor: _	Date:
c , _	

Approval: Yes 🗌 No 🗌	
Comments:	

Approval Signature of Salve Regina University Graduate Nursing Program Director/ Advisor.