

## **DNP Practicum Site Approval Form**

### **Section 1: Student Information**

**Full Name:**

**Student ID:**

**Email Address:**

**Phone Number:**

**Expected Graduation Date:**

### **Section 2: Practicum Site Information**

**Site Name:**

**Site Address:**

**Site Phone Number:**

**Site Website:**

**Type of Site (e.g., hospital, clinic, community health center, etc.):**

**Department/Unit (if applicable):**

**Brief Description of the Site:**

### **Section 3: Preceptor Information**

- 1. Mentor's Full Name:**
- 2. Mentor's Title/Position:**
- 3. Mentor's Credentials (e.g., MD, DNP, NP, etc.):**
- 4. Mentor's Email Address:**
- 5. Mentor's Phone Number:**
- 6. Mentor's Years of Experience:**
- 7. Mentor's Affiliation with the Site:**

### **Section 4: Practicum Objectives**

- 1. Brief Description of Practicum Goals:**
- 2. Learning Objectives:**
  - o Objective 1:**
  - o Objective 2:**

- Objective 3:
- 3. **Description of Planned Activities and Responsibilities:**
- 4. **Proposed Timeline/Schedule:**

#### **Section 5: Site and Mentor Agreement**

1. **Does the site agree to provide the student with the necessary resources and support to achieve the practicum objectives?**
  - Yes / No
2. **Does the mentor agree to mentor and supervise the student throughout the practicum?**
  - Yes / No

#### **Section 6: Faculty Approval**

1. **DNP Committee Chair Name:**
2. **DNP Committee Chair Signature:**
  - **Date:**
3. **Comments/Conditions (if any):**

#### **Section 7: Additional Information**

1. **Any additional information or special requirements:**