



DNP PRACTICUM READINESS FORM

SECTION I:

Please type your responses to all questions. **Note: scanned or handwritten submissions will not be accepted.**

Student Name: _____ Student ID (D#): _____

Email: _____ Phone: _____

Address:

I fully understand I cannot collect any data and/or implement my project at the practicum site until my proposal is approved and I have received all required permission(s) from Chamberlain's Institutional Review Board (IRB) as well as the practicum site's IRB (if applicable)

Working Project Title: _____

Practicum Site/Organization Name:

Practicum Site Contact Person:
Name, email address, phone

Preceptor Contact Information:
Name, credentials, email address, phone

Mentor Contact Information:
Name, credentials, email address, phone

Practicum Site Key Decision Maker(s) Contact Information:
Name, credentials, email address, phone

Date(s) you spoke to Practicum Site Key Decision Maker(s):

After you communicated with the practicum site decision maker(s), what issue/problem did they state they want you to work on as part of your DNP practicum?

Do you have a letter of support for your proposed project? The letter of support must be communicated via the practicum site's letterhead, as well as signed by the decision-maker. Your DNP Practicum Readiness form will not be finalized until the letter of support is submitted. Please refer to the Resources section within your course for a sample letter

Yes No Comments



Select if your project is using a translational science model or a theoretical framework and change model. Identify the model used.

Translation Science Model:

Framework/Change model:



DNP PRACTICUM READINESS FORM

SECTION II

Work with your assigned DNP Project Course Faculty to answer all questions under this section in preparation for your upcoming practicum experience.

Provide a problem statement (no less than 5-6 fully structured sentences) to explain the issue/problem you are addressing. Please describe current practice/process leading to the issue. Provide any reports or currently available data to document the need identified by primary decision maker(s) at practicum site.

NOTE: in this section, you must include in-text citations with your evidence-based intervention.

Provide a brief description, using in-text citations/references, to support the need for change from both a global and practicum site perspective.

What is the purpose of your proposed project? Begin your formal purpose statement by stating:
The purpose of the proposed DNP project is to..."

Based on the needs of the practicum site, please provide your one-sentence PICOT question below. Be clear and concise.

Note: your population cannot be students or faculty; your intervention cannot be educational and your time frame must be 8-12 weeks.

Fully describe the population (keep in mind students and /or faculty are not allowed) of your proposed project.

What is your anticipated participant size? What inclusion and exclusion criteria will be used to identify your population?





DNP PRACTICUM READINESS FORM

You are required to have a minimum of 5 contemporary research articles (<5 years old) to support your practice problem and evidence-based practice intervention. A minimum of 2 articles should be related to your practice problem and a minimum of 3 articles related to your evidence-based intervention.

Please provide a full listing (APA formatted) of the evidence you have to support the EBP intervention you will implement.



Explain the intervention you will implement to address the issue identified based on the needs of the practicum site. Remember, educational only interventions are not allowed. The intervention should be based on the translational science model you have chosen. You must provide an overview of the intervention so the reader(s) will be able to duplicate the intervention on their own.

(Include or attach any relevant documents, if available such as protocols, procedures, guidelines, etc. that you will implement).



Given you only have 8-10 weeks to implement your project, discuss the project's feasibility.

Will you be able to accomplish everything you want to do as far as implementation in 8-10 weeks? What barriers might you have and how will you overcome them?





DNP PRACTICUM READINESS FORM

Fully explain your plans for data collection to measure the impact of your intervention. Include a concise description of the measurable outcome you identified in your PICOT question. Provide the name of the tool/instrument you will use (if applicable) and discuss its validity and reliability with in-text citations from supporting literature. Additionally, fill out the chart below to concisely convey your measurable outcomes and the name(s) of the valid/reliable survey instrument/tool(s) you will use.



Measurable Outcome(s) as identified in the PICOT question	Data collection process pre- and post-intervention
A small red square icon with a white speech bubble containing a double-lined speech mark, indicating a comment or text entry area.	

Explain your plan for data analysis. Identify the statistical test(s) you will use to bring meaning to the final data you collect at the completion of your project.



Do you have written permission to use your survey/tool/instrument(s).

Yes No Comments

Other than Chamberlain IRB, are there any additional approval processes you are required to undergo within the practicum site?

Yes No

If answer yes, please describe the practicum IRB requirements below





DNP PRACTICUM READINESS FORM

NR 730 DNP PROJECT Committee Comments

NR 730 Project course faculty and committee reviewers: This is an area of communication between you and the NR702 faculty. Please share any thoughts about the project and open items here.

The student has completed NR 730 Project Readiness Form

NR-730 Project documents are uploaded into Student Repository within Share Point

Project Course Faculty Signature

Peer Review Signature

NR 702 Addendum

Addendum communication for practice question or project changes

Please describe any significant changes to the project design that occurred with rationale for the changes

NR 702 Course Faculty Signature

NR 702 Course Lead Signature