

FLORIDA ATLANTIC UNIVERSITY™

Graduate Programs—MEMO

UGPC APPROVAL _____
 UFS APPROVAL _____
 SCNS SUBMITTAL _____
 CONFIRMED _____
 BANNER POSTED _____
 CATALOG _____

DEPARTMENT: NURSING	COLLEGE: CHRISTINE E. LYNN COLLEGE OF NURSING
PROGRAM: DOCTOR OF NURSING (DNP)	

CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	
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<p>MEMO: PROPOSED CHANGE TO DOCTOR OF NURSE PRACTICE ADMISSION CRITERIA:</p> <p>INCLUDE THE COMPLETION OF THE DNP SUPERVISED CLINICAL HOURS FORM AS PART OF THE SUPPLEMENTARY CON APPLICATION PACKET BEGINNING FALL 2012. (SEE FORM ATTACHED BELOW)</p>	<p>RATIONALE: Currently there is no systematic record of the number of supervised clinical hours DNP students have completed in their master's programs. Documentation is needed for all students as they must have completed a minimum of 1000 hours in keeping with our published criteria and CCNE Essentials.</p> <p>The form requires verification of clinical hours by the individual student's program granting the applicants masters degree.</p> <p>The information from this form will assist advisors in planning the number of supervised clinical hours DNP students will need to complete and the number of capstone hours required.</p>
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Attach syllabus for ANY changes to current course information.

Should the requested change(s) cause this course to overlap any other FAU courses, please list them here. None	Departments and/or colleges that might be affected by the change(s) must be consulted and listed here. Please attach comments from each None.
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Faculty contact, email and complete phone number:
 Beth King bking@fau.edu 561-297-3249

<p>Approved by:</p> <p>Department Chair: <u>NA</u></p> <p>College Curriculum Chair: <u>Beth King</u></p> <p>College Dean: <u>Shelby Davis</u></p> <p>UGPC Chair: _____</p> <p>Graduate College Dean: _____</p>	<p>Date:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">ATTACHMENT CHECKLIST</p> <p>♦Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/programscommittee/index.php)</p> <p>♦Written consent from all departments affected by changes</p>
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Email this form and syllabus to diamond@fau.edu one week before the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.



CHRISTINE E. LYNN COLLEGE OF NURSING
FLORIDA ATLANTIC UNIVERSITY
Verification of Post-Baccalaureate Clinical and Practice Hours

DNP Applicant: Please allow sufficient time for the program director to complete and return this form to you for inclusion with your application. The program director should complete items 1-6 and return the form to the applicant to include with an application.

(PLEASE PRINT CLEARLY OR TYPE)

Name: _____
Last First Middle

Student ID Number: _____

1. Name of University: _____

Program Name: _____

University Address: _____

Street/Box Number City State Zip

University Telephone _____

2. Type of Degree Received

Master of Science in Nursing Program

Post-Master's Certificate Program

3. Area of Concentration: _____

4. Date of Program Completion: _____

5. Total Program Credit Hours: _____

6. Total Number of Supervised Clinical Practice Hours in Program _____

Clock Hours

7. Your signature on this form attests that the above named individual has completed the program indicated on this document.

Program Director (Print Name) _____

Program Director Signature _____ Date ____/____/____

This Form May Be Duplicated As Needed