



DNP PRACTICUM READINESS FORM

SECTION I:

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

Student Name: [REDACTED] Student ID (D#): ~~D40x85xx9~~

Email: mxltxoyax5@yahoo.com Phone: ~~9x0-5x4-17x9~~

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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: 1The impacts of Telephonic Health Coaching Intervention (THC) toolkit on obesity patients

Practicum Site/Organization Name: Crossroads Treatment Center

Practicum Site Contact Person: Dawn xenxinsxJenkins@cxrolixaeastxealxh.com 2x2-6x3-8x62

Preceptor Contact Information: Daniella Thomas PMHNP, DNP, MSN-ED, RN, CMSRN, dannimxxx8@gmail.com 9x0-5x5-75x5 N/

Mentor Contact Information: A

Practicum Site Key Decision Maker(s) Contact Information: Dawn Jenkins DJenkins@caxolxnaexsthalth.com 2x2-6x3-8x62

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

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? Note: this must be obtained before starting NR-702 and be communicated via the practicum site's letterhead, as well as signed by the decision-maker. 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: Knowledge to Action (KTA)

Framework/Change model:

Summary of Comments on Edited PopeDNP Practicum Readiness form-1.pdf

Page: 1

This does not match your project

This needs to describe the conversation had with stakeholders

Must state will receive prior to NR 702