## The Graduate School **Doctor of Nursing Practice (DNP) Degree Program of Study/Completion Form**

### INSTRUCTIONS FOR COMPLETING FORM FOR THE DNP DEGREE

Follow Deadlines and Procedures (http://www.gradschool.wsu.edu/forms.htm#deadline). Preparation of the program is the responsibility of the student in consultation with the advisor. Students should have their program director review the program to insure it is correct before it is submitted to the Graduate School. Please submit the completed, signed program of study to the School Graduate. More information on the Program can be found in Chapter 13 of the Graduate School's Policies and Procedures Manual.

Approval for use of human subjects or animals in research is required. If the student plans to utilize human or animal subjects for research, please contact either the Office of Grant and Research Development or the Laboratory Animal Resources Center. Please note that Departments/Programs should ensure that all procedures have been followed and forms filed with the appropriate offices; they can also determine the appropriateness of such narrative within the thesis or dissertation. The Graduate School only seeks verification that University approval has been granted.

### PROGRAM OF STUDY AND COURSEWORK SECTIONS OF FORM

The student should supply appropriate information regarding courses taken and proposed, utilizing the WSU Catalog, Graduate Catalog, WSU academic records, and official transcripts from other institutions. Transfer credit, if requested, should be reported exactly as it appears on the original transcript. Transfer credit should be reported in semester hours and/or will be converted by the Graduate School. If listing international transfer credit, the course description must be submitted for each course. In some cases, a course syllabus may also be needed. Only graduate level courses with a grade of B or better may be considered for transfer.

The core DNP program for Post-Baccalaureate students must include a minimum of 39 total hours of 500-level nursing courses, 9 total hours of 500-level nursing courses for the Practice Transformation Project, and a minimum of 24 hours of 500-level nursing courses from one post-baccalaureate DNP Specialty Track (Family Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, or Advanced Population Health). In addition, post-baccalaureate students must complete a minimum of 1,000 practicum hours.

The core DNP program for Post-Master's students must include a minimum of 23 hours of 500-level nursing courses, 9 total hours of 500-level nursing courses for the Practice Transformation Project, and the completion of a minimum of 1,000 post-baccalaureate practicum hours. Post-Master's DNP students who are adding a specialty in Advanced Population Health, Family Practice, or Psychiatric Mental Health Practice must also complete a minimum of 24 hours of 500-level nursing courses from that specialty track.

The core DNP program for Post-Master's students who seek the addition of an NP specialty must include a minimum of 23 total hours of 500-level nursing courses, 9 total hours of 500-level nursing courses for the Practice Transformation Project, and a minimum of 24 hours of 500-level nursing courses from one post-baccalaureate DNP Specialty Track (Family Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, or Advanced Population Health). In addition, post-baccalaureate students must complete a minimum of 1,000 practicum hours.

The department and student will receive email notification when the program of study is approved.

## DNP COMPLETION SECTION OF FORM (to be completed after the student successfully completes all of the program requirements)

The DNP Program Completion section of the form is to be completed and signed by the DNP Program director whose signature verifies that the student has met all of the program requirements, including coursework and practicum hours, and is ready for final degree clearance at the Graduate School. The form should be submitted to the Graduate School immediately after final grades are submitted for NURS 559.

# The Graduate School **Doctor of Nursing Practice (DNP) Degree Program of Study/Completion Form**

DATE	_		ID#	
PROGRAM OF STUDY SE	ECTION			
Name		E	-Mail	
Local Address			Phone	
Program (select one):	Post-Baccalaureate DNP Post-Master's DNP		Post-Master's DNP with NP Special	ty
Student: I have reviewe	ed and agree to this Program	of Study.		
Student's Signature:	reviewed this program of stud		Date	
Faculty Advisor: I have r	reviewed this program of stud	dy with the studer	nt and approve it.	
Faculty Advisor's Name	<b>:</b>		Date	
Faculty's Signature:				
DNP Program Director's	gram of study for errors and Name: Signature:		he DNP Policies and requirements anDate	
Review Date	Comple	etion Date:		
all of the program requir	dent's program of study and \	rk and practicum I	nours, have been satisfactorily	
Program Director Name				
Program Director Signat	ure		Date	
Graduate School Review	1			
	Staff Initials		Date	

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