To successfully complete and submit the Project Team Planning Form, a response is required for each question displayed. The areas circled indicate typed-entry response. The areas indicated with an arrow are selected responses.

If you are unsure about how to complete the form, please contact your DNP Project Course Faculty for guidance.

Response Summary:



GRADUATE PROGRAM IN NURSING DNP FINAL PROJECT TEAM PLANNING FORM

2#1. Provide Name(s) of Student(s) in DNP Project Group: Enter name(s) of student(s) and each @siue.edu email address. Each student's name and email should only be entered once. Please enter N/A in the First Name field and enter N/A in the Last Name field if not applicable. Please refer to document for guidelines about group projects and DNP team roles and responsibilities.

- Full Names

	First Name	Last Name
Student 1	Jodie	Nehrt
Student 2	n/a	n/a
Student 3	n/a	n/a

2#2. Provide Name(s) of Student(s) in DNP Project Group:

Enter name(s) of student(s) and each @siue.edu email address. Each student's name and email should only be entered once. Please enter N/A in the First Name field and enter N/A in the Last Name field if not applicable. Please refer to document for guidelines about group projects and DNP team roles and responsibilities.

- Contact

	SIDE Elliali	
Student 1	jnehrt@siue.edu	
Student 2	N/A	
Student 3	N/A	

CILIE Email

3.

Proposed DNP Project Title: Sample

4. Select your DNP program:

Nurse Anesthesia

Q30. NA - Select SIUE SON DNP Project Faculty Team Leader: The Team Leader is your SIUE SON N697 DNP Project Course graduate faculty instructor per DNP Final Project Guidelines.

SIUE SON Faculty Team Leader	Dr. Leah Baecht
Email	Dr. Leah Baecht ~ Idragov@siue.edu

Select DNP Project Team Member:

The Team Member is SIUE SON Graduate Faculty unless approved by the Team Leader and Assistant Dean of Graduate Programs per DNP Final Project Guidelines. If the Team Member is not SIUE SON Graduate Faculty or if the Team Member is from outside SIUE, they may be invited as long as they hold a graduate degree in an appropriate field and are deemed an expert in the specific area covered by the DNP Project.

Refer to the <u>Graduate Student Handbook</u>, pages 17-27, for a list of faculty with Graduate Status.

• This Team Member is not SIUE School of Nursing Graduate Faculty

7. DNP Project Team Member Information:

Note: If Team Member is an SIUE employee, use their @siue.edu email address.

If the team member is SON Graduate Faculty, you would have been shown a question that includes a list of those faculty to select their name and email from the list of options.

8. External Stakeholder/Preceptor Information:

All fields must be completed to proceed. It is important that you verify your stakeholder's credentials before submitting. You may enter the same phone number twice if no other contact number is available for your stakeholder. Please use the last field if either of the phone numbers entered require an extension to reach the stakeholder; if not, enter N/A.

Full Name	Matt Schmitz	
Credentials	MLIS	
Position/Title	ADOBE	
Preferred Phone Number	618-650-5500	
Work Phone Number	618-650-5500	
Preferred Email	s002790@siue.edu	
Extension (enter 10-digit number and ext.)	n/a	

9. Clinical Site Affiliation Information for the External Stakeholder:

Name of Site	SIUE	
Street Address	#1 Hairpin Dr	
City	Edwardsville	
State	IL	
Zip	62025	

10. Does this clinical site have a Parent Corporation Affiliation? An example of this is a facility that is part of a larger regional hospital or system with multiple locations.

• No **(**

If you select "Yes" you will see one more question with form fields to enter the name of the parent affiliate and the location.

Q21. Submitted by: Jodie Nehrt Submitted on: 08/30/2022

Please review all of your responses carefully before submitting them. On the following screens, you can edit all the information if you see any errors.

Verify the name and emails for:

- Group Members (students)
- Team Members (faculty leader and team member)
- External Stakeholder

CLICK SUBMIT TO FINISH

Upon submission, student will receive email confirmation.

A submission confirmation email with Response Summary will be sent to student(s) in the DNP Project group, DNP Project Faculty Team Leader, and DNP Project Team Member.

Note: If you indicated a Team Member from outside SIUE School of Nursing, the Assistant Dean for Graduate Programs must approve their role on the DNP Final Project Team and will email you and that person upon approval.

Approved by GCC 8/29/2017, Approved by FC 10/12/2017