

Policy S-5.09
UNIVERSITY OF FLORIDA
COLLEGE OF NURSING

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TITLE: DOCTOR OF NURSING PRACTICE PROJECT SUPERVISION

POLICY: The final project for Doctor of Nursing Practice (DNP) students will be directed by a faculty supervisory chair person. Additional team members may be utilized to guide the completion of the final project.

RATIONALE: College of Nursing faculty support students in completion of the advanced nursing project which demonstrates integration of learning.

PROCEDURE:

1. The purpose of the Supervisory team is to provide guidance to the student in completion of the project and to evaluate the final project.
2. The supervisory chair person must be a College of Nursing faculty member holding an earned doctorate.
3. It is highly recommended that additional team member(s) be included who have expertise in the student's topic and/or who represent the community of interest for the topic.
4. The chair is selected no later than midterm in the semester prior to-student enrollment in NGR 7970L Advanced Nursing Project
5. Students are responsible for arranging meetings with their chairperson to discuss potential team members if desired.
6. Following selection of the Supervisory Chair and team member(s), the student will submit the DNP Program Supervisory Team Form (Attachment #1) to the Office of Student Affairs.
7. Students are responsible for communicating project progress with team member(s).
8. The supervisory chair is responsible for submitting the final grade and sending an electronic copy of the final project paper to the Associate Dean for Academic Affairs.

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Review or Approval Authority	Responsible Party	Initial Approval / Review	Most Recent Approval / Review Of Changes	Editorial Changes	Policy A-01 Review
Approval	Academic Affairs	6/07	6/15	12/16	6/13
Review	Faculty Executive Committee			12/16	
Review	Leadership Council (N/A since 6/16)	6/07	6/15		
Approval	General Faculty	6/07	6/15	1/17	
Approval	Dean	6/07	6/15	1/17	

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Attachment # 1

DNP PROGRAM SUPERVISORY TEAM FORM

Date: _____

Student: _____

Email Address: _____

Telephone: _____

PROJECT TITLE: _____

Supervisory Team: (Please print clearly)

Chair: _____

Member(s): _____

Signatures:

Student : _____

Team Chair: _____

Team Member(s): _____

Department Chair(s): _____

DNP Program director: _____

Distribution -- Original to: Student Record ____ Copy Sent to: ____ Student ____ DNP Program director _____