**Doctor of Nursing Practice Program Data Collection Form (for posting to the DNP Inc. Web site)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***DNP Program*** |  | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | |
| **City, State ZIP** |  | | | | | | | | | | | | |
| **Weblink:** |  | | | | | | | | | | | | |
| **Contact** |  | | | | | | | | | | | | |
| **Title** |  | | | | | | | | | | | | |
| **Email** |  | | | | | | Phone | | |  | | | |
| **Contact** |  | | | | | | | | | | | | |
| **Title** |  | | | | | | | | | | | | |
| **Email** |  | | | | | | Phone | | |  | | | |
| Year of First Graduating Class | |  | | # Of Students per Annual Cohort | | | | | | |  | | |
| Curriculum Delivery (Select one) | | | On-Ground | | | | | | On-Line | | | Hybrid | |
| ***Entry Pathway*** | | | | | | ***Yes*** | ***No*** | |  | ***Credit Hours (Non Clinical)*** | | | | ***#*** |
| Post Bachelor | | | | | |  |  | |  | Post Bachelor’s | | | |  |
| Post Master’s NP | | | | | |  |  | |  | Post Master’s | | | |  |
| Post Master’s CNS | | | | | |  |  | |  | ***Clinical Hours*** | | | | ***#*** |
| Post Master’s CRNA | | | | | |  |  | |  | Post Bachelor’s | | | |  |
| Post Master’s CNM | | | | | |  |  | |  | Post Master’s | | | |  |
| ***Role Concentration*** | | | | | | ***Yes*** | ***No*** | |  |  | | | |  |
| Practitioner | | | | | |  |  | |  |  | | | |  |
| Educator | | | | | |  |  | |  |  | | | |  |
| Nurse Executive | | | | | |  |  | |  |  | | | |  |
| Policy | | | | | |  |  | |  |  | | | |  |
| Informatics | | | | | |  |  | |  |  | | | |  |
| Other | | | | | |  |  | |  |  | | | |  |
| ***Research Courses Required?*** | | | | | | ***Yes*** | ***No*** | |  | ***Credit Hours*** | | | | ***#*** |
| ***Hybrid Research Offering? (DNP and PhD)*** | | | | | |  |  | |  |  | | | |  |
| Quantitative Methods? | | | | | |  |  | |  |  | | | |  |
| Qualitative Methods? | | | | | |  |  | |  |  | | | |  |
| EBP / Translational Course? | | | | | |  |  | |  |  | | | |  |
| ***Specific Courses*** | | | | | | ***Yes*** | ***No*** | |  | ***Credit Hours*** | | | | ***#*** |
| Health Policy | | | | | |  |  | |  |  | | | |  |
| Informatics | | | | | |  |  | |  |  | | | |  |
| Statistics | | | | | |  |  | |  |  | | | |  |
| Epidemiology | | | | | |  |  | |  |  | | | |  |
| ***Leadership Courses*** | | | | | | ***Yes*** | ***No*** | |  | ***Credit Hours*** | | | | ***#*** |
| Practice Management | | | | | |  |  | |  |  | | | |  |
| Organization Management | | | | | |  |  | |  |  | | | |  |
| Nursing Leadership | | | | | |  |  | |  |  | | | |  |
| ***Other Courses*** | | | | | | ***Yes*** | ***No*** | |  | ***Credit Hours*** | | | | ***#*** |
| Cultural Diversity or Population Focused Care | | | | | |  |  | |  |  | | | |  |
| Health Promotion/Disease Prevention | | | | | |  |  | |  |  | | | |  |
| Electives | | | | | |  |  | |  |  | | | |  |
| ***Final Project Expectations*** | | | | | | ***Yes*** | ***No*** | |  | ***Final Project Hours*** | | | | ***#*** |
| Capstone Project Required? | | | | | |  |  | |  | Capstone Project Hours | | | |  |
| Capstone Seminar? | | | | | |  |  | |  | Capstone Seminar Hours | | | |  |
| Thesis Requirements? | | | | | |  |  | |  | Practicum Residency Hours | | | |  |
| Dissertation Requirements? | | | | | |  |  | |  |  | | | |  |
| Publication Requirements? | | | | | |  |  | |  |  | | | |  |
| Other | | | | | |  |  | |  |  | | | |  |