DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of DNP Committee Chair)

Frances Payne Bolton School of Nursing

Case Western Reserve University

10900 Euclid Avenue

Cleveland, OH 44106

Dear Dr. \_\_\_\_\_\_\_\_\_\_, (DNP Committee Chair):

The purpose of this letter is to confirm my commitment to serve on the Doctor of Nursing Practice (DNP) Project Committee for (student name and credentials). (Student name) has discussed their proposed DNP project with me and I believe (he/she) has identified an important area of study. My role will be Practice Partner Member.

I have attached my curriculum vitae. I appreciate the opportunity to work with you and (student name) on this DNP Project Committee. Please contact me if further information is needed or if you should have any questions.

Sincerely,

(Signature)

**Type or hand print:**

* Name, credentials
* Title
* Organization
* Street address
* Phone Number
* Email address

The signed letter and CV are forwarded to the DNP Program Assistant at dnpasst@case.edu.

The student should retain a copy of this form for their records or portfolio.