



NUND 611 Practicum Plan (complete Plan and Final Report for each Preceptor and activity)

(Refer to Post-Masters DNP Practicum Guidelines)

Student: _____ signature: _____ Email: _____ Date: _____

Faculty Advisor: _____ signature: _____ Email: _____ Date: _____

Preceptor: _____ signature: _____ Date: _____

Title: _____

Institution: _____

Email: _____ Phone: _____

Address: _____

Objectives (behavioral outcomes in SMART format --Specific, Measurable, Attainable, Realistic, and Time bound)

- 1.
- 2.
- 3.
- 4.

Overview of Anticipated Activities:

Prior to beginning practicum activities, submit this plan to the advisor who will review and sign and forward to the DNP Department Assistant,
dnpsast@case.edu

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