CASE WESTERN RESERVE UNIVERSITY
Frances Payne Bolton School of Nursing

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, dnpasst@case.edu

2/6/17, revised 7/2019 , reviewed 7/2026

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