

# **School of Nursing**

## Graduate Student Handbook

#### Office:

Health Science and Business Administration Building 2525 North Patterson St.



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<b>Courses with Practice I</b>	Experience Hours
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**DNP** Chair

**DNP Project Second** 

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#### INTERNATIONAL APPLICANTS

Test of English as a Foreign Language (TOEFL) Exam

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#### **IMPORTANT PROGRAM INFORMATION**

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IMPORTANT P	ROGRAM INFORMATION	

### **MSN** and Post

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**READMISSION** 

MISCELLANEOUS EXPEN	<u> 15125</u>		
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### **COURSE INFORMATION**

#### **ACADEMIC INTEGRITY**

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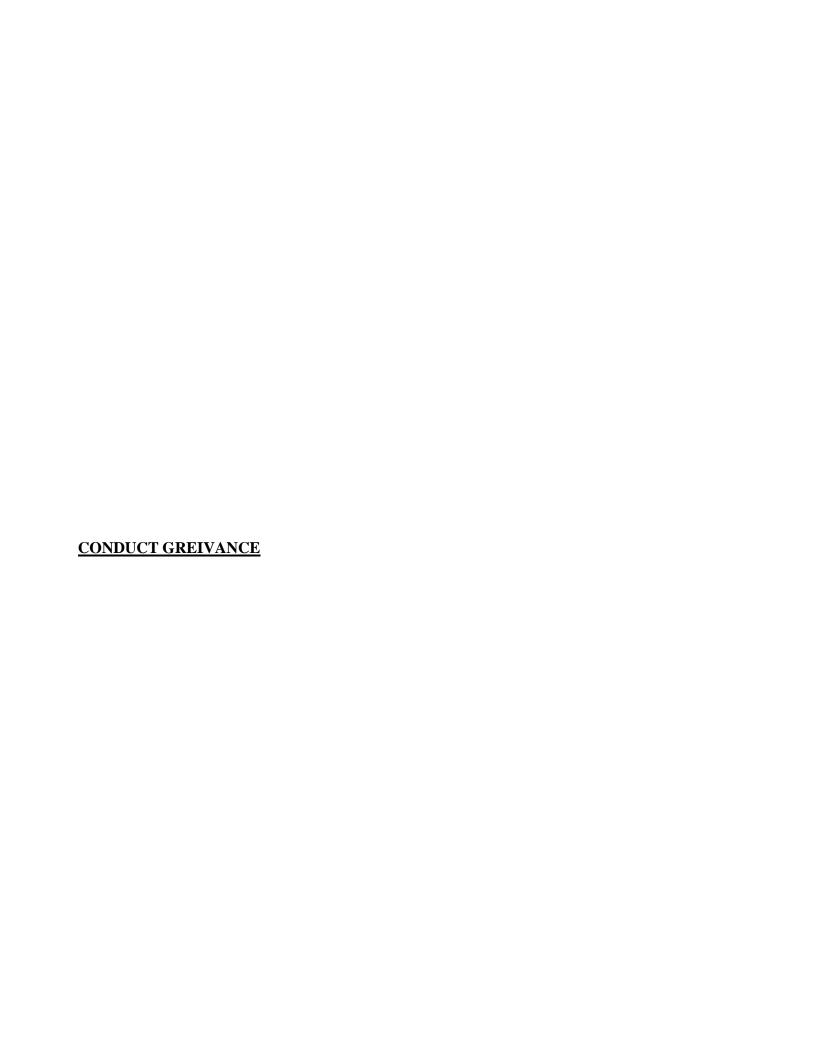
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BASIC CARDIAC LIFE S	<u>UPPORT</u>			
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Rec	commendation f	or Student/Fact	ulty Clinical Healt	h/Immunization R	dequirements
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## **GENERAL INFORMATION**

APPOINTMENTS WITH FACULTY		
<u>ADVISING</u>		
Academic Advising for DNP Students		
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## **CONHS Disposition Policy**

**PURPOSE** 

DISPOSITOINAL

<b>Examples of Actions Necessit</b> to)	tating Completion of l	Disposition Forms, (	including, but not	limited
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#### **Procedures for Assessing Dispositions**

# **HONOR CODE**

Department Head: Stater	ment:	
Faculty Statement:		
Student statement		

# Valdosta State University School of Nursing Honor Code

As a member of the Valdosta State University (VSU) School of Nursing community, I recognize that I am entering into a profession bound to the highest standardsof honesty, integrity, and behavior. Therefore, I am honor bound by to uphold the standards of honesty and integrity and behavior as befits the character of a professional nurse.

I commit to pursue intellectual, ethical, and professional excellence. I accept my personal, academic, and professional responsibilities in the community as outlined in the CONHS Disposition Policy\*. To attain these ideals, I embrace this Honor Code as my way of life.

By my signature I acknowledge that I understand my responsibility and accountability to uphold this Honor Code and the high standards of professional nursing.

Signature	Date	
Printed Name		

	GAP A	AP ANALYSIS FOR POST-GRADUATE NP STUDENT						
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Instructions								

DNP Project Proposal Approval Form					

#### **BSN to DNP Project Milestones and Timeline**

#### Post-Master's DNP Project Milestones and Timeline

# **Final DNP Project Evaluation Form**

Component 1
Very 2
Final DNP Paper Cont'd Poorly Poor

Plans for Future Scholarship are articulated.						
Summary:						
Appendices:						
Component Final DNP Presentation	1 Very Poorly	2 Poor	3 Good	4 Very Good	5 Excellent	Comments

# Valdosta State University College of Nursing and Health Sciences DNP Community Content Expert Agreement

Explanation of Preceptor/Facilitator Agreement Packet Elements

#### **Checklist:**

#### **Preceptor/Facilitator License Verification:**

### Valdosta State University College of Nursing and Health Sciences DNP Community Content Expert Agreement

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## **Confirmation of Project Team Members**

(Print)	(Sign)	(Date)
DNP Chair / Valdosta S	State University, School of Nursing &	Health Sciences
(Print)	(Sign)	(Date)
DNP Second / Valdosta	State University, School of Nursing &	& Health Sciences
(Print)	(Sign)	(Date
ONP Community Conte	ent Expert / Clinical Agency	
		/Data
(Print)	(Sign)	(Date
(Print) Site Name:	(Sign)	(Date

# Valdosta State University College of Nursing and Health Sciences

# **DNP Community Content Expert**

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