



DNP PRACTICUM READINESS FORM

SECTION I:

Please type your responses to all questions. *Note: scanned or handwritten submissions will not be accepted.*

Student Name: [REDACTED]

Student ID (D#): D40x85xx9

Email: mxlxtoxyax5@yahoo.com

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☒ I fully understand I cannot collect any data and/or implement my project at the practicum site until my proposal is approved and I have received all required permission(s) from Chamberlain's Institutional Review Board (IRB) as well as the practicum site's IRB (if applicable)

Working Project Title: **The impacts of Telephonic Health Coaching Intervention (THC) toolkit on obesity patients**

Practicum Site/Organization Name:
Crossroads Treatment Center

Practicum Site Contact Person:
Name, email address, phone Dawn xenxinsxJenkins@cxrolixaeastxealxh.com 2x2-6x3-8x62

Preceptor Contact Information:
Name, credentials, email address, phone Daniella Thomas PMHNP, DNP, MSN-ED, RN, CMSRN, dannimxxxx8@gmail.com 9x0-5x5-75x5

Mentor Contact Information:
Name, credentials, email address, phone N/A

Practicum Site Key Decision
Maker(s) Contact Information:
Name, credentials, email address, phone Dawn Jenkins DJenkins@caxolxnaexstxhalth.com 2x2-6x3-8x62

Date(s) you spoke to Practicum Site Key Decision Maker(s): [REDACTED]

After you communicated with the practicum site decision maker(s), what issue/problem did they state they want you to work on as part of your DNP practicum?

How to integrate Intensive Behavioral Therapy (IBT) programs on obesity patients for weight



Do you have a letter of support for your proposed project? Note: this must be obtained before starting NR-702 and be communicated via the practicum site's letterhead, as well as signed by the decision-maker. Please refer to the Resources section within your course for a

sample letter

☐ Yes ☒ No Comments

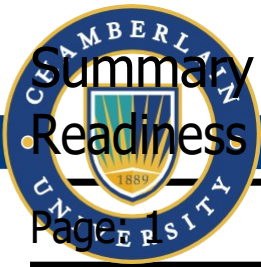


Select if your project is using a translational science model or a theoretical framework and change model. Identify the model used.

☒ Translation Science Model: Knowledge to Action (KTA)

☐ Framework/Change model:

☐



Summary of Comments on Edited PopeDNP Practicum Readiness form-1.pdf

DNP PRACTICUM READINESS FORM

Page: 1

 Number: 1 Author: mclay2 Subject: Comment on Text Date: 2/14/2024 8:58:45 AM
This does not match your project

 Number: 2 Author: mclay2 Subject: Sticky Note Date: 2/14/2024 8:59:11
This needs to describe the conversation had with stakeholders

 Number: 3 Author: mclay2 Subject: Sticky Note Date: 2/14/2024 8:59:33
Must state will receive prior to NR 702
