

DNP Capstone Clinical Mentor Form

DNP Project Title: _____

Student Name: _____

Address: _____

Phone: _____ Email: _____

RMUoHP DNP Capstone Advisor: **Dr. Janice Unruh Davidson**

Phone: **662-328-6293** Email: **jdavidson@rmuohp.edu**

Capstone Clinical Mentor: _____

Title: _____

Academic Credentials/Degrees: _____

Agency/University: _____

Address: _____

Phone: _____ **Email:** _____

Capstone Clinical Mentor Responsibilities: The Doctor of Nursing Practice Program requires completion of DNP 797, Capstone Project, and DNP 798, Capstone Oral Presentation. During this period of time, the DNP candidate will implement and evaluate a project approved by both the capstone advisor and the capstone clinical mentor. The mentor serves as the local chair of the student's project and facilitates access to resources required for the student to complete the project. The clinical mentor:

1. Assists the DNP candidate in selecting realistic and specific goals that support the framework and objectives of the RMUoHP DNP program.
2. Guides the DNP Candidate in development and acquisition of key leadership skills required of the project.
3. Meets with the DNP Candidate on a regular basis and provides feedback accordingly.
4. Facilitates completion of the capstone project and communicates as needed with the RMUoHP capstone advisor.
5. RMUoHP must have the clinical mentor's current CV on file.

I agree to serve as a mentor to the DNP Candidate named in this agreement.

Signature of Clinical Mentor: _____ Date: _____

Signature of DNP Candidate: _____ Date: _____

Note: A letter of agreement with Rocky Mountain University of Health Professions is required to facilitate this educational experience.

Approval: Yes No Comments: _____

RMUoHP Capstone Advisor: _____ Date: _____

RMUoHP DNP Graduate Program Director: _____ Date: _____