

NP 8898 Course DNP Immersion Plan

Student Name:

Semester/Year

Course:

Immersion Site #1 (Include name, address and email of a contact person for contracts):

Immersion Site #2 (optional; Include name, address and email of a contact person for contracts):

Preceptor/Mentor Name and Contact Information

(Include name/address/phone/email for each)

Site #1 Preceptor/mentor

Site #2 Preceptor/mentor

Describe how your preceptor(s)/mentor(s) expert experience and professional role will provide the opportunity for a meaningful engagement within a practice environment meeting the Immersion objectives.

Student: Please provide your acknowledgment on this form and then e-mail to your advisor for approval.

By checking this box, I acknowledge I agree to this Immersion Plan.

Date:

Advisor: Either print the form, sign, scan and e-mail the student or go to *Sign & Certify*, then *Apply Ink Signature* from the *Tools* menu to add your signature below.

Advisor Name:

Advisor Signature:

Date:

Comments/Notes/Additions

Upon completion of this form, student will send to con-clinicalplacement@osu.edu