**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Nursing Practice Student Annual Evaluation**

Date: Student Name: Click here to enter text. UID#: Click here to enter text.

**Benchmarks by Essential**

**Student self-evaluation**

* Check components completed
* Comment on plan to complete remaining components in the next year

**Essential I**: Scientific Underpinnings for Practice

[ ] NUR 564 Evidence-Based Practice

[ ] NUR 562 Leadership in Health Care Systems

[ ] NUR 539 Scholarly Project Design (proposal)

[ ] NUR 543 Scholarly Project I (IRB)

[ ] Scholarly Project poster presentation

**Essential II**: Org. and Systems Leadership for Quality Improvement and Systems Thinking

[ ] NUR 562 Leadership in Health Care Systems

[ ] NUR 565 Changing Health Care Systems

[ ] NUR 451/569 Financial and Resource

 Management

[ ] Scholarly Project Committee Appointment (form)

[ ] NUR 545 Scholarly Project II (implementation)

[ ] Scholarly Project podium presentations

 (committee, college, stakeholder)

**Essential III**: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

[ ] NUR 535 Applied Data Management and Analysis

[ ] NUR 564 Evidence-Based Practice

[ ] NUR 451/569 Financial and Resource

 Management

[ ] NUR 545 Scholarly Project III (evaluation)

[ ] Scholarly Project manuscript (submitted to

 professional journal and deposited at ISU ReD)

**Essential IV**: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

[ ] NUR 509 Introduction to Nursing Informatics

[ ] NUR 535 Applied Data Management and Analysis

**Essential V**: Health Care Policy for Advocacy in Health

Care

[ ] NUR 511 Health Policy

[ ] NUR 562 Leadership in Health Care Systems

**Essential VI**: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

[ ] NUR 565 Changing Health Care Systems

[ ] NUR 451/569 Financial and Resource

 Management

[ ] Authorship Agreement (form)

**Essential VII**: Clinical Prevention and Population Health for Improving the Nation’s Health

[ ] NUR 564 Evidence-Based Practice

[ ] NUR 565 Changing Health Care Systems

[ ] NUR 511 Health Policy

**Essential VIII**: Advanced Practice Nursing

[ ] 640 practice hours

[ ] NUR 550 Practice Residency I

[ ] NUR 552 Practice Residency II

[ ] NUR 554 Practice Residency III

[ ] DNP Professional Portfolio

**Comments:**Click here to enter text.

**Faculty Advisor Evaluation and Recommendation**

*(To be completed by faculty advisor)*

Date: Click here to enter a date.

Student Name: Click here to enter text.

**This is to verify that an Annual Evaluation has been conducted for the above student including review of grades, scholarly productivity, adherence to plan of study and progress toward scholarly project completion.**

**The following action is recommended: (check only one)**

[ ]  1. Satisfactory progress (original plan of study is current, attach a copy)

[ ]  2. Satisfactory progress, however, a revised plan of study is required.

(Attach a copy of revised program of study.)

[ ]  3. Unsatisfactory progress – a revised plan of study and/or other

requirements are listed below.

**Faculty Advisor Comments or Requirements:**

**Approved:**

Type to sign name below

Student Signature Click or tap here to enter text. Date Click here to enter a date.

Faculty Advisor Signature Click or tap here to enter text. Date Click here to enter a date.

DNP Program Leader Signature Click or tap here to enter text. Date Click here to enter a date.

Director of Graduate Programs Signature Click or tap here to enter text. Date Click here to enter a date.

***Electronic Signature***

*If you are under the age of 18 or have not elected to participate in electronic signature at the University, please call 309-438-7400 to request a hard copy of the form be emailed to you for submission. If you are under the age of 18, a parent must sign the hard copy .pdf version of the form.*

*By typing my name in the indicated fields, I hereby acknowledge that I consent to sign Student Annual Evaluation form. I also acknowledge that I have had sufficient time to review and seek explanation of the terms and conditions contained above, have carefully read them, understand them fully, and agree to be legally bound by them. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.*

***Forward this form and a current plan of study to***

***MCN Office of Student Services***