

DNP Manuscript Defense Approval

First Name: * Sherry

Last Name: * Grandison

*

Date: * 06/29/2022

- Choose your DNP program: *
- Adult-Gerontology Acute Care Nurse Practitioner (Doctor of Nursing Practice)
 - Family Nurse Practitioner (Doctor of Nursing Practice)
 - Post-Master's DNP (Doctor of Nursing Practice)

Manuscript Title: * Evaluation of the Implement

Date of Manuscript Approval: * 07/05/2022

Student Signature	Electronically signed by Sherry Grandison on 06/29/2022 9:44:43 PM
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DNP Program Coordinator Signature	Electronically signed by Heather Wallace on 07/07/2022 11:23:34 AM
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