

School of Nursing and Health Sciences INTERAGENCY AGENCY AGREEMENT DNP Program

Name of Agency:
Agency Address:
Telephone (site mentor):
Email (site mentor):
, a North Park University DNP nursing student, is requesting authorization to engage in a practicum experience for at your agency. The DNP practicum experiences are to provide opportunities for application, synthesis, and expansion of learning. Emphasis will be placed on activities performed in relation to project development, implementation, and evaluation within the practicum site.
The specifics of the practicum involve:
Site Mentor:
Practicum Period (full duration of program):
The student requesting this practicum has provided North Park University School of Nursing with evidence of current compliance with the following health and safety compliance elements:
 Professional Registered Nurse licensure/If NP, also provide NP certification/APRN licensure Professional liability insurance CPR certification TB-free state Immunity to Hepatitis B (or declination waiver) Immunity to rubeola, rubella, varicella zoster, and mumps Immunity to tetanus, diphtheria, and pertussis Health care agency OSHA Training HIPAA Training Personal health insurance Annual flu shot (or declination waiver) Background check Drug screening
In addition, the agency requires the student to demonstrate The agency has agreed to accept and provide adequate supervision to facilitate the completion of the outlined practicum.

AGENCY	NORTH PARK UNIVERSITY
Signature (Director)	Signature (Dean)
Printed Name	Printed Name
Title:	Title: Dean, School of Nursing
Date:	Date:
PRACTICUM EXPERIENCES AND EVALU	JATIVE OUTCOMES AGREEMENT
The following people acknowledge havi their respective responsibilities.	ing read the Practicum Orientation Packet and agree to abide b
Signature (Site Mentor)	Signature (Faculty Member)
Date	Date
Signature (Student)	
 Date	

Please submit the signed document to the course faculty.