



DNP Manuscript Defense Approval

First Name: * Erica

Last Name: * Starling

*

Date: * 07/02/2022

- 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: * Training sexual assault nurs

Date of Manuscript Approval: * 07/05/2022

Student Signature: Electronically signed by Erica Starling on 07/02/2022 9:06:06 AM

Chair, DNP Manuscript Signature: Electronically signed by Laura Walker on 07/05/2022 9:12:06 AM

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