

DNP Manuscript Defense Approval

First Name: * Gwendolyn

Last Name: * Starkey

*

Date: * 06/21/2022

- 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: * Utilization of REMAP Conve

Date of Manuscript Approval: * 07/06/2022

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