



DNP Manuscript Defense Approval

First Name: * Elizabeth

Last Name: * Gilbert

*

Date: * 06/24/2022

- 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: * Using the CDC's Healthcare

Date of Manuscript Approval: * 07/04/2022

Student Signature	Electronically signed by Elizabeth Gilbert on 06/24/2022 6:43:10 PM
Chair, DNP Manuscript Signature	Electronically signed by Lori McGrath on 07/04/2022 4:42:26 PM
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