

# Nursing Student Projects Application

## Student Information

Student Name and Credentials \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_

School \_\_\_\_\_ Degree Pursuing \_\_\_\_\_

Wellstar Role and Work Location \_\_\_\_\_

## Project Administration

Wellstar Site Sponsor Name \_\_\_\_\_

Proposed Facility and Unit(s) \_\_\_\_\_

ACEMAPP rotation number \_\_\_\_\_ Approved rotation dates \_\_\_\_\_

IRBNet ID \_\_\_\_\_ Project timeframe \_\_\_\_\_

School Advisor/Mentor/Chair Name and Email Address \_\_\_\_\_

## Project Outline and Scope

☐ Evidence-Based Practice or Quality Improvement  
(project is focused on implementing a tool or process  
strongly supported by research).

☐ Nursing Research (project includes surveys, tests, patient  
interactions, interviews, observations, other primary data collection,  
use of interventions not thoroughly described in literature).

Project Title \_\_\_\_\_

## Required Documents Checklist

### EBP/QI:

- ☐ Student project application
- ☐ Site support letter
- ☐ Completed EBP/QI proposal form (can be the school's designated form)
- ☐ Approval letter from student's school (if applicable)
- ☐ Student's CV or resume (Project lead if multiple students)
- ☐ Data collection tool (Excel sheet labeled with headers indicating data points to be collected)
- ☐ Any relevant project documents (surveys, syllabi, tools, etc.)
- ☐ ACEMAPP approval confirmation

**\*All documents must be uploaded to IRBNet\***

### Nursing Research:

- ☐ Student project application
- ☐ Site support letter
- ☐ Completed nursing research proposal form (can be the school's designated form)
- ☐ IRB approval letter from student's school (if applicable)
- ☐ CV or resume (all research study team members)
- ☐ CITI training certificates (all research study team members)
- ☐ Any relevant project documents (consent form, surveys, flyers, syllabi, data collection tools, recruitment materials)
- ☐ ACEMAPP approval confirmation

**\*All documents must be uploaded to IRBNet\***

## School Attestation

**To be completed by the student's academic mentor, advisor, or chair:**

I have read the proposal documents submitted in this application. I agree that the focus and methods described are appropriate for nursing research or evidence-based practice/quality improvement. I am in support of this project and will be monitoring my student's progress and reviewing any changes made to the project. I will be available to discuss any concerns related to this project.

Academic Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Title and Department \_\_\_\_\_