

2011

# Doctor of Nursing Practice Program Sophia Submission Form

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# ST. CATHERINE UNIVERSITY

## Department of Nursing

DOCTOR OF NURSING PRACTICE PROGRAM

### ***GUIDELINES FOR PREPARING DOCTOR OF NURSING PRACTICE SYSTEMS CHANGE PROJECTS FOR SUBMISSION TO SOPHIA, THE DIGITAL REPOSITORY***

#### **Introduction**

Beginning in 2010 Systems Change Projects submitted electronically will be posted to our institutional repository, [sophia.stkate.edu](http://sophia.stkate.edu). These Projects will be accessible on a **permanent** basis to anyone, and fully searchable via Google and Google Scholar.

Following are instructions on submitting your Project for inclusion in Sophia

#### **Summary of steps for submitting your electronic research for inclusion in Sophia:**

1. Secure final approval of your Systems Change Project from your advisor.
2. Provide the Department of Nursing Office Manager an electronic final approved version of your Systems Change Project along with this permission form.
3. There are circumstances in which the work can be withheld from public view for up to one year. This is called an embargo. Situations warranting an embargo include copyright agreements with a potential publisher. You may hold back public release of this Systems Change Project for one year. There are no permanent embargoes.
4. The Department of Nursing Office Manager will forward the approved Systems Change Project to Emily Asch in the St. Catherine Libraries for inclusion in Sophia.

Questions: Emily Asch ([ejasch@stkate.edu](mailto:ejasch@stkate.edu), 651-690-6653)

### ***PERMISSION TO DEPOSIT SYSTEMS CHANGE PROJECTS***

**Please read this document carefully before signing.** If you have questions please contact Emily Asch at [ejasch@stkate.edu](mailto:ejasch@stkate.edu) or 651.690.6653.

Title of Systems Change Project (please print): \_\_\_\_\_

\_\_\_\_\_

Author's Name: (**Last name, first name**) \_\_\_\_\_

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I request that my Doctor of Nursing Systems Change Project be embargoed for one year. \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Approved by Advisor \_\_\_\_\_ Date \_\_\_\_\_

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