



ST. CATHERINE UNIVERSITY

Department of Nursing
Doctor of Nursing Practice Program

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3. The Department of Nursing Office Manager will forward the approved project and permission form to the library (sophiair@stkate.edu) for inclusion in Sophia.
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PERMISSION TO DEPOSIT DNP PROJECT

Please read this document carefully before signing. If you have questions, please contact Sue Gray (sagray@stkate.edu or 651-690-7898) or Amy Shaw (amshaw@stkate.edu or 651-690-6423).

Title of project (print or type): The Development and Implementation of an Employee Education Session and Self-Checklist Teaching Face Mask Compliance to Cafeteria Workers at a University in the Midwest

Author's name (Last name, First name): Dombrowski, Stephanie

Provide 3-6 keywords or phrases describing your project: COVID-19, face mask, education, cafeteria workers

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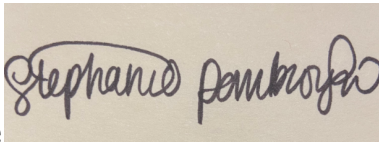
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Author's signature _____ Date 7/3/21

Author's name Stephanie Marie Dombrowski _____

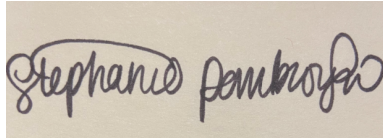
Advisor's signature Teresa Cyrus APEN, CMP Date 7/6/21

Advisor's name (print or type): Teresa Cyrus

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Date_7/3/21

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