

# DNP Project Committee Member Request/ Agreement Form

## DNP STUDENT INFORMATION

Student Name: Susan Harris

Address: 6828 East Duane Lane Scottsdale, AZ 85266

Phone: 651-226-3658 Email: Susan.harris@midwestern.edu

(Student will include a copy of the DNP Project Summary and Timeline for the committee member)

## COMMITTEE MEMBER INFORMATION

Requested Member Name: Gary Anderson

Academic Credentials/ Degree(s): DNP, CFNP, RN

Agency Employed: Gateway Clinic

Agency Address/ City/Zip Code: 707 Lundorff Drive, Suite 1, Sandstone, MN 55072

Contact Phone: 218-380-2164 Email: ganderson@gatewayclinic.com

## Committee Member Qualifications:

The DNP project committee members must have a doctorate degree. The project committee member may be a MWU faculty member or may be external.

**Committee Member Role Responsibilities:** The committee member will provide:

1. Expert supervision typified by dialogue and scholarly discussion to foster critical inquiry and clinical reasoning in the conduct of the doctoral project.
2. Informal ongoing feedback and evaluation to enhance project proposal, implementation, defense submissions, and approval processes.
3. Effective communication with the student and the DNP chair on an agreed upon schedule during the DNP project courses.
4. Clinical and/or scholarly expertise specific to the DNP project and adhering to the DNP Essentials.

5. Ongoing advocacy, leadership, and scholarly advisement to ensure timely project progression.
6. Systematic feedback and evaluation of the draft manuscript preparation for project defense
7. Continued support and mentorship throughout completion of the DNP program
8. A Curriculum Vitae and DNP Project Committee Member Request/ Agreement form
9. An annual updated curriculum vitae, transcripts, and any additional requested credentialing documents

I agree to serve as a DNP project committee member for the DNP student named in this agreement.

Signature of Committee Member [Signature] Date 3/25/25

Signature of DNP Student [Signature] Date 3-25-25

Approved: ☐ Yes ☐ No

Comments:

Signature of DNP Project Chair [Signature] Date 3.25.2025

Approved: ☐ Yes ☐ No

Comments:

Signature of Graduate Nursing Program Director: [Signature]

Date 3.25.2025

**Gary Anderson, DNP, FNP**  
**Gateway Clinic**  
**204 Lundorff Dr.**  
**Sandstone, MN 55072**  
**ganderson@gatewayclinic.com**  
**Phone: 320-245-2250**  
**Fax: 320-245-2555**

**Education:**

<b>Augsburg College</b>	<b>Minneapolis, MN</b>	<b>9/81-5/82</b>	
<b>Gustavus Adolphus College</b>	<b>St. Peter, MN</b>	<b>9/82-5/85</b>	<b>BS- Biology</b>
<b>College of St. Scholastica</b>	<b>Duluth, MN</b>	<b>1/89-5/91</b>	<b>BA- Nursing</b>
<b>U of MN- Twin Cities</b>	<b>Minneapolis, MN</b>	<b>9/96-5-98</b>	<b>MS- Nursing</b>
			<b>FNP program</b>
<b>U of MN- Twin Cities</b>	<b>Minneapolis, MN</b>	<b>1/14- 7/15</b>	<b>DNP program</b>

**Experience:**

<b>Registered Nurse-SICU</b>	<b>St. Mary's Medical Center, Duluth, MN</b>	<b>6/91-6/98</b>
<b>Family Nurse Practitioner</b>	<b>Gateway Family Health Clinic, Sandstone, MN</b>	<b>7-98-present</b>
<b>Family Nurse Practitioner</b>	<b>MedExpress, Cloquet, MN</b>	<b>2/2017- 5/2019</b>

**I worked as a locums ER/UC NP for the 20 years, approximately 5-6 shifts per month at hospitals across central Minnesota- Moose Lake, Cloquet, Two Harbors, Aitkin, Sandstone.**

**ANCC certified since 1998.**

**I have precepted NP students for greater than 10 years, usually 3-4 students a year, from colleges all over the country.**