Date: April 7, 2025

Avant Recovery 4507 E 22<sup>nd</sup> Street Tucson, AZ. 85711

**Re: Doctor of Nursing Practice Project** 

Dear Mr. KC Uber:

I am very pleased that "Avant Recovery" has agreed to assist me with completing the quality improvement project that is required for me to progress in my academic career at Midwestern University. As you know, I am a student enrolled in the Doctor of Nursing Practice ("DNP") program at Midwestern University. An essential part of the DNP program is assuring that attention to safe quality healthcare is achieved by and through understanding how to lead quality improvement initiatives. The translational, evidence-based research generally entails (1) analyzing and summarizing the current evidence related to the subject operations to make a case for why change is needed; (2) assessing the current practice to identify needs; (3) using an implementation science theoretical framework, quality improvement science methods, and quality process models to create a plan for implementation of an evidence-based practice intervention to impact practice change to address those needs; (4) implementing, monitoring, and revising the plan as needed; and (5) evaluating and disseminating findings, including recommendations (hereinafter collectively referred to as "DNP Project"). The Project Site has agreed to serve as the proposed site.

Attached to this letter is a copy of my DNP Project Overview, which is titled Improving Oral Health Care in the Underserved Population: A Quality Improvement Initiative. With your cooperation, I intend on completing this project no later than February 2026. The cooperation that is expected from Project Site includes allowing me access to office, staff, and de-identified, aggregate patient data needed to complete the project. You agree to ensure that Project Site provides this access in accordance with applicable state and federal laws, including without limitation the Health Insurance Portability and Accountability Act and the Federal Policy for the Protection of Human Subjects (Common Rule). You will also ensure that my access to requisite information complies with Project Site's internal policies and procedures. In allowing me this access, you understand and agree that neither I nor Midwestern University will provide you or Project Site with any remuneration of any kind.

Because the DNP Project requires dissemination of findings necessarily related to Project Site, I understand that Project Site may require me to submit any final manuscript to Project Site for review and approval. If such submission is required, I will be more than happy to comply. Upon completion of the DNP project, I will provide a final presentation of the project and results to key stakeholders at the Project Site. Regardless, Project Site agrees that I shall hereby have a perpetual, royalty-free, exclusive, and irrevocable license to reproduce, publish, or otherwise use for non-commercial purposes only the final approved (if required) manuscript I produce as a result of completing the DNP Project at, and with the cooperation of, Project Site.

I am excited that Project Site has agreed to work with me to complete the DNP Project!

Sincerely,

Susan Harris, DNP student

## **Authorization**

By signing below, the signatory below acknowledges the scope and nature of the DNP Project and hereby represents and warrants that Susan Harris can perform the DNP Project title Improving Oral Health Care in the Underserved Population: A Quality Improvement Initiative at Avant Recovery ("Project Site"). Project Site shall endeavor to make the resources required for completion of the DNP Project available to Susan Harris and the signature below authorizes permission for Susan Harris to conduct the DNP Project at Project Site.

Name:	(Aaron Avery
Title:	Founder
Contact Information:	
Address:	5425 E Broadway Blvd, STE 335
	Tucson, AZ 85711
Telephon	415-652-1594 e:
Fax:	844-444-0207
Email:	aaron@avantrecovery.com