



### Pine Ridge Project Request

Prior to completing a project with any Pine Ridge Partnership entity or in any of the THA neighborhoods, all students must complete the D2L Classroom to Community (C2C) nursing modules of "Trauma Informed Care" and "Social Justice".

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

WIN and Email address: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Faculty Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Washburn School/Program: School of Nursing \_\_\_\_\_ School of Applied Studies \_\_\_\_\_  
School of Business \_\_\_\_\_ Communication Studies \_\_\_\_\_ School of Law \_\_\_\_\_  
Other \_\_\_\_\_

Project Detail:

1. Please describe your proposed project and if applicable, how you will interact with residents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Proposed project start date \_\_\_\_\_

3. Proposed project end date \_\_\_\_\_

4. IRB approval: \_\_\_\_\_ Yes (date) \_\_\_\_\_ No \_\_\_\_\_ NA

5. C2C modules completed by all students \_\_\_\_\_ Yes (date) \_\_\_\_\_ No

**Faculty Signature:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

Additional Requirements:

Projects approved are subject to the Pine Ridge Family Health Center Advisory Council review at any point during the project. A final project will be presented orally and/or in writing to the Advisory Council at the first quarterly meeting following the project termination date.

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**ADVISORY COUNCIL REVIEW/APPROVAL**

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_