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M.S.N. Advanced Practice: Adult-Gerontology Clinical Nurse Specialist (41 S.H. required to complete the degree)

Name: _____ Phone: _____

Address: _____ Banner ID: _____

E-mail: _____ Date: _____

FOUNDATIONAL CORE (11 S.H.)		
NUR 501 Theoretical Basis for Advanced Nursing Practice	3	
NUR 507 Diagnostics for Advanced Nursing Practice	2	
NUR 504 Evidence Based Nursing Research for Advanced Nursing Practice	3	
NUR 511 Foundations of Advanced Nursing Practice, Health Care Policy and the Health Care System	3	

Role (23 S.H.)		
NUR 515 Advanced Pathophysiology for Advanced Nursing Practice	3	
NUR 570 Advanced Clinical Pharmacology for Advanced Nursing Practice	3	
NUR 575 Advanced Health Assessment for Advanced Nursing Practice	3	
NUR 580 The Advanced Nursing Management of the Acutely Ill Adult-Gerontology Populations	2	
NUR 583 The Adult-Gerontology Clinical Nurse Specialists Management of the Acutely Ill Populations (180 C.H.)	5	
NUR 585 The Advanced Nursing Management of the Chronically Ill Adult-Gerontology Populations	2	
NUR 587 The Adult-Gerontology Clinical Nurse Specialist Management of the Chronically Ill Adult Populations (180 C.H.)	5	

Role Support		
NUR 590 Professional Roles of the Advanced Practice Nurse (180 C.H.)	7	

Thesis Required (0 S.H.)	
Thesis	Date of Completion:

Transfer Credits		
WCSU Course: Course/School:		
WCSU Course: Course/School:		

WCSU Course: Course/School:		

Notes:

Changes in this schedule can be made only with the Program Coordinator's approval. The admissions requirements have been explained to me and I understand it is my obligation to read the Graduate Catalog and other documents supplied by the Program Coordinator. I understand that required program assessments must be completed as a condition for graduation.

_____ _____

Student Signature Date Coordinator Signature Date