

[Save](#)[Print](#)**M.S.N. Advanced Practice: Adult-Gerontology Primary Care Nurse Practitioner** (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 582 The Adult-Gerontology Primary Care Nurse Practitioner Management of the Acutely Ill Adult Populations (180 C.H.)	5	
NUR 585 The Advanced Nursing Management of the Chronically Ill Adult-Gerontology Populations	2	
NUR 588 The Adult-Gerontology Primary Care Nurse Practitioner 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	
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Thesis Required (0 S.H.)

Thesis	Date of Completion:
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Transfer Credits

WCSU Course: Course/School:		
WCSU Course: Course/School:		

WCSU Course: Course/School:		
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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