

MASTER OF SCIENCE IN NURSING

Advanced Practice: Adult - Gerontology Nurse Practitioner
Program Plan

Name: _____ Date: _____

Address: _____

E-mail Address: _____

Home Phone No. _____ Cell phone _____

FOUNDATIONAL CORE (11 S.H.) **SEMESTER HOURS**

NUR 501	Theoretical Basis of Nursing Practice	3 S.H.____
NUR 502	Contemporary Issues in Health Care Delivery	2 S.H.____
NUR 504	Nursing Research	3 S.H.____
NUR 511	Foundations of Clinical Nursing Practice	3 S.H.____

ROLE (23 S.H.)

NUR 515	Advanced Pathophysiology	3 S.H.____
NUR 570	Advanced Clinical Pharmacology	3 S.H.____
NUR 575	Advanced Health Assessment	3 S.H.____
NUR 580	The Advanced Nursing Management of the Acutely Ill Adult- Gerontology Populations	2 S.H.____
NUR 582	The Adult-Gerontology Primary Care Nurse Practitioner Management of Acutely Ill Adult Populations(180 S.H.)	5 S.H.____
NUR 585	The Advanced Nursing Management of the Chronically Ill Adult-Gerontology Populations	2 S.H.____
NUR 588	The Adult-Gerontology Primary Care Nurse Practitioner Management of the : Chronically Ill Populations(180 S.H.)	5 S.H.____

ROLE SUPPORT (7 S.H.)

NUR 590	Professional Roles of the Advanced Practice Nurse (180 S.H)	7 S.H.____
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THESIS (0S.H.)[Required]	Date_____
TOTAL SEMESTER HOURS	41 credits
TOTAL CLINICAL HOURS	540 hours

Changes in this schedule can be made only with the Graduate Program Coordinator's approval. The admission requirements have been explained to me and I understand my obligation to read the Graduate catalog.

Student's Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____

Approved

Programs Committee 4/17/14

DON 4/13; UPBC 9/13; Grad Council 9/13