

WESTERN CONNECTICUT STATE UNIVERSITY

Department of Nursing

MASTER OF SCIENCE IN NURSING

**Advanced Practice: Adult Gerontology Acute Care Nurse Practitioner (AGACNP)
Program Plan**

Name: _____ Date: _____

Address: _____

E-mail Address: _____

Home Phone: _____ Cell Phone _____

FOUNDATIONAL CORE (11 S.H.)

SEMESTER HOURS

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

ROLE (23 S.H.)

NUR 515	Advanced Pathophysiology for Advanced Nursing Practice	3 S.H.____
NUR 570	Advanced Clinical Pharmacology for Advanced Nursing Practice	3 S.H.____
NUR 575	Advanced Health Assessment for Advanced Nursing Practice	3 S.H.____
NUR 580	The Advanced Nursing Management of the Acutely Ill Adult-Gerontology Populations	2 S.H.____
NUR 576	The Adult-Gerontology Acute 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 577	The Adult-Gerontology Acute Care Nurse Practitioner Management of the: Chronically Ill Complex Populations (180 S.H.)	5 S.H.____

ROLE SUPPORT (7 S.H.)

NUR 590	Professional Roles in Advanced Practice Nursing (180 S.H)	7 S.H.____
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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 10/19, DON 11/19, PRC 2/20, UPBC 4/20, GC 4/20