

MASTER OF SCIENCE IN NURSING
Advanced Practice: Adult - Gerontology Nurse Practitioner
Program Plan

Name: _____ Date: _____

Address: _____

Email 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. _____

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