

WESTERN CONNECTICUT STATE UNIVERSITY
Department of Nursing
MASTER OF SCIENCE IN NURSING
Advanced Practice: Adult - Gerontology Clinical Nurse Specialist
Program Plan

Name: _____ Date: _____
Address: _____
Home Phone No. _____ Cell Phone No. _____
Email _____

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 Advanced Practice Nursing Management of the Acutely Ill Adult-Gerontology Populations	2 S.H. ____
NUR 583 The Adult-Gerontology Clinical Nurse Specialist Management of the Acutely Ill Populations (180 C.H.)	5 S.H. ____
NUR 585 Advanced Practice Nursing Management of the Chronically Ill Adult-Gerontology Populations	2 S.H. ____
NUR 587 The Adult-Gerontology Clinical Nurse Specialist: Management of the Chronically Ill Populations (180 C.H.)	5 S.H. ____

ROLE SUPPORT (7 S.H.)

NUR 590 Professional Roles of the Advanced Practice Nurse 7S.H. ____

THESIS (0 S.H.) [Required]

Date _____

TOTAL SEMESTER HOURS

41

TOTAL CLINICAL HOURS

540

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: _____

Approvals

April 17, 2013 Programs Committee

DON April 2013

AVP 10/13