

WESTERN CONNECTICUT STATE UNIVERSITY  
DEPARTMENT OF NURSING  
MASTER OF SCIENCE IN NURSING

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>FOUNDATIONAL CORE (11 S.H.)</b>	<b>SEMESTER HOURS</b>
NUR 501 Theoretical Basis for Nursing Practice	3 S.H. _____
NUR 507 Diagnostics for Advanced Nursing Practice	3 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 Care System	3 S.H. _____
 <b>ROLE (23 S.H.)</b>	
NUR 515 Advanced Psychophysiology 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	2 S.H. _____
NUR 580 The Advanced Nursing Management of the Acutely III Adult-Gerontology Populations	2 S.H. _____
NUR 576 The Adult-Gerontology Acute Care Nurse Practitioner Management of Acutely III Adult Populations (180 S.H.)	7 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.)	2 S.H. _____
 <b>ROLE SUPPORT (7 S.H.)</b>	
NUR 590 Professional Roles in Advanced Practice Nursing (180 C.H.)	7 S.H. _____
<b>TOTAL SEMESTER HOURS</b>	41 credits
<b>TOTAL CLINICAL HOURS</b>	<b>540 hours</b>

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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.

I agree and understand that by signing the College Laboratory Evaluation Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement. I further agree my signature on this document is as valid as if I signed the document in writing. This is to be used in conjunction with the use of electronic signatures on all forms regarding any and all future documentation with a signature requirement, should I elect to have signed electronically. Under penalty of perjury, I herewith affirm that my electronic signature, and all future electronic signatures, were signed by myself with full knowledge and consent and am legally bound to these terms and conditions as listed above.

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