

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

**Advanced Practice: Psychiatric Mental Health Nurse
Practitioner (PM HNP) 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 507 Diagnostics for Advanced Nursing	3 S.H. _____
NUR 504 Evidence Based Research for Advanced Nursing Practice and the Health	3 S.H. _____
NUR 511 Foundations of Advanced Nursing Practice, Health Care Policy Care System	3 S.H. _____

ROLE (29 S.H.)

NUR 515 Advanced Psychophysiology for Advanced Nursing Practice NUR 516 Psychopathology	3 S.H. _____
NUR 570 Advanced Clinical Pharmacology for Advanced Nursing Practice	3 S.H. _____
NUR 571 Psychopharmacology	3 S.H. _____
NUR 575 Advanced Health Assessment for Advanced Nursing Practice	3 S.H. _____
NUR 581 The Advanced Nursing Management of the Psychiatric Mental Health Conditions Across Lifespan Populations - Therapeutic Modalities I	3 S.H. _____
NUR 584 The Psychiatric Mental Health Nurse Practitioner Management of the Psychiatric Mental Health Conditions Across Lifespan Populations (180 C.H.)	3 S.H. _____
NUR 586 The Advanced Nursing Management of the Psychiatric Mental Health Conditions - Group and Families - Therapeutic Modalities II	3 S.H. _____
NUR 589 The Psychiatric Mental Health Nurse Practitioner Management of the Psychiatric Mental Health Conditions Groups and Families (180 C.H.)	3 S.H. _____

ROLE SUPPORT (7 S.H.)

NUR 590 Professional Roles in Advanced Practice Nursing (180 C.H.)

TOTAL SEMESTER HOURS	47 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.

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 4/17/14; DON 4/13; UPBC 9/13; Grad Council 9/13