

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. _____
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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.

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