

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	7 S.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.

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: _____

Approvals
 April 17, 2013 Programs Committee
 DON April 2013
 AVP 10/13