

WESTERN CONNECTICUT STATE UNIVERSITY
Department of Nursing
MASTER OF SCIENCE IN NURSING
**Advanced Practice: Adult - Gerontology Primary Care Nurse Practitioner (AGPCNP/A-GNP)
Program Plan**

Name: _____ Date: _____
Address: _____
E-mail Address: _____
Home Phone: _____ Cell Phone _____

FOUNDATIONAL CORE (11 S.H.)

SEMESTER HOURS

NUR 501	Theoretical Basis For Advanced Nursing Practice	3 S.H. _____
NUR 507	Diagnostics for Advanced Nursing Practice	2 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	3 S.H. _____

ROLE (23 S.H.)

NUR 515	Advanced Pathophysiology 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	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 in Advanced Practice Nursing (180 S.H)	7 S.H. _____
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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.

Student's Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____

Approved: Programs Committee 4/17/13:DON 4/13; UPBC 9/13; Grad Council 9/13; AVP 4/14 Reviewed and approved: MS committee 9/20: Programs Committee 10/20:DON 11/20; PRC 2/20; Grad Council 3/20