

WESTERN CONNECTICUT STATE UNIVERSITY
Department of Nursing
MASTER OF SCIENCE IN NURSING
Advanced Practice: Adult Gerontology Acute Care Nurse Practitioner (AGACNP)
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 576	The Adult-Gerontology Acute 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 577	The Adult-Gerontology Acute Care Nurse Practitioner Management of the: Chronically Ill Complex 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 10/19, DON 11/19, PRC 2/20, UPBC 4/20, GC 4/20