



**M.S.N. Degree
Major:
Family Nurse Practitioner
2010/2011 Catalog**

Student Name _____
S. SSN/Id No _____
S. Phone (w) _____ (h) _____
Previous Degree/Date _____
Where degree earned _____
Adviser _____
A. phone _____
A. email _____

Nursing Core:

Registrar

Use

Term

Grade

Course # & Title

<input type="checkbox"/>	_____	_____	NG 701 Theoretical Foundations
<input type="checkbox"/>	_____	_____	NG 707 Clinical Reasoning and Health Assessment
<input type="checkbox"/>	_____	_____	BY 711 Pathophysiology
<input type="checkbox"/>	_____	_____	NG 711 Pharmacology
<input type="checkbox"/>	_____	_____	NG 731 Advanced Nursing Research

Family Nurse Practitioner Major:

<input type="checkbox"/>	_____	_____	NG 713 Health Systems and Professional Issues
<input type="checkbox"/>	_____	_____	NG 721 Advanced Skills
<input type="checkbox"/>	_____	_____	NG 734 Research Utilization Project
<input type="checkbox"/>	_____	_____	NG 742 Population Health for Advanced Practice Nurses
<input type="checkbox"/>	_____	_____	NG 743 Clinical Practicum in Population Health
<input type="checkbox"/>	_____	_____	NG 744 Healthcare of the Adult
<input type="checkbox"/>	_____	_____	NG 745 Healthcare of the Older Adult
<input type="checkbox"/>	_____	_____	NG 746 Clinical Practicum of Adults Throughout the Lifespan
<input type="checkbox"/>	_____	_____	NG 747 Healthcare of Women
<input type="checkbox"/>	_____	_____	NG 748 Healthcare of the Child
<input type="checkbox"/>	_____	_____	NG 749 Clinical Practicum with Women and Children
<input type="checkbox"/>	_____	_____	NG 739 Professional Seminar
<input type="checkbox"/>	_____	_____	NG 740 Clinical Practicum

Any deviation of this program must be documented via substitution memo and approved by the department chair and the registrar.

Note: Financial aid recipients cannot receive aid for courses repeated unnecessarily or for courses not specifically required for their degree.