



**Nursing  
Certificate Programs  
2010/2011 Catalog**

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

**Family Nurse Practitioner (FNP) Certificate**

<input checked="" type="checkbox"/>	Term	Grade	Course # & Title
<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 744 Healthcare of the Adult
<input type="checkbox"/>	_____	_____	NG 721 Advanced Skills
<input type="checkbox"/>	_____	_____	NG 745 Healthcare of the Older Adult
<input type="checkbox"/>	_____	_____	NG 746 Clinical Practicum of Adults Through 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 in Women and Children
<input type="checkbox"/>	_____	_____	NG 739 Professional Seminar
<input type="checkbox"/>	_____	_____	NG 740 Clinical Practicum

**Nurse Education Certificate**

<input type="checkbox"/>	_____	_____	NG 750 Learning Theory and Teaching Methods
<input type="checkbox"/>	_____	_____	NG 751 Curriculum Theory and Design
<input type="checkbox"/>	_____	_____	NG 752 Educational Technology
<input type="checkbox"/>	_____	_____	NG 753 Evaluation of Teaching and Learning
<input type="checkbox"/>	_____	_____	NG 755 Teaching Nursing Across the Lifespan

***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 program**

*This program plan was prepared by the Registrar's Office.  
Revised 06/2010*