

Post Master's Certificate – Nurse Educator FULL TIME

This form must be submitted with Part I of the Graduate College Proposed Degree Program Form

Date _____ NSHE # _____

Last Name: _____ First Name: _____ Middle Initial: _____

BSN from: _____ Date Conferred: _____

Course #	Course Title	Term to be taken	Credit	Grade	Date Completed
NURS 709	Teaching and Learning in Nursing Education	Year 1 – FA	3		
<i>NURS 703</i>	<i>Advanced Health Assessment</i>	Year 1 – FA	3		
<i>NURS 704</i>	<i>Advanced Pathophysiology and Genetics I</i>	Year 1 – FA	3		
NURS 710	Course Level Evaluation Strategies for Nurse Educator	Year 1 – SP	3		
<i>NURS 730</i>	<i>Advanced Pharmacology and Genetics II</i>	Year 1 – SP	3		
NURS 733	Nursing Practicum I	Year 1 – SP	2		
NURS 724	Developing & Evaluating Curriculum for Nursing Education	Year 1 – SU	4		
		Total	21		

Denotes MSN Core Course

TRANSFER CREDITS

TOTAL CREDITS REQUIRED TOTAL CREDITS EARNED

21	
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Signature: _____