

MSN – Family Nurse Practitioner FULL TIME

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

Date _____ NSHE # _____ RebelMail _____

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

BSN from: _____ Date Conferred: _____

Course #	Course Title	Term to be taken	Credit	Grade	Date Completed
NURS 701	Diagnostic Reasoning and Clinical Decision Making for the FNP (45 clinical hours)	Year 1 – FA	2		
NURS 703	<i>Advanced Health Assessment</i>	Year 1 – FA	3		
NURS 704	<i>Advanced Pathophysiology and Genetics I</i>	Year 1 – FA	3		
NURS 706	<i>Nursing Theory and Research</i>	Year 1 – FA	3		
NURS 711	<i>Informatics and Quality Improvement</i>	Year 1 – SP	3		
NURS 730	<i>Advanced Pharmacology and Genetics II</i>	Year 1 – SP	3		
NURS 740R	FNP Adult and Women’s Health (180 clinical hours)	Year 1 – SP	6		
NURS 719R	<i>Health & Public Policy for Advanced Practice of Nursing</i>	Year 1 – SU	3		
NURS 714	Family Theory and Health Promotion	Year 1 – SU	2		
NURS 750R	FNP Children and OB (180 clinical hours)	Year 1 – SU	6		
NURS 752	Nurse Practitioner Business and Roles	Year 2 – FA	3		
NURS 760R	FNP Geriatric & Chronic Illness (270 clinical hours)	Year 2 – FA	8		
NURS 761	Clinical Synthesis	Year 2 – FA	1		
Total			46		

Denotes MSN Core Course

TRANSFER CREDITS

TOTAL CREDITS REQUIRED TOTAL CREDITS EARNED

46	
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Signature: _____