**PROPOSED ADVANCED GRADUATE CERTIFICATE**

***“Emergency Nurse Practitioner” Option***

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| **Date** |  | **NSHE #** |  |
| **Last Name:** |  | **First Name:** |  | **Middle****Initial:** |  |
| **MSN from:** |  | **Degree****Title:** |  | **Date****Conferred:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Course #** | **Course Title** | **Term to****be taken** | **Credit** | **Grade** | **Date****Completed** |
| NURS 790E | Emergency Nurse Practitioner 1: Management of Acute Exacerbation of Chronic Illnesses*135 clinical hours*  | Year 1 – SP 1 | 5 |    |      |
| NURS 791E | Emergency Nurse Practitioner II: Management of Acute Illnesses and Injuries*135 clinical hours* | Year 1 – SU 1 | 5 |    |      |
| NURS 792E | Emergency Nurse Practitioner III: Management of Critical Illnesses and Injuries *135 clinical hours*  | Year 1 – FA 1 | 5 |    |      |

**TRANSFER CREDITS**

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**Total Credits REQUIRED Total Credits EARNED**

|  |  |
| --- | --- |
| **15** |  |

Signature: