**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**

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| **15** |  |

Signature: