Georgia College School of Nursing Master of Science in Nursing

Psychiatric Mental Health Nurse Practitioner

Full-Time Program of Study

Student Name:	**GCSU ID:**
PMHNP Coordinator/Advisor:	
Term of Entry:	**Expected Graduation:**

Course Number and Title		Contact Hours*	Clinical Hours			Semester
			IPC**	DPC**	TOTAL	
YEAR ONE						
SEMESTER 1 (SUMMER)						
NRSG 5800	Applied Pharmacology	3-0-3				
NRSG 5500	Perspectives of Advanced Nursing Practice	2-0-2				
SEMESTER 2 (FALL)						
NRSG 6300	Advanced Physiology & Pathophysiology	3-0-3				
NRSG 5810	Advanced Psychopharmacology and Neurobiology	3-0-3				
NRSG 5480	Advanced Nursing Assessment/Lab	2-3-3	45	0	45	
SEMESTER 3 (SPRING)						
NRSG 7100 & NRSG 7100L	Foundations for Psychiatric-Mental Health Nursing	2-6-4	6	94	100	
NRSG 5600	Healthcare Research & Statistical Analysis	3-0-3				
NRSG 6110	Ensuring Healthcare Safety and Quality	2-0-2				
YEAR TWO						
SEMESTER 4 (SUMMER)						
NRSG 7110 & NRSG 7110L	Psychiatric Mental Health Nursing I/Lab	2-6-4	6	94	100	
SEMESTER 5 (FALL)						
NRSG 6410	Nursing Theory: Principles & Applications	2-0-2				
NRSG 7120 & NRSG 7120L	Psychiatric Mental Health Nursing II/Lab	2-6-4	6	94	100	
SEMESTER 6 (SPRING)						
NRSG 7200 & NRSG 7200L	Practicum in Psychiatric Mental Health Nursing/Lab	1-15-6	0	225	225	
Total Hours		**39 Credit Hours**	**63**	**507**	**570**	
			Clinical Hours			

*NOTE: (2-4-3) following the course title indicates 2 hours lecture, 4 hours laboratory, and 3 hours credit.

**IPC=Indirect Patient Contact; DPC=Direct Patient Contact

Typing my name below serves as an electronic signature. By signing, I am attesting that:

- **I have reviewed and understand my POS and agree to follow it.**
- **If a change is required (i.e. any course failure, withdrawal, etc.), I must contact my assigned advisor for assistance with updating the program of study.**

Student Signature:

Date: