

**Georgia College School of Nursing Master of Science in Nursing
Psychiatric Mental Health Nurse Practitioner
Post Graduate Program of Study— 6 semesters**

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

Course Number and Title		Contact Hours	Clinical hours			Semester/Year
			IPC	DPC	Tot	
YEAR ONE						
Semester 1 (Summer)						
NRSG 5500	Perspectives of Advanced Nursing Practice	2-0-2				Summer
Semester 2 (Fall)						
NRSG 6300	Advanced Physiology & Pathophysiology	3-0-3				Fall
NRSG 5810	Advanced Psychopharmacology and Neurobiology	3-0-3				Fall
NRSG 5480	Advanced Nursing Assessment/Lab	2-3-3	45	0	45	Fall
NRSG 5500	Healthcare Research & Statistical Analysis	NOT REQUIRED FOR POST GRADUATE CERTIFICATE				
NRSG 6410	Nursing Theory: Principles & Applications	NOT REQUIRED FOR POST GRADUATE CERTIFICATE				
Semester 3 (Spring)						
NRSG 7100/L	Foundations for Psychiatric-Mental Health Nursing	2-6-4	6	94	100	Spring
NRSG 5800	Applied Pharmacology	3-0-3				
Nrsg 6110	Ensuring Healthcare Safety and Quality	NOT REQUIRED FOR POST GRADUATE CERTIFICATE				
Semester 4 (Summer)						
NRSG 7110/L	Psychiatric Mental Health Nursing I/Lab	2-6-4	6	94	100	Summer
Semester 5 (Fall)						
NRSG 7120/L	Psychiatric Mental Health Nursing II/Lab	2-6-4	6	94	100	Fall
Semester 6 (Spring)						
NRSG 7200/L	Practicum in Psychiatric Mental Health Nursing/Lab	1-15-6	0	225	225	Spring
TOTAL HOURS		32 credit hours	63	507	570	

*NOTE: (2-4-3) in the “contact hours” column indicates 2 hours lecture, 4 hours laboratory, and 3 hours credit.

<p>Typing my name below serves as an electronic signature. By signing, I am attesting that:</p> <ul style="list-style-type: none"> 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.
<p>Student Signature:</p> <p>Date:</p>