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| By typing my name in this highlighted section, I agree that:This serves as my electronic signature for my program of study (POS).I have reviewed and understand my POS and agree to follow it.* **If a change is needed, I am also agreeing to contact my advisor for a revised POS.**
 | Student Signature: **Date:** |

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| **Course Number and Title** | **Contact hours** | **Clinical Hours** | **Semester** |

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| **YEAR ONE** |
| **Semester 1 (Summer)** |
| NRSG 5600 | Healthcare Research & Statistical Analysis | 3-0-3 |  | 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 6410 | Nursing Theory: Principles & Applications | 2-0-2 |  | Fall  |
| NRSG 5480NRSG 5480L | Advanced Nursing Assessment/Lab | 2-3-3 | 45 | Fall |
| **Semester 3 (Spring)** |
| NRSG 7000NRSG 7000L | Primary Care of Adults I / Lab | 2-6-4 | 90 | Spring  |
| NRSG 5800 | Applied Pharmacology | 3-0-3 |  | Spring |
| NRSG 6110 | Ensuring Healthcare Safety and Quality | 2-0-2 |  | Spring |

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| **YEAR TWO** |
| **Semester 4 (Summer)** |
| NRSG 7010NRSG 7010L | Primary Care of Adults II /Lab | 2-6-4 | 90 | Summer |
| **Semester 5 (Fall)** |
| NRSG 7030NRSG 7030L | Primary Care of Women/Lab | 2-6-4 | 90 | Fall |
| NRSG 7050NRSG 7050L | Primary Care of Children & Adolescents/Lab | 2-6-4 | 90 | Fall  |
| **Semester 6 (Spring)** |
| NRSG 7410NRSG 7410L | Primary Care Practicum/Lab | 1-15-6 | 225 | Spring  |

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| **TOTAL** **HOURS** | **40** **credit hours** | **630** **clinical hours** |  |