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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:** |
| **Course Number and Title** | **Contact hours\*** | **Clinical Hours** | **Semester/ Year** |
| **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 5810 | Advanced Psychopharmacology and Neurobiology | 3-0-3 |  | Fall  |
| NRSG 5480 | Advanced Nursing Assessment/Lab | 2-3-3 | 45 | Fall |
| **SEMESTER 3 (SPRING)** |
| NRSG 7100/L | Foundations for Psychiatric-Mental Health Nursing | 2-6-4 | 100 | Spring |
| NRSG 5800 | Applied Pharmacology | 3-0-3 |  | Spring |
| NRSG 6110 | Ensuring Healthcare Safety and Quality | 2-0-2 |  | Spring |
| **YEAR TWO** |
| **SEMESTER 4 (SUMMER)** |
| NRSG 7110/L | Psychiatric Mental Health Nursing I/Lab | 2-6-4 | 100 | Summer |

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| **SEMESTER 5 (FALL)** |
| NRSG 6410 | Nursing Theory: Principles & Applications | 2-0-2 |  | Fall |
| NRSG 7120/L | Psychiatric Mental Health Nursing II/Lab |  2-6-4 | 100 | Fall |
| **SEMESTER 6 (SPRING)** |
| NRSG 7200/L | Practicum In Psychiatric Mental Health Nursing/Lab | 1-15-6 | 225 | Spring |
|  | **Total Hours** | **39****credit hours** | **570****clinical hours** |  |