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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** | **Year/Semester** |
| **YEAR ONE** |
| **Semester 1 (Summer)** |
| NRSG 5500  | Perspectives of Advanced Nursing Practice | 2-0-2 | 0 | Summer |
| NRSG 5600  | Healthcare Research & Statistical Analysis | 3-0-3 | 0 | Summer |
| **Semester 2 (Fall)** |
| NRSG 5480/L   | Advanced Nursing Assessment/Lab | 2-3-3 | 45 | Fall |
| NRSG 6300  | Advanced Physiology & Pathophysiology | 3-0-3 | 0 | Fall  |
| NRSG 6410  | Nursing Theory: Principles & Applications | 2-0-2 | 0 | Fall  |
| **Semester 3 (Spring)** |
| NRSG 7300/L | Women’s Health I | 2-9-5 | 135 | Spring  |
| NRSG 5800  | Applied Pharmacology | 3-0-3 | 0 | Spring  |
| NRSG 6110  | Ensuring Healthcare Safety and Quality | 2-0-2 | 0 | Spring  |
| **YEAR TWO** |
| **Semester 4 (Summer)** |
| NRSG 7310/L | Women’s Health II | 2-9-5 | 135 | Summer |
| NRSG 7320 | Unique Women’s Health Issues | 1-0-1 | 0 | Summer  |
| **Semester 5 (Fall)** |
| NRSG 7330/L | Women’s Health III | 2-9-5 | 135 | Fall |
| **Semester 6 (Spring)** |
| NRSG 7500/L | Women’s Health Residency | 1-15-6 | 225 | Spring  |
| **TOTAL HOURS** | **40 credit hours** | **675 clinical hours** |  |