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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** |  |