WESTERN CONNECTICUT STATE UNIVERSITY
Department of Nursing
MASTER OF SCIENCE IN NURSING
Advanced Practice: Adult - Gerontology Clinical Nurse Specialist
Program Plan

Name: ________________________________________________  Date: ____________
Address: ________________________________________________________________
Home Phone No. ______________________ Cell Phone No. _____________________
email _________________________________________

FOUNDATIONAL CORE (11 S.H.)                                                     SEMESTER HOURS

NUR 501  Theoretical Basis of Nursing Practice                          3 S.H. ___
NUR 502  Contemporary Issues in Health Care Delivery             2 S.H. ___
NUR 504  Nursing Research                                                         3 S.H. ___
NUR 511  Foundations of Clinical Nursing Practice                     3 S.H. ___

ROLE (23 S.H.)

NUR 515  Advanced Pathophysiology                             3 S.H. ___
NUR 570  Advanced Clinical Pharmacology                                3 S.H. ___
NUR 575  Advanced Health Assessment                                   3 S.H. ___
NUR 580  Advanced Practice Nursing Management of the Acutely Ill Adult-
Gerontology Populations                 2 S.H. ___
NUR 583  The Adult-Gerontology Clinical Nurse Specialist

Management of the Acutely Ill Populations     (180 C.H.) 5 S.H.____
NUR 585  Advanced Practice Nursing Management of the
Chronically Ill Adult-Gerontology Populations 2 S.H. _____
NUR 587  The Adult-Gerontology Clinical Nurse Specialist:
Management of the Chronically Ill Populations (180 C.H.)5 S.H.____

ROLE SUPPORT (7 S.H.)

NUR 590  Professional Roles of the Advanced Practice Nurse        7S.H.____

THESIS (0 S.H.)  [Required]                                                                  Date   ____

TOTAL SEMESTER HOURS                                       41
TOTAL CLINICAL HOURS                                          540

Changes in this schedule can be made only with the Graduate Program Coordinator’s
approval.
The admission requirements have been explained to me and I understand my obligation to
read the Graduate Catalog.
Student’s Signature _________________________________________ Date: ____________
Coordinator’s Signature _________________________________________ Date: ____________

(Approved: Jan 2006 Graduate Council)
Approved April 17, 2013 Programs Committee DON