

WESTERN CONNECTICUT STATE UNIVERSITY

Department of Nursing

MASTER OF SCIENCE IN NURSING

**Advanced Practice: Adult - Gerontology Clinical Nurse Specialist  
Program Plan**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell phone \_\_\_\_\_

<b>FOUNDATIONAL CORE (11 S.H.)</b>	<b>SEMESTER HOURS</b>
NUR 501 Theoretical Basis of Nursing Practice	3 S.H. _____
NUR 502 Contemporary Issues in Health Care Delivery	2 S.H. _____
NUR 504 Evidence Based Nursing Research	3 S.H. _____
NUR 511 Foundations of Clinical Nursing Practice	3 S.H. _____
<b>ROLE (23 S.H.)</b>	
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 The Advanced Nursing Management of the Acutely Ill Adult- Gerontology Populations	2 S.H. _____
NUR 583 The Adult-Gerontology Clinical Nurse Specialist Management of Acutely Ill Adult Populations(180 S.H.)	5 S.H. _____
NUR 585 The Advanced 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 S.H.)	5 S.H. _____
<b>ROLE SUPPORT (7 S.H.)</b>	
NUR 590 Professional Roles of the Advanced Practice Nurse (180 S.H)	7 S.H. _____
<b>TOTAL SEMESTER HOURS</b>	41 credits
<b>TOTAL CLINICAL HOURS</b>	<b>540 hours</b>

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

Programs Committee 4/17/13;DON 4/13; UPBC 9/13; Grad Council 9/13;AVP 4/14