

WESTERN CONNECTICUT STATE UNIVERSITY

Department of Nursing

MASTER OF SCIENCE IN NURSING

**Advanced Practice: Adult - Gerontology Nurse Practitioner
Program Plan**

Name: _____ Date: _____

Address: _____

E-mail Address: _____

Home Phone No. _____ Cell phone _____

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 Evidence Based 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 The Advanced Nursing Management of the Acutely Ill Adult-
Gerontology Populations 2 S.H. _____

NUR 582 The Adult-Gerontology Primary Care Nurse Practitioner
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 588 The Adult-Gerontology Primary Care Nurse Practitioner
Management of the : Chronically Ill Populations(180 S.H.) 5 S.H. _____

ROLE SUPPORT (7 S.H.)

NUR 590 Professional Roles of the Advanced Practice Nurse (180 S.H) 7 S.H. _____

TOTAL SEMESTER HOURS 41 credits

TOTAL CLINICAL HOURS **540 hours**

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