

Clarion and Edinboro Universities Master of Science in Nursing Program

Family Nurse Practitioner Checksheet

Name: _____ **Transfer Credits:** _____
ID #: _____ **CUP/EUP Credits:** _____
Program Entrance Date: _____ **Other:** _____
Advisor: _____

I. Graduate Nursing Courses: (Minimum requirement: 45 semester hours)

Prefix	Course Title	Semester Hours	Grade	Term
Nurs 601	Advanced Concepts in Pathophysiology	3	_____	_____
Nurs 602	Pharmacologic Applications	3	_____	_____
Nurs 605	Evolution of Nursing Theory	3	_____	_____
Nurs 610	Advanced Concepts in Nursing Research	3	_____	_____
Nurs 614	Health Promotion: Family & community Perspectives	3	_____	_____
Nurs 615	Advanced Health Assessment	2	_____	_____
Nurs 616	Advanced Health Assessment Practicum	2	_____	_____
Nurs 620	Clinical Decision Making I	1	_____	_____
Nurs 621	Clinical Decision Making I: Practicum	2	_____	_____
Nurs 622	Family Nurse Practitioner Role Development	1	_____	_____
Nurs 630	Clinical Decision Making II	3	_____	_____
Nurs 632	Clinical Decision Making II: Practicum	2	_____	_____
Nurs 640	Clinical Decision Making III	3	_____	_____
Nurs 642	Clinical Decision Making III: Practicum	2	_____	_____
Nurs 645	Nursing and Public Policy	3	_____	_____
Nurs 750	Internship	6	_____	_____
Nurs 800	Scholarly Project/Thesis	3	_____	_____

II. Approved¹ Transfer Credits: (May transfer up to 12 credits of appropriate courses)

College or University	Prefix	Course Title	Semester Hours	Grade	Terms
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

III. Electives: (none required)

Prefix	Course Title	Semester Hours	Grade	Terms
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IV. Comprehensive Examination/Portfolio – Date of Successful Completion _____

¹ Acceptance of transfer courses determined by Graduate Program Faculty