

# Clarion and Edinboro Universities Master of Science in Nursing Program

## Post-Master's FNP Certificate Checksheet

**Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Program Entrance Date:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_

I. Graduate Nursing Courses: (Minimum requirement: 24 semester hours if has already taken Nurs 601, 602, 614, as part of previous MSN)

Prefix	Course Title	Semester Hours	Grade	Term
Nurs 601	Advanced Pathophysiology	3	_____	_____
Nurs 602	Pharmacologic Applications	3	_____	_____
Nurs 614	Health Promotion: Family & Community Perspectives	3	_____	_____
Nurs 615	Advanced Physical Assessment	2	_____	_____
Nurs 616	Advanced Physical 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 750	Internship	6	_____	_____

II. Approved<sup>1</sup> Transfer Credits: (May transfer up to 9 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: \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

<sup>1</sup> Acceptance of transfer courses determined by Graduate Program Faculty