

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 _____

V. Thesis defense – Date of Successful Completion _____

VI. Thesis/Project Title: _____

VII. Receipt by Nursing Program of Final Draft and Copies of Thesis: _____ Date _____

Receipt by Graduate Dean of Final Draft and Copies of Thesis: _____ Date _____

¹ Acceptance of transfer courses determined by Graduate Program Faculty

Post-Master's FNP Certificate Checksheet

Name: _____ **ID#** _____

Program Entrance Date: _____ **Advisor:** _____

VIII. 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	_____	_____

IX. Approved² Transfer Credits: (May transfer up to 9 credits of appropriate courses)

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

X. Electives: (none required)

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

XI. Comprehensive Examination/Portfolio – Date of Successful Completion: _____

Advisor Signature

Date

² Acceptance of transfer courses determined by Graduate Program Faculty