Georgia State University

College of Health and Human Sciences
Byrdine F. Lewis School of Nursing

Family Nurse Practitioner Program

Full-Time Program Plan (Fall Start – 5 semesters)
Credit Hours: (48) Clinical Hours [CH]: 500

Student Name:_____ **ID:** _____

I understand I am obligated to have liability insurance, CPR certification, Georgia Nursing License, OSHA documentation, and a current medical report, including immunizations whenever I am enrolled in a nursing course. I also understand if I drop the sequence of my nursing courses, I am not automatically assured that I will be allowed to enroll in these courses the next time they are offered. I understand that I must seek readmission to the master's program if I have not been actively enrolled for two (2) consecutive semesters. I also understand that other policies affecting my student status can be found in the Master's Handbook.

Specialty: AGPCNP CHP FNP PMH
Semester Admitted: _____
Expected Graduation Date: _____
Status: FT PT Provisional RN-MS
Initial Plan: _____
Replanned: _____

Student Signature **Date** **Planned by Advisor** **Date**

Fall, _____	**Spring, _____**	**Summer, _____**
01 NURS 7310 Advanced Pathophysiological Concepts in Nursing (3)	01 NURS 7320 Advanced Pathophysiological Concepts in Nursing, Part 2 (3)	01 NURS 7342 Common Health Problems of Children and Adolescents (6) [135 clinical hours]
02 NURS 7500 Advanced Health Assessment (3) 23 lab hours	02 NURS 7340 Common Health Problems of Adults (7) [135 clinical hours]	02 NURS 7600 The Culture of Health Care (2)
03 NURS 7550 Pharmacology for the Advanced Practice Nurse (3)	03 NURS 7010 Gerontological Nursing (3)	
04	04	
Fall, _____	**Spring, ___24____**	**Summer, _____**
01 NURS 7080 Gender and Reproductive Health (6) [135 clinical hours]	01 NURS 7360 (Advanced Practicum) (4) [180 clinical hours]	01
02 CNHP 7800 Interprofessional Collaboration for Advanced Practice (3)	02 NURS 7940 Advanced Professional Nurse Practice Issues (2)	02
03 NURS 7950 Theoretical Foundations and Research Methods		03
		04
Fall, _____	**Spring, _____**	**Summer, _____**
01	01	01
02	02	02
03	03	03
04	04	04
Fall, _____	**Spring, _____**	**Summer, _____**
01	01	01
02	02	02
03	03	03
04	04	04

* Flexible Scheduling-Offered Frequently