



Byrdine F. Lewis College of Nursing and Health Professions

Pediatric Nurse Practitioner Program

Credit Hours: (48)

Student Name: Pediatric NP Primary Care Track

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: AHN **CHP/PNP** FNP PMH
PWH
Semester Admitted: Spring
Expected Graduation Date: Fall
Status: **FT** PT_ Provisional RN-MS
Initial Plan: _____
Replanned: _____

Student Signature **Date** **Planned by Advisor** **Date**
Please meet with your academic advisor as soon as possible in order to finalize and sign this program plan!

	Spring,	Summer,
	01 N7950 Research and Theoretical Foundations (3)	01 N7310 Patho I (3)
	02 N7320 Patho II (3)	02 N7600 Culture of Healthcare (2)
	03 CNHP7800 Interpro Collaboration (3)	03
Fall,	Spring,	Summer,
01 N7500 Advanced Health Assessment (3) 23 scheduled clinical hours	01 N7420 Common Problems in children and adolescents (9)	01 N7430 Chronic Health Problems in Children and Adolescents (7)
02 N7550 Pharmacology (3)	02	02
Fall,	Spring,	Summer,
01 N7940 Clinical Issues for the APN (2)		01
02 N 7440 Practicum for Advanced Practice Nurses in Child Health (10)		02