

Family Psychiatric Mental Health Nurse Practitioner Program

Full-Time Program Plan (Fall Start – 5 semesters)

Credit Hours: 48 Clinical Hours [CH]:

Student Name: ___: _____

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 FNP PMH PWH
 Semester Admitted: _____
 Expected Graduation Date: _____
 Status: FT PT Provisional RN-MS
 Initial Plan: _____
 Revised: _____

Student Signature

Date

Planned by Advisor

Date

Fall, _____	Spring, _____	Summer, _____
01 NURS 7310 – Patho I	01 NURS 7550 – Pharm.	01 Can take Patho/pharm here
02 CNHP 7800 Interprofessional	02 NURS 7500 Adv. Health Assess.	02
03 NURS 7950 Theory/Research	03 NURS 7320 – Patho II	
Fall, _____	Spring, _____	Summer, _____
01 NURS 7120 Psych Theor.	01 NURS 7170 Psychopharm.	01
02 NURS 7340 – Adult Health (135 clinical hours)	02 NURS 7171 Adv. Psych Care for Adults and Older Adults (180 clinical hours)	
03 NURS 7600 Culture		
Fall, _____	Spring _____	Summer, _____
01 NURS 7172 Advanced Medical and Psychiatric Care for Children (140 clinical hours)	01 .	01
02 NURS 7173 Integrated Management of Complicated Psychiatric Cases (45 clinical hours)		
03 NURS 7940 – Adv. Prof. Nurse Practice Issues	02	02