

Family Psychiatric Mental Health Nurse Practitioner Program

Part-Time Program Plan (Fall Start – 7 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 or pharm here
02 CNHP 7800 Interprofessional	02 NURS 7959 – Theory/Research	02
Fall, _____	Spring, _____	Summer, _____
01 NURS 7320 – Patho II	01 NURS 7170 Psychopharm.	01
02 NURS 7600 Culture	02 NURS 7500 Adv. Health Assess.	
Fall	Spring	
01 NURS 7120 Psych Theor.	01 NURS 7171 Adv. Psych Care for Adults and Older Adults (180 clinical hours)	
02 NURS 7340 – Adult Health (135 clinical hours)	02 NURS 7940 – Adv. Prof. Nurse Practice Issues	
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	02	02