



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** FNP PMH
 Semester Admitted: Spring
 Expected Graduation Date: _____
 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 N7550 Adv Pharmacology (3)
	02 N7310 Patho I (3)	02 N7600 Culture of Healthcare (2)
Fall	Spring	Summer
01 N7500 Advanced Health Assessment (3) 23 scheduled clinical hours	01 CNHP 7800 IPE (3)	01 N7430 Chronic Health Problems in Children and Adolescents (7 credits: 135 clinical hours)
02 N7320 Patho II (3)	02 N7420 Common Problems in Children and Adolescents (9 credits: 225 clinical hours)	02
	APPLY TO GRADUATE	
Fall	Spring	Summer
01 N7940 Adv Prof Nur Pract Issues (2)		01
02 N7440 Practicum for Advanced Practice Nurses in Child Health (10 credits: 240 clinical hours)		02

Spring (First Semester): 7950 and 7550 Summer