

**SUNY Downstate Medical Center  
College of Nursing**

**MS and Advanced Certificate Nurse Practitioner Degree Programs**

Accepted applicants into the Women's Health and Family Nurse Practitioner Programs are required to fulfill the following requirements by the indicated dates

**Additional Required Program Fees**

<b>Fees and Documents</b>	<b>Due Date</b>
<b>GU/GYN Learning Experience</b> Students will examine a Live male and Female Model that are hired for this required experience.  Fee \$325.00 subject to change depending on the hired model.	September 29, 2019  The fee must be paid to the Bursar Office. Make a check to: SUNY Downstate IFRA Account # 900047-00 and write GU/GYN Experience in the memo portion of the check in the lower left hand corner.
<b>Typhon Group Clinical Tracking System</b> This is a data entry system used by NP students to track and document their clinical cases  A one-time Fee of \$90.00 subject to change depending on Typhon Group	January 8, 2019  Fee is paid directly to Typhon Group
<b>Comprehensive Review and Test</b> The comprehensive multimedia package designed to prepare you for your certification exam quickly and efficiently will be used. Home study packages are available.  Students are required to purchase review materials/ multimedia modules to begin preparation for the national certification exam and will be given a free practice board exam at the beginning of the last semester, which will help you in studying. <b>A comprehensive review exam will be administered during the last clinical course, NFP5300/NWHP 5300- Integration and Professional Issues.</b>	March 15, 2021  The cost of the review materials and multimedia modules is approximately \$300 and is paid directly to the company. The cost is subject to change based on the company requirements.
One copy of current RN license, signed NYS registration (original document and one copy), signed CPR card, NP student malpractice insurance and SUNY student health clearance	September 29, 2018 Submit copies in an envelope to Mr. Thomas Chambers in the academic programming office, Room 840.

I have read, understand and accept the **Additional Required Program Fees for the MS and Advanced certificate FNP/ WHNP Program**. Also, I understand it is my responsibility to read, understand and follow the clinical requirements. Please return the signed and dated Required Program Fees to the Office of Student Admission.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_