State University of New York Downstate Medical Center
College of Health Related Professions
Advanced Certificate in Midwifery
Program of Study Acknowledgment for Fall **2015** **Matriculants**
(It is the student's responsibility to maintain and update this advisement record and bring it to meetings with his/her advisor.)

Student ID No._____Name_____Phone_____

Address_____ City, State, ZIP Code_____

Program Requirements

The 38/*47 credits required for your degree are listed below. This Program of Study form reflects the curricular requirements listed on the **College of Health Related Professions • College of Nursing website (www.downstate.edu).** Students are responsible for familiarizing themselves with the website, the most recent SUNY Downstate Medical Center **Student Handbook** and the individual program student manual.

_____ submit evidence of certification in Neonatal Resuscitation to the Midwifery course instructor
(Advisor's Initials/Date) during enrollment in NRMW 5104, Neonatology.

Transfer Courses

Please refer to the **most recent Student Handbook** for specific information and guidelines regarding the award of transfer credit.

Year One - Fall Semester Courses (9 or *12 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	* MIDW 4001	Basic Health Skills	* 3
_____	_____	_____	NRMW 5112	Physical Assessment of Women (Didactic)	1
_____	_____	_____	NRMW 5113	Physical Assessment of Women (Clinical)	1
_____	_____	_____	NRMW 5114	Pelvic Assessment of Women (Didactic)	0.5
_____	_____	_____	NRMW 5115	Pelvic Assessment of Women (Clinical)	0.5
_____	_____	_____	NRMW 5116	Pathophysiology of Acute Chronic Conditions of Women And their Primary Care	3
_____	_____	_____	NRMW 5205	Advanced Pharmacology	3

Year One - Spring Semester Courses (11.5 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRMW 5009	Obstetric Pharmacotherapeutics	1
_____	_____	_____	NRMW 5010	Prof. Issues & Leadership in Midwifery	3
_____	_____	_____	NRMW 5209	Medical & Obstetric Complications of Pregnancy	1.5
_____	_____	_____	NRMW 5212	Well Woman Gynecology (Didactic)	1.5
_____	_____	_____	NRMW 5213	Well Woman Gynecology (Clinical)	1.5
_____	_____	_____	NRMW 5214	Antepartum Care (Didactic)	1.5
_____	_____	_____	NRMW 5215	Antepartum Care (Clinical)	1.5

Year One - Summer Semester Courses (2.5, 3.5, 4.5, 5.5 or*11.5 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	* MIDW 4002	Integrated Medical Sciences I	* 3
			and		
_____	_____	_____	MIDW 4003	Integrated Medical Sciences II	* 3
_____	_____	_____	NRMW 5208	Clinical Practicum in Primary Care	1
_____	_____	_____	NRMW 5309	Medical Complications of Pregnancy	1.5
_____	_____	_____	NRMW 5700	Independent Study (Elective)	1-3

Year Two - Fall Semester Courses (11 credits or *14 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	* MIDW 4003	Integrated Medical Sciences II (if not taken previous Summer)	* 3
_____	_____	_____	NRMW 5104	Neonatology	3
_____	_____	_____	NRMW 5105	Postpartum Care	1
_____	_____	_____	NRMW 5404	Intrapartum Care	5.5
_____	_____	_____	NRMW 5409	Obstetric Complications of Pregnancy	1.5

Year Two - Spring Semester Courses (4 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRMW 5405	Integration of Clinical Studies	

TOTAL CREDITS REQUIRED 38/*47

* 9 Credits of Supplemental Courses for Direct-Entry Midwifery Track (Required for State Licensure)

Anticipated Date of Graduation (Circle Month & Year): **May** **August** **December** **2017** **2018** **2019**

I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the degree of Master of Science from the State University of New York Health Science Center at Brooklyn. The academic policies regarding the other components of the degree are published in the SUNY **most recent SUNY Downstate Medical Center Student Handbook**, and should be reviewed to ensure my academic success.

Orientation:

_____ _____
Signature of Student *Date* *Signatures of Faculty Advisor (Date)*