

State University of New York Downstate Medical Center
College of Nursing
Master of Science - Family Nurse Practitioner (Full-Time)
 Program of Study Acknowledgment for **Fall 2018** 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 44 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.

Transfer Courses

A maximum of nine (9) credits may be approved for program of study transfer credit from other accredited graduate schools. Please refer to the most recent **Student Handbook** for specific information and guidelines regarding the award of transfer credit.

| Transfer Institution | Course # | Course Title | Original Credits Earned | HSCB Credits Awarded |
|----------------------|----------|--------------|-------------------------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

First Year – Fall Semester Courses (9 credits)

| Term Planned | Term Completed | Grade Earned | Course # | Course Title | Credits |
|--------------|----------------|--------------|-----------|---|---------|
| _____ | _____ | _____ | NRMS 5110 | Advanced Pharmacology | 3 |
| _____ | _____ | _____ | NRMS 5180 | Advanced Health Assessment & Diagnostic Reasoning | 3 |
| _____ | _____ | _____ | NRMS 5190 | Advanced Pathophysiology | 3 |

First Year – Spring Semester Courses (10 credits)

| Term Planned | Term Completed | Grade Earned | Course # | Course Title | Credits |
|--------------|----------------|--------------|-----------|--|---------|
| _____ | _____ | _____ | NRMS 5040 | Philosophical & Theoretical Perspectives for Advanced Nursing Practice | 3 |
| _____ | _____ | _____ | CNNP 5230 | Primary Prevention & Care Management of Adults I | 4 |
| _____ | _____ | _____ | NRMS 5100 | Population Health & Clinical Outcomes | 3 |

First Year – Summer Semester Courses (4 credits)

| Term Planned | Term Completed | Grade Earned | Course # | Course Title | Credits |
|--------------|----------------|--------------|-----------|--------------------------------------|---------|
| _____ | _____ | _____ | NFNP 5230 | Primary Care Management of Adults II | 4 |

Second Year – Fall Semester Courses (9 credits)

| Term Planned | Term Completed | Grade Earned | Course # | Course Title | Credits |
|--------------|----------------|--------------|-----------|---|---------|
| _____ | _____ | _____ | NFNP 5130 | Primary Care Management of Pediatric Clients | 3 |
| _____ | _____ | _____ | NRMS 5850 | Research & Evidence Based Practice I | 3 |
| _____ | _____ | _____ | NRMS 5160 | Organizational & Systems Leadership for Advanced Nursing Practice | 3 |

Second Year – Spring Semester Courses (9 credits)

| Term Planned | Term Completed | Grade Earned | Course # | Course Title | Credits |
|--------------|----------------|--------------|------------------|--|---------|
| _____ | _____ | _____ | NRMS 5860 | Research & Evidence Based Practice II | 3 |
| _____ | _____ | _____ | NFNP 5131 | Primary Care Management of Obstetrical & Gynecological Clients | 3 |
| _____ | _____ | _____ | *NRMS 5170 | Elective -Advanced Practice Nurse as Educator | 3 |
| _____ | _____ | _____ | or *NRMS 5270 | Elective -Informatics & Healthcare Technologies | 3 |

Second Year – Summer Semester Courses (3 credits)

| Term Planned | Term Completed | Grade Earned | Course # | Course Title | Credits |
|--------------|----------------|--------------|-------------|---------------------|---------|
| _____ | _____ | _____ | NFNP 5300 | Capstone Experience | 3 |
| _____ | _____ | _____ | **NRMS 5700 | Independent Study | 1 |

*Students are required to take one elective.

**Optional for students who do not complete required clinical hours at the end of a semester in which they are not registered.

Students are expected to register for courses as listed in their program of study. Changes to the program of study must be discussed in advance and approved in writing by the Program Director or Associate Dean prior to registration. Program of study is subject to change, consistent with national standards. Your signature and submission of this document confirms your understanding of the above statement.

TOTAL CREDITS REQUIRED 44

Anticipated Date of Graduation (Circle Month & Year): May August December 2020 2021 2022

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. In addition, I understand that the academic policies regarding the other components of the degree are published in the **most recent** SUNY Downstate Student Handbook. Should I have any questions regarding these policies, it is my responsibility to contact my academic advisor.

Orientation:

Signature of Student

Date

Signature of CON Faculty Advisor

Date

Eff. 08/28/2018

Original: Office of the Registrar

Copy 1: Graduation Check Sheet / Faculty Advisor

Copy 2: Student