

State University of New York Downstate Medical Center
College of Nursing
Advanced Certificate - 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 35 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 (6 credits)

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

Second Year – Spring Semester Courses (3 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NFNP 5131	Primary Care Management of Obstetrical & Gynecological Clients	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

***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 35

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

I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded an Advanced Certificate 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 this certificate 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 _____