

State University of New York Downstate Medical Center
College of Nursing
Master of Science - Nurse Anesthesia
Program of Study Acknowledgment

(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 61 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. 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	SUNY DMC Credits Awarded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

First Year – Fall Semester Courses (15 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
_____	_____	_____	NRAN 5100	Basic Principles of Anesthesia	3
_____	_____	_____	NRAN 5110	Chemistry, Biochemistry & Physics for Anesthesia	3

First Year – Spring Semester Courses (14 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRMS 5040	Philosophical & Theoretical Perspectives for Advanced Nursing Practice	3
_____	_____	_____	NRAN 5200	Principles of Anesthesia Practice I	3
_____	_____	_____	NRAN 5210	Anatomy, Physiology, Pathophysiology I	2
_____	_____	_____	NRAN 5220	Anatomy, Physiology, Pathophysiology II	2
_____	_____	_____	NRAN 5230	Pharmacology for Anesthesia	3
_____	_____	_____	NRAN 5240	Clinical Practicum I	1

First Year – Summer Semester Courses (6 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRAN 5300	Principles of Anesthesia Practice II	3
_____	_____	_____	NRAN 5310	Anatomy, Physiology, Pathophysiology III	2
_____	_____	_____	NRAN 5320	Clinical Practicum II	1

Second Year – Fall Semester Courses (9 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRMS 5850	Research & Evidence Based Practice I	3
_____	_____	_____	NRAN 5400	Principles of Anesthesia Practice III	3
_____	_____	_____	NRAN 5410	Anatomy, Physiology, Pathophysiology IV	2
_____	_____	_____	NRAN 5420	Clinical Practicum III	1

Second Year – Spring Semester Courses (8 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRMS 5860	Research & Evidence Based Practice II	3
_____	_____	_____	NRAN 5500	Professional Aspects of Anesthesia	3
_____	_____	_____	NRAN 5510	Clinical Practicum IV & Clinical Correlation Conference	2

Second Year – Summer Semester Courses (5 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRMS 5160	Organizational & Systems Leadership for Advanced Nursing Practice	3
_____	_____	_____	NRAN 5600	Clinical Practicum V & Clinical Correlation Conference	2

Third Year – Fall Semester Courses (4 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRAN 5700	Clinical Practicum VI & Clinical Correlation Conference	4

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 61

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. 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.

Signature of Student

Date

Eff. 08/27/2014 LH