7. Petition for Incomplete grade

9. Other

8. Student participation in course and program evaluation

TROY UNIVERSITY

FAMILY NURSE PRACTITIONER CERTIFICATE

Certificate Plan and Progress Record

33 Semester-Hour FNP Post-Master's Certificate Program

Name:	ame: Student ID#:		Campus:			
Address:			Email:			
CERTIFICATE RE	EQUIREMENTS:					
Official transcript(s)		5. No mo	5. No more than 6 semester hours below "B"			
2. Unconditional Admission		6. Overa	6. Overall GPA of 3.0			
3. 33 (FNP-Certificate) Semester hours of credit minimum		7. All cre	7. All credit earned within 5 years of graduation			
4. Meet residency requirements		8. Intent	8. Intent to Graduate filed			
NURSING SPECI	IALTY: (27 Semester Hours)					
NSG 6612	Advanced Health Assessment		3			
NSG 6613	NSG 6613 Advanced Health Assessment Preceptorship		3			
NSG 6645	NSG 6645 Family and Cultural Theories in Advanced Nursing Practice					
NSG 6649	Advanced Pharmacology		3			
NSG 6665	65 Primary Care I: Pediatrics and Women's Health		3			
NSG 6666	6666 Primary Care I Preceptorship: Pediatrics and Women's Health		3			
NSG 6667 Primary Care II: Adults and Geriatrics		3				
NSG 6668	NSG 6668 Primary Care II Preceptorship: Adults and Geriatrics		3			
NSG 6671	Advanced Pathophysiology		3			
FNP ROLE COUI	RSES: (6 Semester Hours)					
NSG 6670	Role Synthesis Seminar		1			
NSG 6680	FNP Internship		5			
ITEMS TO BE DI						
1. One term limit to have transcript(s) and test scores on file			ssion Status:	Date	Initials	
2. Temporary, Conditional, Unconditional Admission		Со	nditional			
3. Availability of faculty for academic advising4. Petition for transfer credit once unconditionally admitted		Unc	onditiona l			
5. Class attendance		Re	esidency			
6. Drop and Withdrawal procedures; deadlines & consequences		Te	st Scores			

Comps