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: Student ID#:		t:	Campus:			
Address:			Email:			
CERTIFICATE R	REQUIREMENTS:					
1. Official transcript(s)		5. No m	5. No more than 6 semester hours below "B"			
2. Unconditional Admission		6. Over	6. Overall GPA of 3.0			
3. 33 (FNP-Certificate) Semester hours of credit minimum		7. All cr	7. All credit earned within 5 years of graduation			
4. Meet residency requirements		8. Inten	8. Intent to Graduate filed			
NURSING SPEC	CIALTY: (27 Semester Hours)					
NSG 6612	Advanced Health Assessment		3			
NSG 6613	Advanced Health Assessment Preceptorship		3			
NSG 6645	Family and Cultural Theories in Advanced Nursing Practice					
NSG 6649	Advanced Pharmacology		3			
NSG 6665	Primary Care I: Pediatrics and Women's Health					
NSG 6666	Primary Care I Preceptorship: Pediatrics and Wome	3				
NSG 6667	Primary Care II: Adults and Geriatrics					
NSG 6668	Primary Care II Preceptorship: Adults and Geriatrics		3			
NSG 6671	Advanced Pathophysiology		3			
FNP ROLE COU	JRSES: (6 Semester Hours)		•			
NSG 6670	Role Synthesis Seminar		1			
NSG 6680	FNP Internship		5			
ITEMS TO BE D						
1. One term limit to have transcript(s) and test scores on file			ission Status:	Date	Initials	
2. Temporary, Conditional, Unconditional Admission			Conditional			
 3. Availability of faculty for academic advising 4. Petition for transfer credit once unconditionally admitted 		Un	conditional			
5. Class attendance		F	Residency			
6. Drop and Withdrawal procedures; deadlines & consequences			Test Scores			

Comps