

**TROY UNIVERSITY**  
**FAMILY NURSE PRACTITIONER CERTIFICATE**  
Certificate Plan and Progress Record  
**34 Semester-Hour FNP Post-Master's Certificate Program**

Name:  Student ID#:  Campus:   
 Address:  Email:

Copy of transcript must be attached. May not use "Student Academic Credits" or "Academic Evaluation" report.

**CERTIFICATE REQUIREMENTS:**

1. Official transcript of all academic work
2. Unconditional Admission
3. 34 (FNP-Certificate) Semester hours of credit minimum
4. Meet residency requirements
5. No more than 6 semester hours below "B"
6. Overall GPA of 3.0
7. All credit earned within 5 years of graduation
8. Submit Certificate Plan (after 9 sh but before 18 sh)
9. Intent to Graduate filed

**REQUIRED CORE COURSES:** (2 Semester Hours)

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
NSG 6659	Adaptation of FNP Role (taken only if student has <b>not</b> had NSG 6660 at TROY)	1			

**NURSING SPECIALTY:** (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	3			
NSG 6649	Advanced Pharmacology	3			
NSG 6665	Primary Care I	3			
NSG 6666	Primary Care I Preceptorship	3			
NSG 6667	Primary Care II	3			
NSG 6668	Primary Care II Preceptorship	3			
NSG 6671	Advanced Pathophysiology	3			

**FNP ROLE COURSES:** (6 Semester Hours)

NSG 6670	Role Synthesis Seminar	1			
NSG 6680	FNP Internship	5			

**ITEMS TO BE DISCUSSED:**

- 1. One term limit to have transcript(s) and test scores on file
- 2. Temporary, Conditional, Unconditional Admission
- 3. Availability of faculty for academic advising
- 4. Petition for transfer credit once unconditionally admitted
- 5. Class attendance
- 6. Drop and Withdrawal procedures; deadlines & consequences
- 7. Petition for Incomplete grade
- 8. Student participation in course and program evaluation
- 9. Other

Admission Status:	Date	Initials
Conditional		
Unconditional		
Residency		
Test Scores		
Comps		

**STUDENT ACKNOWLEDGEMENT:** I have read the current year's Graduate Catalog and acknowledge the contents and requirements of the above certificate. I have received academic advising from my Faculty Adviser, and I hereby submit my certificate plan.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Approved: \_\_\_\_\_ Chair/Associate Dean or Dean \_\_\_\_\_ Date \_\_\_\_\_  
 Faculty Adviser \_\_\_\_\_ Date \_\_\_\_\_ Approved: \_\_\_\_\_ Associate Dean or Dean, Graduate School \_\_\_\_\_ Date \_\_\_\_\_