

**TROY UNIVERSITY**  
**DOCTOR OF NURSING PRACTICE - Post Baccalaureate Program**  
**Clinical Nurse Specialist**  
**Adult Health**

Educator Role     Administrator Role

DNP Graduate Degree Plan and Progress Record  
**65 - 69 Semester-Hour Program**

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

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

**DEGREE REQUIREMENTS:**

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| <ol style="list-style-type: none"> <li>1. GRE, or equivalent exam, test scores submitted</li> <li>2. Official transcript of all academic work</li> <li>3. Unconditional Admission</li> <li>4. 74 Semester hours of credit</li> <li>5. Meet residency requirements</li> <li>6. No more than two grades below "B"</li> <li>7. Overall GPA of 3.0</li> <li>8. Completion of research requirement with a "B" or better</li> </ol> | <ol style="list-style-type: none"> <li>9. All credit earned within 8 years of graduation</li> <li>10. Admission to Candidacy</li> <li>11. Successful completion of Competency Evaluations</li> <li>12. Intent to Graduate filed</li> <li>13. Completion of 1000 clinical hours at graduate level</li> <li>14. Committee Approval of Residency Synthesis Project Proposal</li> <li>15. Successful completion of e-Portfolio</li> <li>16. Successful completion of Residency Synthesis Project</li> </ol> |
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**ADVANCED NURSING CORE:** (17 Semester Hours)

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
NSG 6604	Theories in Nursing	2			
NSG 8801	Healthcare Informatics & Data Management	3			
NSG 8804	Policy & Politics in Healthcare	3			
NSG 8805	Principles of Epidemiology	3			
NSG 8822	Leadership in Organizations & Systems	2			
NSG 8824	Bioethical Issues in Healthcare	2			
NSG 8826	Diversity & Social Issues in Healthcare	2			

**ADVANCED NURSING SPECIALTY COURSES:** (20 Semester Hours)

NSG 6612	Advanced Health Assessment	3			
NSG 6618	CNS Advanced Health Assessment Practicum	1			
NSG 6649	Advanced Pharmacology	3			
NSG 6671	Advanced Pathophysiology	3			

**Adult Health Nursing Clinical Focus**

NSG 6620	Advanced Acute Care Nursing of Adults	2			
NSG 6621	Advanced Acute Care Nursing Preceptorship	3			
NSG 6622	Advanced Long Term Nursing Care of Adults	2			
NSG 6623	Advanced Long Term Nursing Care of Adults Preceptorship	3			

**SCHOLARLY INQUIRY METHODS FOR EVIDENCE-BASED PRACTICE :** (12 Semester Hours)

NSG 6691	Research Methodology	3			
NSG 8802	Applied Biostatistics	3			
NSG 8812	Foundations of Evidence-Based Practice	3			
NSG 8815	Evaluation Methods for Improvement of Clinical Outcomes	3			

**ADVANCED NURSING ROLES (Select One Role Series) : (5 Semester Hours)**

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
<b>Educator Role</b>					
NSG 6614	Role of the Nurse Educator	2			
NSG 6615	Nursing Education Internship	3			
<b>Administrator Role</b>					
NSG 6616	Role of the Nursing Administrator	2			
NSG 6617	Nursing Administrator Internship	3			

**PRACTICE RESIDENCY: (8-12 Semester Hours)**

NSG 8810	DNP Residency I: Project Identification	1			
NSG 8820	DNP Residency II: Project Development	1			
NSG 8830	DNP Residency III: Project Implementation	3-5			
NSG 8840	DNP Residency IV: Project Evaluation	3-5			

**SYNTHESIS AND EVALUATION: (3 Semester Hours)**

NSG 8850	Residency Project Dissemination	3			
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**ITEMS TO BE DISCUSSED:**

- 1. Unconditional Admission
- 2. Availability of faculty for academic advising
- 3. Petition for transfer credit once unconditionally admitted
- 4. Class attendance
- 5. Drop and Withdrawal procedures; deadline and consequences
- 6. Petition for an Incomplete grade
- 7. Student participation in course and program evaluation
- 8. Other

**OFFICE USE ONLY:**

TYPE	DATE	INITIALS
Unconditional Admission		
Residency Requirements Met		
Test Scores		
Residency Synthesis Proposal Approved		
Residency Synthesis Project Approved		

**STUDENT ACKNOWLEDGEMENT:** I have read the current year's Graduate Catalog and acknowledge the contents and requirements of the above degree. I have received academic advising from my Faculty Adviser, and I hereby apply for Admission to Candidacy.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Faculty Adviser Date

Approved: \_\_\_\_\_  
Chair/Associate Dean or Dean Date

Approved: \_\_\_\_\_  
Associate Dean or Dean, Graduate School Date