**STUDENT INFORMATION**

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| **Student’s Name:**       | **NAU ID:**        |
| **E-mail Address:**      @nau.edu  | **Phone Number:**       |
| **Enrollment Term:**        (ex. Summer 2016) | **Expected Graduation:**       (ex. Spring 2018) |
| **Advisor:**       |
| **Total Required Credits for this Degree Program:** **103**  |
| **This is the:** [ ]  **Initial** (upon admission) [ ]  **Final** (submitted with Graduation Application) **Program of Study** |

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| 1. **Required Courses (103 hours required)**
 |
| \* | PHA 500 | Human Anatomy |       |       |      |    |   |       |
| \* | PHA 511 |  |       |       |      |    |   |       |
| \* | PHA 512 |  |  |  |  |  |  |  |
| \* | PHA 520 | Foundations of Clinical Practice I |       |       |      |    |   |       |
| \* | PHA 521 | Foundations of Clinical Practice II |       |       |      |    |   |       |
| \* | PHA 522 | Foundations of Clinical Practice III |       |       |      |    |   |       |
| \* | PHA 530 | Introduction to History Taking and Physical Examination |       |       |      |    |   |       |
| \* | PHA 540 | Ethics and Professionalism |       |       |      |    |   |       |
| \* | PHA 550 | Pharmacology & Pharmacotherapeutics I |       |       |      |    |   |       |
| \* | PHA 551 | Pharmacology & Pharmacotherapeutics II |       |       |      |    |   |       |
| \* | PHA 560 | Clinical Decision Making I |       |       |      |    |   |       |
| \* | PHA 561 | Clinical Decision Making II |       |       |      |    |   |       |
| \* | PHA 570 | Diagnostic Medicine |       |       |      |    |   |       |
| \* | PHA 580 | Clinical Disciplines Overview I |       |       |      |    |   |       |
| \* | PHA 581 | Clinical Disciplines II |       |       |      |    |   |       |
| \* | PHA 610 | Introduction to Clinical Practices |       |       |      |    |   |       |

Student’s Name:       NAU ID:

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| \* | PHA 689 | Capstone |       |       |      |    |   |       |
| \* | PHA 698 | PA Seminar |       |       |      |    |   |       |
| 1. **Required Clinical Rotations (44 units required):** 4 weeks each
 |
| \* | PHA 611 | Family Practice |       |       |      |    |   |       |
| \* | PHA 612 | Internal Medicine |       |       |      |    |   |       |
| \* | PHA 613 | Surgery |       |       |      |    |   |       |
| \* | PHA 614 | Pediatrics |       |       |      |    |   |       |
| \* | PHA 615 | Women’s Health (OB/GYN) |       |       |      |    |   |       |
| \* | PHA 616 | Mental Health |       |       |      |    |   |       |
| \* | PHA 617 | Emergency Medicine |       |       |      |    |   |       |
| \* | PHA 618 | Primary Care Rotation*(Course is repeated)* |       |       |      |    |   |       |
| \* | PHA 618 | Primary Care Rotation*(Course is repeated)* |       |       |      |    |   |       |
| \* | PHA 620 | Elective I Rotation:       |       |       |      |    |   |       |
| \* | PHA 621 | Elective II Rotation:       |       |       |      |    |   |       |

**Signatures**

By signing below, you agree to the following statement:

*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

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| **Student:** | **Date:** |
| **Chair, Advisory Committee:** | **Date:** |
| **Department Chair** (required for Final)**:** | **Date:** |
| **Director:**  | **Date:** |

**\*\*Transfer/Equivalent/Previous Graduate Degree** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Equivalent E = Course taken at NAU in place of required course

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree

**Transfer Credit Example:**

|  |  |  |  |  |  |  |  |  |
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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
|  | **ABC 123** | **Fundamentals of English** | **ASU 456** | **Fall**  | **2012** | **3** | **A** | **T/ASU** |