**STUDENT INFORMATION**

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| **Name:**       | **NAU ID:**        |
| **NAU E-mail Address:**        | **Phone Number:**       |
| **Term of Admission:**         | **Expected Graduation Term/Year:**        |
| **Advisor:**       | **Required Credits for Degree Program: 103** |

**I. Required Courses (56 units required)**

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| PHA 500 | Human Anatomy |       |       |       |       |       |       |
| PHA 511 | Human Physiology |       |       |       |       |       |       |
| PHA 512 | Human Pathology |       |       |       |       |       |       |
| 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 I |       |       |       |       |       |       |
| PHA 581 | Clinical Disciplines II |       |       |       |       |       |       |
| PHA 590 | Clinical Procedures and Interventions |       |       |       |       |       |       |

**II. Required Clinical Courses (47 units required):** Five 4-week rotations, three 8-week rotations, and two additional year-long courses.

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| PHA 613 | Surgery Rotation |       |       |       |       |       |       |
| PHA 615 | Women’s Health Rotation |       |       |       |       |       |       |
| PHA 616 | Mental Health Rotation |       |       |       |       |       |       |
| PHA 617 | Emergency Medicine Rotation |       |       |       |       |       |       |
| PHA 620 | Elective I Rotation |       |       |       |       |       |       |
| PHA 631 | Family Medicine Clinical Rotation |       |       |       |       |       |       |
| PHA 632 | Internal Medicine Clinical Rotation |       |       |       |       |       |       |
| PHA 634 | Pediatrics Clinical Rotation |       |       |       |       |       |       |
| PHA 689 | Capstone |       |       |       |       |       |       |
| PHA 698 | PA Seminar |       |       |       |       |       |       |

**ADDITIONAL INFORMATION**

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name 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.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (formal electronic signatures are permitted) in the space provided.

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| --- | --- |
| **Student:**       | **Date:**       |
| **Advisor:**       | **Date:**       |
| **Chair:**       | **Date:**       |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

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

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