**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: 23-36** |

# **Choose from Nurse Practitioner or Non-Nurse Practitioner:**

# **For the Master of Science in Nursing Nurse Practitioner Student, take the following (23 units):**

# NUR 653, NUR 654, NUR 655, NUR 656, NUR 657, NUR 658 (14 units)

# NUR 680\* (9 units)

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| NUR 653 | Advanced Neuropathophysiology and Psychopharmacology |       |       |       |       |       |       |
| NUR 654 | Mental Health Assessment Across the Lifespan |       |       |       |       |       |       |
| NUR 655 | Advanced Mental Health Therapies: individual and Group |       |       |       |       |       |       |
| NUR 656 | Mental Health Diagnosis and Management of Adults |       |       |       |       |       |       |
| NUR 657 | Mental Health Diagnosis and Management of Children and Adolescents  |       |       |       |       |       |       |
| NUR 658 | Mental Health Diagnosis and Management of Geriatric Clients |       |       |       |       |       |       |
| NUR 680 | Assessment and Management in Pmh Setting: Clinical Practicum  |       |       |       |       |       |       |

* **For the Master of Science in Nursing Non-Nurse Practitioner Student, take the following (36 units):**
	+ NUR 520, NUR 540, NUR 650, NUR 653, NUR 654, NUR 655, NUR 656, NUR 657, NUR 658 (23 units)
	+ NUR 680 (13 units)

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| NUR 520 | Applied Pathophysiology for Apns |       |       |       |       |       |       |
| NUR 540 | Pharmacology for Advanced Practice Nurses |       |       |       |       |       |       |
| NUR 650 | Advanced Nursing Assessment |       |       |       |       |       |       |
| NUR 653 | Advanced Neuropathophysiology and Psychopharmacology  |       |       |       |       |       |       |
| NUR 654 | Mental Health Assessment Across Lifespan |       |       |       |       |       |       |
| NUR 655 | Advanced Mental Health Therapies: individual and Group |       |       |       |       |       |       |
| NUR 656 | Mental Health Diagnosis and Management of Adults |       |       |       |       |       |       |
| NUR 657 | Mental Health Diagnosis and Management of Children and Adolescents |       |       |       |       |       |       |
| NUR 658 | Mental Health Diagnosis and Management of Geriatric Clients |       |       |       |       |       |       |
| NUR 680 | Assessment and Management in Pmh Setting: Clinical Practicum  |       |       |       |       |       |       |

**Additional Information**

Students enrolled in this certificate may not enroll in or pursue the following due to the number of overlapping units:

* Nursing - Advanced Practice, MS - Psychiatric Mental Health Nurse Practitioner Emphasis

This certificate may be pursued and completed concurrently with a degree program or as a stand-alone certificate. Federal financial aid cannot be used if the certificate is completed as a stand-alone certificate.

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 digital 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