

# Georgia College School of Nursing Master of Science in Nursing

## Family Nurse Practitioner

### Full-Time Program of Study—6 Semesters

<b>Student Name:</b>	<b>GCSU ID:</b>
<b>FNP Coordinator/Advisor:</b>	
<b>Term of Entry:</b>	<b>Expected Graduation:</b>

Course Number and Title		Contact Hours*	Clinical Hours			Semester
			IPC**	DPC**	TOTAL	
<b>YEAR ONE</b>						
<b>Semester 1 (Summer)</b>						
NRSG 5600	Healthcare Research & Statistical Analysis	3-0-3				
NRSG 5500	Perspectives of Advanced Nursing Practice	2-0-2				
<b>Semester 2 (Fall)</b>						
NRSG 6300	Advanced Physiology & Pathophysiology	3-0-3				
NRSG 6410	Nursing Theory: Principles & Applications	2-0-2				
NRSG 5480 & NRSG 5480L	Advanced Nursing Assessment/Lab	2-3-3			45	
<b>Semester 3 (Spring)</b>						
NRSG 7000 & NRSG 7000L	Primary Care of Adults I / Lab	2-6-4			90	
NRSG 5800	Applied Pharmacology	3-0-3				
NRSG 6110	Ensuring Healthcare Safety and Quality	2-0-2				
<b>YEAR TWO</b>						
<b>Semester 4 (Summer)</b>						
NRSG 7010 & NRSG 7010L	Primary Care of Adults II /Lab	2-6-4			90	
<b>Semester 5 (Fall)</b>						
NRSG 7030 & NRSG 7030L	Primary Care of Women/Lab	2-6-4			90	
NRSG 7050 & NRSG 7050L	Primary Care of Children & Adolescents/Lab	2-6-4			90	
<b>Semester 6 (Spring)</b>						
NRSG 7410 & NRSG 7410L	Primary Care Practicum/Lab	1-15-6			225	
<b>TOTAL HOURS</b>		<b>40 Credit Hours</b>	<b>630 Clinical Hours</b>			

\*NOTE: (2-4-3) following the course title indicates 2 hours lecture, 4 hours laboratory, and 3 hours credit.

\*\*IPC=Indirect Patient Contact; DPC=Direct Patient Contact

**Typing my name below serves as an electronic signature. By signing, I am attesting that:**

- I have reviewed and understand my POS and agree to follow it.
- If a change is required (i.e. any course failure, withdrawal, etc.), I must contact my assigned advisor for assistance with updating the program of study.

**Student Signature:**

**Date:**