

Georgia College School of Nursing Master of Science in Nursing

Family Nurse Practitioner

Part-Time Program of Study — 9 Semesters

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

Course Number and Title		Contact Hours*	Clinical Hours			Semester
			IPC**	DPC**	TOTAL	
YEAR ONE						
Semester 1 (Summer)						
NRSG 5500	Perspectives of Advanced Nursing Practice	2-0-2				
Semester 2 (Fall)						
NRSG 5480 & NRSG 5480L	Advanced Nursing Assessment/Lab	2-3-3			45	
NRSG 6410	Nursing Theory: Principles & Applications	2-0-2				
Semester 3 (Spring)						
NRSG 6110	Ensuring Healthcare Safety and Quality	2-0-2				
YEAR TWO						
Semester 4 (Summer)						
NRSG 5600	Healthcare Research & Statistical Analysis	3-0-3				
Semester 5 (Fall)						
NRSG 6300	Advanced Physiology & Pathophysiology	3-0-3				
Semester 6 (Spring)						
NRSG 7000 & NRSG 7000L	Primary Care of Adults I/Lab	2-6-4			90	
NRSG 5800	Applied Pharmacology	3-0-3				
YEAR THREE						
Semester 7 (Summer)						
NRSG 7010 & NRSG 7010L	Primary Care of Adults II/Lab	2-6-4			90	
Semester 8 (Fall)						
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	
Semester 9 (Spring)						
NRSG 7410 & NRSG 7410L	Primary Care Practicum/Lab	1-15-6			225	
TOTAL HOURS		40			630	
		Credit Hours				

*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: