

**Georgia College School of Nursing Master of Science in Nursing**  
**Psychiatric Mental Health Nurse Practitioner**  
**Full-Time** Program of Study

<b>Student Name:</b>	<b>GCSU ID:</b>
<b>PMHNP 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 5800	Applied Pharmacology	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 5810	Advanced Psychopharmacology and Neurobiology	3-0-3				
NRSG 5480	Advanced Nursing Assessment/Lab	2-3-3			45	
<b>SEMESTER 3 (SPRING)</b>						
NRSG 7100 & NRSG 7100L	Foundations for Psychiatric-Mental Health Nursing	2-6-4			100	
NRSG 5600	Healthcare Research & Statistical Analysis	3-0-3				
NRSG 6110	Ensuring Healthcare Safety and Quality	2-0-2				
<b>YEAR TWO</b>						
<b>SEMESTER 4 (SUMMER)</b>						
NRSG 7110 & NRSG 7110L	Psychiatric Mental Health Nursing I/Lab	2-6-4			100	
<b>SEMESTER 5 (FALL)</b>						
NRSG 6410	Nursing Theory: Principles & Applications	2-0-2				
NRSG 7120 & NRSG 7120L	Psychiatric Mental Health Nursing II/Lab	2-6-4			100	
<b>SEMESTER 6 (SPRING)</b>						
NRSG 7200 & NRSG 7200L	Practicum in Psychiatric Mental Health Nursing/Lab	1-15-6			225	
<b>Total Hours</b>		<b>39 Credit Hours</b>	<b>570 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

<p><b>Typing my name below serves as an electronic signature. By signing, I am attesting that:</b></p> <ul style="list-style-type: none"> <li>• I have reviewed and understand my POS and agree to follow it.</li> <li>• 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.</li> </ul> <p><b>Student Signature:</b></p> <p><b>Date:</b></p>
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