

Georgia College School of Nursing Master of Science in Nursing
Women's Health Nurse Practitioner
Full-Time Program of Study—6 Semesters

Student Name:	GCSU ID:
WHNP 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				
NRSG 5600	Healthcare Research & Statistical Analysis	3-0-3				
Semester 2 (Fall)						
NRSG 5480 & NRSG 5480L	Advanced Nursing Assessment/Lab	2-3-3	45		45	
NRSG 6300	Advanced Physiology & Pathophysiology	3-0-3				
NRSG 6410	Nursing Theory: Principles & Applications	2-0-2				
Semester 3 (Spring)						
NRSG 7300 & NRSG 7300L	Women's Health I	2-9-5			135	
NRSG 5800	Applied Pharmacology	3-0-3				
NRSG 6110	Ensuring Healthcare Safety and Quality	2-0-2				
YEAR TWO						
Semester 4 (Summer)						
NRSG 7310 & NRSG 7310L	Women's Health II	2-9-5			135	
NRSG 7320	Unique Women's Health Issues	1-0-1				
Semester 5 (Fall)						
NRSG 7330 & NRSG 7330L	Women's Health III	2-9-5			135	
Semester 6 (Spring)						
NRSG 7500 & NRSG 7500L	Women's Health Residency	1-15-6			225	
TOTAL HOURS		40 Credit Hours	675 Clinical 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

<p>Typing my name below serves as an electronic signature. By signing, I am attesting that:</p> <ul style="list-style-type: none"> • 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.
<p>Student Signature:</p> <p>Date:</p>