Department of Nursing
C.W. Post Campus/Long Island University

Plan of Study

Post Master's Family Nurse Practitioner Certificate

Student Name_____ **SS#** _____

Address _____

Phone # _____

Undergraduate Degree _____ **from** _____ _____
BS/BA **College/University** **date conferred**

Masters Degree _____ **from** _____ _____
MS/MA **College/University** **date conferred**

Pre-requisite Courses: **Advanced Physiology and Pathophysiology**

Advanced Health Assessment

Specialy Courses:	**NUR 605**	**Pharmacology for Advanced Practice Nursing***	**4 cr**	_____	_____
	NUR 621	**The Family: Social, Ethical and Policy Issues**	**3 cr**	_____	_____
	NUR 611	**Diagnosis and Management I**	**4 cr**	_____	_____
	NUR 622	**FNP Practicum I: Primary Care of Families (Adult) (270 hours)**	**6 cr**	_____	_____
	NUR 612	**Diagnosis and Management II**	**4 cr**	_____	_____
	NUR 623	**FNP Practicum II: Primary Care of Families (Child) (270 hours)**	**6 cr**	_____	_____
	NUR 600P	**Additional Practicum Course (90 hours)**	**0 cr**	_____	_____
		Total	**27 credits 630 hours**		

***Transfer credits may be granted**

Revised 03/05