

University of Virginia
School of Nursing

Program of Study
Community & Public Health Leadership Program – Family Nurse Practitioner
Part-time Education Plan

Name _____

Faculty Advisor _____ Entry to Program ___ Expected Grad _____

Course Number	Course Name	Prerequisite Courses	Credit Hours	Term(s) Offered	Term Planned	Term Completed
Fall Semester						
GNUR 6052	Epidemiology in Health Care		3	Fall (online) Spring		
GNUR 6450	Managing Care in Systems and Populations		3	Fall (online)		
Spring Semester						
GNUR 6050	Theoretical Foundations in Nursing **		3	Fall Spring (online)		
GNUR 6054	Research & Biostatistical Processes in Health Care		4	Fall (online) Spring		
Summer Session						
GNUR 6056	Health Policy: Local to Global		3	Spring (Online) Summer		
Fall Semester						
GNUR 6031	Role I: Acquisition		2	Fall		
GNUR 6010	Pathophysiology		4	Fall		
GNUR 6400	Community Assessment	GNUR 6052	3	Fall (online)		
Spring Semester						
GNUR 6405	Health Care Systems Planning & Evaluation	GNUR 6400	3	Spring (online)		
GNUR 6020	Pharmacology	GNUR 6010	4	Spring, Summer		
GNUR 6025	Advanced Health Assessment	GNUR 6010	3	Spring, Summer		
Summer Session						
GNUR 6110	Primary Care Seminar I	GNUR 6020, GNUR 6025, GNUR 6010, GNUR 6052, GNUR 6054, GNUR 6056	3			
Fall Semester						
GNUR 5670	Primary Care Seminar II	GNUR 6110	3	Fall		
GNUR 5690	Primary Care Practicum I	GNUR 6110	6	Fall		
Spring Semester						
GNUR 5700	Community & Public Health Leadership Practicum II	GNUR 5670	3	Spring		
GNUR 5710	Primary Care Practicum II	GNUR 5690	6	Spring		
GNUR 6032	Role II: Transition		1	Spring		
Total Credits 57						

** May substitute the comparable PhD course and receive doctoral credit. Updated 8/27/08

Note: Most classes in the Core and Community & Public Health Leadership Core can be taken in any sequence (note the prerequisite column). These core classes should be completed before proceeding to the Clinical courses. It is best to speak with your faculty advisor to plan an individualized Plan of Study.

Faculty Signature: _____ Student Signature: _____

Date: _____