

University of Virginia
School of Nursing

Program of Study for MSN Students
Pediatric Nurse Practitioner Program

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, Year 1 | | | | | | |
| GNUR 6031 | Role I: Acquisition | | 2 | Fall | | |
| GNUR 6010 | Pathophysiology | | 4 | Fall | | |
| GNUR 6052 | Epidemiology in Health Care | | 3 | Fall (online) Spring, Sum | | |
| GNUR 6054 | Research & Biostatistical Processes in Health Care | | 4 | Fall (online) Spring | | |
| Spring Semester | | | | | | |
| GNUR 6020 | Pharmacology | GNUR 6010* | 4 | Spg, Sum | | |
| GNUR 6025 | Advanced Health Assessment | GNUR 6010* | 3 | Spg, Sum | | |
| GNUR 6050 | Theoretical Foundations in Nursing** | | 3 | Fall Spring (online) | | |
| Summer Session | | | | | | |
| GNUR 6110 | Primary Care Seminar I | GNUR 6020, GNUR 6025, GNUR 6052, GNUR 6054, GNUR 6056, GNUR 6420, GNUR 6470 | 3 | Summer | | |
| GNUR 6056 | Health Policy: Local to Global | | 3 | Spring (online) Summer | | |
| Fall Semester, Year 2 | | | | | | |
| GNUR 6051 | Nutrition in Health Promotion | | 2 | Fall | | |
| GNUR 5670 | Primary Care Seminar II | GNUR 6110 | 2 | Fall | | |
| GNUR 5690P | Primary Care Preceptorship I | GNUR 6110 | 6 | Fall | | |
| Spring Semester | | | | | | |
| GNUR 5700 | Primary Care Seminar III | GNUR 5670, GNUR 5690 | 2 | Spring | | |
| GNUR 5710P | Primary Care Preceptorship II | GNUR 5670, GNUR 5690 | 6 | Spring | | |
| GNUR 6032 | Role II: Transition | GNUR 6031 | 1 | Spring | | |
| Total Credits 48 | | | | | | |

* Also requires one year of relevant clinical experience.
Revised:10/21/09

** May substitute the comparable PhD course and receive doctoral credit.

Note: Most classes in the Core and Advanced Practice 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: _____