

University of Virginia  
School of Nursing

Program of Study for Post-Master's Students  
Acute & Specialty Care CNS Program

Name \_\_\_\_\_

Faculty Advisor \_\_\_\_\_ Entry to Program \_\_\_\_\_ Expected Grad \_\_\_\_\_

| Course Number                    | Course Name                                                       | Prerequisite Courses                       | Credit Hours | Term(s) Offered | Term Planned | Term Completed |
|----------------------------------|-------------------------------------------------------------------|--------------------------------------------|--------------|-----------------|--------------|----------------|
| <b>Fall Semester, Year 1</b>     |                                                                   |                                            |              |                 |              |                |
| GNUR 6031                        | Role I: Acquisition                                               |                                            | 2            | Fall            |              |                |
| GNUR 6010                        | Pathophysiology                                                   |                                            | 4            | Fall            |              |                |
| GNUR 6310                        | Seminar I: Clinical Decision Making in Acute & Specialty Care I   | GNUR 6010                                  | 3            | Fall            |              |                |
| <b>Spring Semester, Year One</b> |                                                                   |                                            |              |                 |              |                |
| GNUR 6020                        | Pharmacology                                                      | GNUR 6010*                                 | 4            | Spg, Sum        |              |                |
| GNUR 6315                        | Seminar II: Clinical Decision Making in Acute & Specialty Care II | GNUR 6010, GNUR 6310                       | 3            | Spring          |              |                |
| GNUR 6320                        | Immunocompetence in Vulnerable Populations                        |                                            | 3            | January         |              |                |
| <b>Summer Session, Year One</b>  |                                                                   |                                            |              |                 |              |                |
| GNUR 6025                        | Advanced Health Assessment                                        | GNUR 6010*                                 | 3            | Spg, Sum        |              |                |
| <b>Fall Semester, Year Two</b>   |                                                                   |                                            |              |                 |              |                |
| GNUR 6330                        | Practicum I: Acute & Specialty Care CNS                           | GNUR 6310, GNUR 6315, GNUR 6020, GNUR 6025 | 5            | Fall            |              |                |
| <b>Spring Semester, Year Two</b> |                                                                   |                                            |              |                 |              |                |
| GNUR 6032                        | Role II: Transition                                               | GNUR 6031                                  | 1            | Spring          |              |                |
| GNUR 6331                        | Synthesis Practicum: Acute & Specialty Care CNS                   | GNUR 6330                                  | 5            | Spring, Summer  |              |                |

Updated : 5/15/07

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: \_\_\_\_\_