

Auburn University at Montgomery - School of Nursing
Master of Science in Nursing
Plan of Study: Family Nurse Practitioner/ Nurse Educator Certificate
Fall Start

Semester One (Fall)	CR	Semester Two (Spring)	CR	Semester Three (Summer)	CR
NURS 6340 Theory for Advanced Nursing Practice	3,0,0	NURS 6621 Advanced Physical Assessment and Clinical (120 hours)	2,0,2	NURS 6630 Pharmacotherapeutics for Advanced Practice	3,0,0
NURS 6610 Advanced Physiology/Pathophysiology	3,0,0	NURS 6440 Translating Evidence into Practice for Advanced Nursing	3,0,0	NURS 6550 Transition to Advanced Nursing Practice	3,0,0
Credit Hours	6	Credit Hours Clinical Hours: 120	7	Credit Hours	6
Semester Four (Fall)		Semester Five (Spring)		Semester Six (Summer)	
NURS 7111 Adult Primary Care (180 clinical hours)	3,0,3	NURS 7211 Women's Health in Primary Care (90 clinical hours)	3,0,1.5	NURS 6250 Ethics, Legal, and Health Policy Implications in Advanced Nursing	3,0,0
NURS 7510 Creating Learner-Centered Environments	3,0,0	NURS 7311 Pediatric Primary Care (90 hours)	3,0,1.5	NURS 6120 Advancing Quality, Safety, and Prevention	3,0,0
NURS 7661 Advancing the Discipline and Role of the Advanced Level Nurse (60 clinical hours)	0,0,1	NURS 7520 Instructional Design for Interprofessional Education	3,0,0		
		NURS 7540 Teaching and Learning Strategies to Facilitate Learning	3,0,0		
Credit Hours Clinical Hours:240	10	Credit Hours Clinical Hours: 180	15	Credit Hours Clinical Hours:	6
Semester Seven (Fall)		Semester Eight (Spring)			
NURS 7411 Adult/Gerontological Primary Care (60 clinical hours)	2, 0, 1	NURS 7911 Advanced Practice Nurse Practicum (240 practicum hours)	1,0,4		
NURS 7550 Using Quality Assessment and Evaluation Strategies	2,0,0				
NURS 7941 Nurse Educator Practicum for Interprofessional Practice (120 practicum hours)	0,0,2				
Credit Hours Clinical Hours: 180	7	Credit Hours Clinical Hours: 240	5		
Total Program Credit Hours: 62 Hours Total Program Clinical Hours: 960 hours					

NOTE: Your signature below indicates you acknowledge this is your approved plan of study effective beginning as dated below.

Student Name (Printed): _____ Student ID: _____

Student Signature: _____ Date: _____