

La Roche University
FAMILY NURSE PRACTITIONER PROGRAM GUIDE
CERTIFICATE: Post Master's Certificate Department: Nursing

Student Name _____
I.D. Number _____

REQUIREMENTS: To successfully complete the Post Master's Certificate in Family Nurse Practitioner, the following coursework is required:

- 30 credits

	Credits	Comments
<u>FAMILY NURSE PRACTITIONER CERTIFICATE: 30 CREDITS</u>		
<u>YEAR 1</u>		
<u>SUMMER</u>		
<input type="checkbox"/> FNPC6000	Advanced Pathophysiology	3
<input type="checkbox"/> FNPC6005	Health Promotion & Disease Prevention	2
<u>FALL</u>		
<input type="checkbox"/> FNPC6010	Advanced Pharmacology	3
<input type="checkbox"/> FNPC6015	Comprehensive Health Assessment & Clinical Decision Making	3
<u>SPRING</u>		
<input type="checkbox"/> FNPC6020	Diagnosis & Management of Adults I	3
<input type="checkbox"/> FNPC6020P	Diagnosis & Management of Adults I: Practicum	2
<u>YEAR 2</u>		
<u>SUMMER</u>		
<input type="checkbox"/> FNPC6025	Diagnosis & Management of Women & Children	3
<input type="checkbox"/> FNPC6025P	Diagnosis & Management of Women & Children: Practicum	2
<u>FALL</u>		
<input type="checkbox"/> FNPC6030	Diagnosis & Management of Adults II	3
<input type="checkbox"/> FNPC6030P	Diagnosis & Management of Adults II: Practicum	2
<u>SPRING</u>		
<input type="checkbox"/> FNPC6040	Integration of the Advanced Practice Role	2
<input type="checkbox"/> FNPC6040P	Integration of the Advanced Practice Role: Practicum	2
<hr/> FOR REGISTRAR USE ONLY:		
Family Nurse Practitioner	<u>TOTAL</u>	<u>Completed</u>
	30	____
Total	30	____
<i>Registrar Signature</i> _____		Date _____