

La Roche University
POST-BACCALAUREATE SCHOOL NURSE CERTIFICATE PROGRAM GUIDE
 Certificate: School Nurse Department: Nurse

Student Name _____
 I.D. Number _____

First Year Student
 Change of Major

Transfer
 Readmit

Unofficial Eval Completed by/date: _____

This is the **unofficial evaluation** of your credits to date including transfer credits (if applicable) in your chosen major. **This evaluation is official when all official transcripts for all previous university work are received; and reviewed and approved for transferability by the Registrar's Office.** Beginning with your first semester of enrollment, your Degree Audit Report in My.LaRoche will automatically track your progress toward your degree, and guide you in planning future class schedules. Review your updated Degree Audit Report with your advisor prior to registering each semester.

PURPOSE: This post-Baccalaureate program is offered by the Department of Nursing in conjunction with the Teacher Education Department. This program is designed for the professional nurse who desires to focus on health needs of children in the school setting. For certification, students must meet all the certification standards set by the Pennsylvania Department of Education for School Nurses.

REQUIREMENTS: To successfully complete the School Nurse certification, the following coursework is required:

- 16 credits of Required Courses

REQUIRED COURSES: 16 CREDITS

____ EDSP2015	Introduction to High Incidence Disabilities	3	_____
____ EDSP3015	Introduction to Low Incidence Disabilities	3	_____
____ EDUC2000	Supporting Multilingual Learners in the Classroom	3	_____
____ EDSP4020	Inclusive Health & Educational Practices for Diverse Learners	3	_____
____ NURU4030	School Nurse: Child Health in an Inclusive Setting (requires a 100-hour practicum with a certified school nurse)	4	_____

FOR REGISTRAR USE ONLY:	<u>TOTAL</u>	<u>Completed</u>	<u>Need</u>	<u>COMMENTS:</u>
Required Courses	16	_____	_____	_____
Accepted in Transfer	_____	_____	_____	_____
La Roche University Credit	_____	_____	_____	_____
Total	16	_____	_____	_____

Registrar Signature _____

Date _____