Georgia College & State University – School of Nursing
Post-MSN – Nursing Education
Program of Study

Student Name:	GCSU ID:
Nurse Educator Coordinator/Advisor:	
Term of Entry: Summer 20--	Expected Graduation: Spring 20--

Course #	Course Name	Contact hours*	Clinical Hours			Year
			IPC	DPC	Tot	
YEAR ONE						
Semester 1 (Summer)						
NRSG 6410	Nursing Theory: Principles & Applications	2-0-2	0	0	0	
NRSG 5800	Applied Pharmacology	3-0-3	0	0	0	
Semester 2 (Fall)						
NRSG 5480	Advanced Nursing Assessment	2-3-3	45	0	45	
NRSG 5500	Perspectives of Advanced Nursing Practice	2-0-2	0	0	0	
NRSG 6110	Ensuring Healthcare Safety & Quality	2-0-2	0	0	0	
Semester 3 (Spring)						
NRSG 5600	Healthcare Research & Statistical Analysis	3-0-3	0	0	0	
NRSG 6300	Advanced Physiology and Pathophysiology	3-0-3	0	0	0	
NRSG 6120	Implementing Educational Programs in Nursing	2-6-4	90	0	90	
YEAR TWO						
Semester 4 (Summer)						
NRSG 6125	Curriculum Design and Evaluation	3-0-3	0	0	0	
Semester 5 (Fall)						
NRSG 6121/L	Advanced Clinical Practice	1-3-2	0	45	45	
HSCS 6500	Simulation Essentials I	3-6-5	90	0	90	
Semester 6 (Spring) For the practicum semester, students will enroll in a total of 7 credit hours from the following courses. HSCS 6501 is optional.						
NRSG 6551/L	Graduate Nursing Practicum	2-(6-15) -(4-7)	90-225	0	90-225	
GSCS 6501	Simulation Essentials II	1-6-3	90	0	90	
	Total Hours	**39**			**450-495**	

* NOTE: One clinical credit hour = 2 contact hours. Courses with Credit/Contact Hour designation of 2-6-4 indicates 2 hours of lecture per week (2 credits), 6 hours of clinical per week (2 credits), and 4 course credit hours for the semester.

** If students choose to complete the Simulation Certificate, they will enroll in HSCS 6502 (1-6-3) summer semester post-graduation.

Typing my name below serves as an electronic signature. By signing, I am attesting that:
    -   I have reviewed and understand my Program of Study (POS) and agree to follow it.
    - If a change is required (i.e. any course failure, withdrawal etc.), I MUST contact by assigned advisor for assistance with a petition for re-entry and an updated Program of Study (POS).	

STUDENT SIGNATURE:	DATE: