



Application for Graduation

MSN - Psychiatric Mental Health Nurse Practitioner (49 Semester Hours)

Last Name

First Name

Middle Name

Permanent Address

City

State

Zip Code

County

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Home Phone

Cell/Work Phone

Birthdate

Birthplace (City & State)

U.S. Citizen? Yes No

Alien Reg # _____

(if applicable)

Semester and year are you expect to graduate:

Fall/December

Spring/May

Year 20_____

Please PRINT your name EXACTLY as it is to appear on the diploma:

(print your name in the box above)

Student Signature

Date

Please email your completed form to austin.w.blair@osfhealthcare.org

PMHNP – MASTER OF SCIENCE IN NURSING MSN CURRICULUM (49 sem hrs)

ADVISOR: Please refer to your copy of the Student Curriculum/Degree Audit Report.

COURSES:

HOURS COMPLETED:

500 - Theoretical Foundations	(3)	_____
710 – Biostatistics	(3)	_____
726 - Analysis of Evidence-Based Practice	(3)	_____
707 – Prin of Epidemiology & Hlth Promo in Advanced Nrsng Practice	(3)	_____
512 – Roles & Issues in Adv Pract Nrsng	(3)	_____
509 - Adv Hlth Assess, Clin Reasoning & Diagnosis Across Lifespan (64 Prt Hrs)	(3)	_____
519 – Adv Patho Across the Lifespan	(3)	_____
529 - Advanced Pharm Across the Lifespan	(3)	_____
566 - Family Mental Hlth Psycho-Pharmacology	(3)	_____
815 – Org Mgmt & Leadership in Health Care Systems (3) _____		
568 – Adv Assessment & Therapeutic Interventions for PMHHNP (3) _____		
569 – Practicum I (128 Prt Hrs) (2) _____		
570- Family Psychiatric Mental Health Nsg- Diagnosis & Mgmt of Child & Adoles (3) _____		
571- Practicum II (128 Prt Hrs) (2) _____		
572 - Adv Psychiatric Nursing-Diagnosis & Mgmt of Adults & Specialty Populations (3) _____		
573 Practicum III (128 Prt Hrs) (2)		
650 Practicum IV (256 Prt Hrs) (4)		

ADVISOR:

PLEASE TOTAL UP SEMESTER HOURS: _____

Verified by: _____
(Academic Advisor) (Date)

Form Submitted: _____
(Admissions Department) (Date)

TOTAL PROGRAM PRACTICUM HOURS = _____

TOTAL CREDIT HOURS = 49

REVISED: 01/24/2022