



## Application for Completion Post Graduate Certificate - PMH (37 semester hours)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

( )

( )

\_\_\_\_\_  
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 certificate:

(print your name in the box above)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please email your completed form to [austin.w.blair@osfhealthcare.org](mailto:austin.w.blair@osfhealthcare.org)

**POST GRADUATE CERTIFICATE - PSYCHIATRIC MENTAL HEALTH** (37 sem hrs)

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

**COURSES:**

**Hours Completed:**

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	(3)	_____
566 - Family Mental Health Psycho-Pharmacology	(3)	_____
568 – Advanced Assess & Therapeutic Interventions for PMHHNP	(3)	_____
569 – Practicum I (128 Prt Hrs)	(2)	_____
570 - Family Psychiatric Mental Health Nsg Diag & Mgmt of Children & Adolescents	(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)	_____
707 – Prin of Epidemiology & Hlth Promo In Advanced Nursing Practice	(3)	_____

**TOTAL PROGRAM PRACTICUM HOURS = \_\_\_\_\_**

**TOTAL CREDIT HOURS = 37**

**REVISED: 06/04/2021**

**ADVISOR:**

**PLEASE TOTAL UP SEMESTER HOURS:** \_\_\_\_\_

**Verified by:** \_\_\_\_\_  
(Academic Advisor) (Date)

**Form Submitted:** \_\_\_\_\_  
(Admissions Department) (Date)