



Application for Completion Nurse Educator (18 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 certificate:

(print your name in the box above)

Student Signature

Date

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

POST GRADUATE CERTIFICATE – NURSE EDUCATOR CURRICULUM (18 Sem Hrs)

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

PGC - NURSE EDUCATOR TRACK:

Hours Completed:

COURSES:

531 - Advanced Health Assessment/Diagnostic Reasoning, Pathophysiology & Pharmacology Across the Lifespan	(3)	_____
536 - Issues & Roles in Nursing Education	(3)	_____
532 - Foundations of Education in Nursing	(3)	_____
540 - Evaluation Strategies in Nursing Education	(3)	_____
600.1 - Clinician Practicum (192 Cln Hrs)	(3)	_____
600.2 – Clinician Practicum (192 Cln Hrs)	(3)	_____

*** Some students may not need #531 if they have already taken the 3Ps elsewhere

Total Credit Hours = 18

Total Program Practicum Hours = _____

<p><u>ADVISOR:</u></p> <p>PLEASE TOTAL UP SEMESTER HOURS: _____</p> <p>Verified by: _____ (Academic Advisor) (Date)</p> <p>Form Submitted: _____ (Admissions Department) (Date)</p>

Revised: 01/29/2021/dmc