



Application for Graduation BSN-DNP (75 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 Denise.M.Crayton@osfhealthcare.org

BSN-DNP FAMILY NURSE PRACTITIONER CURRICULUM (75 SEM HRS)

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

CORE COURSES - (Required of Most Options)

Hours Completed

500 Theoretical Foundations (3) _____

710 Biostatistics (3) _____

726 Analysis of Evidence Based Practice (3) _____

759 Inf Sys & Tech for Transf of HealthCare (3) _____

750 Cultural Competency for Adv Pract (3) _____

736 Translation of Evidence into Practice (3) _____

740 Impact of Ethics & Law on the Role of the DNP (3) _____

765 HealthCare Policy & Financial Mgt. (3) _____

815 Organizational Mgt. & Leadership in HealthCare Systems (3)

834.1 DNP Project I (3) _____

707 Principles of Epidemiology & Health Promo in Advanced Nrsng Pract. (3) _____

834.2 DNP Project II (4) _____

834.3 DNP Project III (3) _____

836 DNP-C Residency (3) _____

512 Roles & Issues in Adv. Pract. Nursg. (3) _____

509 Adv. H. Assess, Clin Reasoning & Diagnosis Across Lifespan (3) _____

519 Adv Patho Across the Lifespan (3) _____

529 Adv. Pharm (3) _____

511 Differential Diagnosis (3) _____

555 Family Health Mgm I (4) 3T & 1 pract. (100 prac. Hrs) _____

556 Family Health Mgm II (4) 3T & 1 pract. (100 prac. Hrs) _____

557 Family Health Mgm III (4.5) 3T & 1.5 pract. (150 pract. Hrs) _____

642 FNP Practicum IV (4.5) 1T (350 pract. Hrs) _____

Total Program Practicum Hours = 512

Total Credit Hours: 75

Revised: 6/14/2021

ADVISOR: PLEASE TOTAL UP SEMESTER HOURS: _____

Verified by: _____

(Academic Advisor)

(Date)

Form Submitted: _____

(Admissions Department)

(Date)