



## 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

( )

( )

\_\_\_\_\_  
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](mailto:Denise.M.Crayton@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**