**Doctor of Nursing Practice Plan of Study**

*Forward to MCN Office of Student and Faculty Services*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****UID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Admission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Faculty Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Year 1:****Summer \_\_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

|  |  |  |  |
| --- | --- | --- | --- |
| **NUR 564** | **Evidence Based Practice**  | **3** |  |
|  |  |  |  |

**Fall \_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

|  |  |  |  |
| --- | --- | --- | --- |
| **NUR 562** | **Leadership in HC Systems** | **3** |  |
|  |  |  |  |
| **NUR 535** | **Applied Data Mgmt & Analysis\*** | **3** |  |
|  |  |  |  |

**Spring \_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

|  |  |  |  |
| --- | --- | --- | --- |
| **NUR 451 or 569** | **Finance** | **3** |  |
|  |  |  |  |
| **NUR 565** | **Changing HC Systems \*\*** | **3** |  |
|  |  |  |  |

**Co-requisite courses offered at MCN:**

|  |  |  |
| --- | --- | --- |
| NUR 409 | Understanding Statistics | 3 hours (Spring, Summer) |
| NUR 405  | Epidemiology | 3 hours (Fall) |
| NUR 560  | Advanced Nursing Practice Experience | 1-4 hours (arranged) |

 | **Residency Requirement completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****34 credit hours of coursework completed:\_\_\_\_\_\_\_\_\_\_\_\_\_** **1000 post-baccalaureate clinical hours completed: \_\_\_\_\_\_****Date form completed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Form completed by**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Year 2:****Summer\_\_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

|  |  |  |  |
| --- | --- | --- | --- |
| **NUR 509** | **Nursing Informatics** | **3** |  |
|  |  |  |  |
| **NUR 511** | **Healthcare Policy** | **3** |  |
|  |  |  |  |

**Fall \_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

|  |  |  |  |
| --- | --- | --- | --- |
| **NUR 543** | **Scholarly Project I** | **3** |  |
|  |  |  |  |
| **NUR 550** | **Clinical Residency I \*\*\*** | **2** |  |
|  |  |  |  |

**Spring \_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

|  |  |  |  |
| --- | --- | --- | --- |
| **NUR 545** | **Scholarly Project II** | **2** |  |
|  |  |  |  |
| **NUR 552** | **Clinical Residency II** | **2** |  |
|  |  |  |  |

**Summer \_\_\_\_\_\_***Course Number Course Title Hours Grade*

|  |  |  |  |
| --- | --- | --- | --- |
| **NUR 547** | **Scholarly Project III** | **2** |  |
|  |  |  |  |
| **NUR 554** | **Clinical Residency III** | **2** |  |
|  |  |  |  |

*\* Co-requisite of Graduate level statistics or 80% > on placement*  *exam**\*\*Co-requisite of Graduate level epidemiology*\*\*\**Pre-requisite of 640 Post-BSN, faculty supervised*  *practicum hours* |