

2009-2010

**INDIANA STATE UNIVERSITY COLLEGE OF NURSING, HEALTH,
& HUMAN SERVICES**

**Department of Advanced Practice Nursing
POST-MASTER'S (MS) NURSING EDUCATION
CERTIFICATE Concentration (CLG 9461)**

Name _____ SID # _____
Address _____
Phone # _____ E-Mail _____
Sex _____ Date of Birth _____
Advisor _____ Role _____
Initial Enrollment _____ Deadline to Complete Degree _____

<u>Course #</u>	<u>Core Course</u>	<u>Credit</u>	<u>Grade Date</u>
N 653	Curriculum Process in Nursing (Fall only)	3	_____
N 662	Measurement and Assessment in Nursing (Spring only)	3	_____
N 673	Educational Practices in Nursing (Spring only) 90 clinical hours	4	_____
N 683	Advanced Clinical Concepts in Nursing Education (Fall only) 90 clinical hours	4	_____
		Total	<u>14 cr. hrs</u>

Student Signature and Date

Advisor Signature and Date