NORTH PARK UNIVERSITY
Student Administrative Services

POST-MASTER'S NURSE PRACTITIONER CERTIFICATE APPLICATION

STUDENT SECTION (please print)

COMPLETE STUDENT SECTION • MEET WITH GRADUATE ADVISOR TO COMPLETE ACADEMIC CLEARANCE SECTION • RETURN FORM(S) TO STUDENT SERVICES, MAIL TO BOX 9, or FAX: 773-244-4954

Date of Application: _____

Student ID# _____

Name (***Exactly*** as you want it to appear on certificate) _____
FIRST MIDDLE LAST

Select one:

❑ Call (____) _____ for pick up

❑ Email _____ for pick up

❑ Send to the following address:

_____
STREET

_____
CITY STATE ZIP

Date you expect to complete your certificate program: ❑ December ❑ May ❑ August **Year**: _____

POST-MASTER'S CERTIFICATE:

❑ **Adult Nurse Practitioner (36 sh)**

- ☐ NURS 5020 Population Based Health Care
- ☐ NURS 5503 Advanced Nursing Practice: Role Concepts and Transitions
- ☐ NURS 5505 Adv. Pathophysiology
- ☐ NURS 5510 Adv. Pharmacology
- ☐ NURS 5515 Adv. Health Assessment
- ☐ NURS 5520 Wellness & Health Promotion
- ☐ NURS 5524 Practicum: Health Assessment and Promotion
- ☐ NURS 5530 Adult Health Management I
- ☐ NURS 5534 Adult Health Practicum I
- ☐ NURS 5540 Adult Health Management II
- ☐ NURS 5544 Adult Health Practicum II

❑ **Family Nurse Practitioner (48 sh)**

- ☐ NURS 5020 Population Based Health Care

APN Core Courses

- ☐ NURS 5503 Advanced Nursing Practice: Role Concepts and Transitions.
- ☐ NURS 5505 Adv. Pathophysiology
- ☐ NURS 5510 Adv. Pharmacology
- ☐ NURS 5515 Adv. Health Assessment
- ☐ NURS 5520 Wellness & Health Promotion
- ☐ NURS 5524 Practicum: Health Assessment and Promotion

Specialty Courses

- ☐ NURS 5530 Adult Health Management I
- ☐ NURS 5535 Practicum: Adult Health Management
- ☐ NURS 5540 Adult Health Management II
- ☐ NURS 5546 Family Centered Care
- ☐ NURS 5560 Pediatric Health Management
- ☐ NURS 5565 Pediatric Health Management Practicum
- ☐ NURS 5570 Women's Health Management
- ☐ NURS 5575 Women's Health Management Practicum

Academic Clearance

_____
Advisor Name

_____
Advisor Signature

RECORDS OFFICE USE ONLY **CERTIFICATE POSTED ON:** _____