# http://www.ric.edu/webcommunications/images/SealWithText_Small_Black.pnggraduate COMMITTEE curriculum PROPOSAL FORM

## Cover page Scroll over blue text to see further [instructions](#instructions)

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| --- | --- | --- | --- | --- | --- | --- |
| A.1.  [program](#Proposal) | **Certificate Graduate Studies: Adult Gerontology with an Acute Care emphasis for CLinical Nurse Specialists** | | | | |  |
| [Replacing](#Ifapplicable) |  | | | | |
| A.2. [Proposal type](#type) | **Course: creation | revision |** [**deletion**](#deletion)  **Program**[**: creation**](#creation) **|** [**revision**](#revision)**| deletion |** [**suspension**](#suspension) | | | | |
| A.3. [Originator](#Originator) | **Kara Misto** | | [Home department](#home_dept) | | **Graduate Dept., School of Nursing** | |
| A.4. [Rationale](#Rationale)/Context | The School of Nursing graduate faculty report frequent requests about post-graduate certificate programs and believe there will be sufficient interest in such programs.  Therefore, the Graduate Department of the School of Nursing, faculty would like to propose the creation of a Certificate in Graduate Studies in the following:  **Adult Gerontology Acute Care Clinical Nurse Specialist (AGACCNS) C.G.S**  *Program Description:*  The C.G.S. in adult gerontology with acute care emphasis is designed for those who already hold a master’s degree in nursing and wish to expand upon their current role as a clinical nurse specialist.  *Admission criteria:*   * A completed application accompanied by a fifty-dollar nonrefundable application fee. * Applicants must possess a minimum grade point average of 3.0 on a 4.0 scale from previous master’s in nursing program. * Applicants must have completed the prerequisites of Advanced Pathophysiology, Advanced Pharmacology and Advanced Health Assessment. If the candidate is currently a Certified APRN, the three prerequisites may be waived. * Applicants with international degrees must have their transcripts evaluated for degree and grade equivalency to that of a regionally accredited institution in the United States. * Official transcripts of all undergraduate and graduate records. * Current unrestricted licensure for the practice of nursing in Rhode Island. * A professional résumé. * Three [professional references](https://w3.ric.edu/nursing/Documents/MSNReferenceLetter.pdf) (at least one from the clinical area). * A brief letter of intent, which includes a statement of goals. * Proof of residency is required for in-state tuition. * Relevant acute care experience required. * An interview may be required.   **Program option: Certificate Graduate Studies AGACCNS**  ***Course Title Credits Offered***  NURS 510 Adult / Older Adult Health/Illness I 3 Cr Spring  NURS 530 Synergy Model for CNS Practice 3 Cr Spring  NURS 610 Adult Health/Illness II for CNS 6 Cr Fall  NURS 620 Adult Health/Illness III for CNS 6 Cr Spring    ***Total 18 Cr*** | | | | | |
| A.5. [Student impact](#student_impact) | This C.G.S. program will offer an expansion of APRN’s current certification. Additionally, this C.G.S. option will offer nurses who do not have their APRN, but who hold an Master’s degree in Nursing, the opportunity to expand their current role by pursuing a C.G.S. which allows for APRN certification as an AGCNS. | | | | | |
| A.6. Impact on other programs | **none** | | | | | |
| A.7. [Resource impact](#Resource) | [*Faculty PT & FT*](#faculty): | **No impact** | | | | |
| [*Library*:](#library) | **No impact** | | | | |
| [*Technology*](#technology) | **No impact** | | | | |
| [*Facilities*](#facilities): | **No impact** | | | | |
| Promotion/ Marketing needs | **No impact other than current promotion and marketing already carried out by the graduate department in the School of Nursing.** | | | | |
| A.8. [Semester effective](#Semester_effective) | **Spring, 2020** |  | |  | | |

### C. [Program Proposals](#program_proposals)

|  | [Old (for revisions only)](#old_program) | New/revised |
| --- | --- | --- |
| C.1. [Enrollments](#enrollments) |  | Approximately 5 per year |
| C.2. [Admission requirements](#admissions) |  | * A completed application accompanied by a fifty-dollar nonrefundable application fee. * Applicants must possess a minimum grade point average of 3.0 on a 4.0 scale from previous master’s in nursing program. * Applicants must have completed the prerequisites of Advanced Pathophysiology, Advanced Pharmacology and Advanced Health Assessment. If the candidate is currently a certified APRN, the three prerequisites may be waived. * Applicants with international degrees must have their transcripts evaluated for degree and grade equivalency to that of a regionally accredited institution in the United States. * Official transcripts of all undergraduate and graduate records. * Current unrestricted licensure for the practice of nursing in Rhode Island. * A professional résumé. * Three [professional references](https://w3.ric.edu/nursing/Documents/MSNReferenceLetter.pdf) (at least one from the clinical area). * A brief letter of intent, which includes a statement of goals. * Proof of residency is required for in-state tuition. * Relevant acute care experience required. * An interview may be required. |
| C.3. [Retention requirements](#retention) |  | All students are expected to maintain a cumulative average of B (3.00) or better in their graduate program. Students who do not maintain a cumulative B (3.00) average will have their status reviewed by the master’s program director. Students who achieve less than a B, including a grade of ‘U’, in any course will be placed on probationary status. Students on probationary status must achieve a B or better in each required course over the next 9 credits. Two grades below B are sufficient cause for consideration of dismissal; the decision regarding students’ status will be made by the master’s program director in consult with the dean. Students may be required to repeat a course at the discretion of the master’s program director. |
| C.4. [Course requirements](#course_reqs) for each program option |  | **Program option:**  **Certificate Graduate Studies AGACCNS**  ***Total 18 Cr***  NURS 510 Adult / Older Adult Health/Illness I (3 Cr)  NURS 530 Synergy Model for CNS Practice (3 Cr)  NURS 610 Adult Health/Illness II for CNS (6 Cr)  NURS 620 Adult Health/Illness III for CNS (6 Cr) |
| C.5. [Credit count](#credit_count) for each program option |  | **18 credits** |
| C.6. Requirement for thesis, project, or comprehensive exam |  | **none** |
| C.7. Other changes if any |  |  |

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| **INSTRUCTIONS FOR PREPARING THE CATALOG COPY**: The proposal must include all relevant pages from the college catalog, and must show how the catalog will be revised. (1) Go to the “Forms and Information” page on the Graduate Committee website. Scroll down until you see the Word files for the current catalog. (2) Download ALL catalog sections relevant for this proposal, including course descriptions and/or other affected programs. (3) Place ALL relevant catalog copy into a single file. Put page breaks between sections and delete any catalog pages not relevant for this proposal. (4) Using the track changes function, revise the catalog pages to demonstrate what the information should look like in next year’s catalog. (5) Check the revised catalog pages against the proposal form, especially making sure that program totals are correct if adding/deleting course credits. |

## D. Signatures

* Changes that directly impact more than one department/program MUST have the signatures of all relevant department chairs, program directors, and relevant dean (e.g. when creating/revising a program using courses from other departments/programs).
* Proposals that do not have appropriate approval signatures will not be considered.
* Type in name of person signing and their position/affiliation.
* Send electronic files of this proposal and accompanying catalog copy to [graduatecommittee@ric.edu](mailto:graduatecommittee@ric.edu) and a printed or electronic signature copy of this form to the current Chair of Graduate Committee. Check Graduate Committee website for due dates.

##### D.1. Approvals: required from programs/departments/deans who originate the proposal. may include multiple departments, e.g., for joint/interdisciplinary prposals.

| Name | Position/affiliation | [Signature](#_Signature) | Date |
| --- | --- | --- | --- |
|  | MSN Program Director |  | 10/9/19 |
|  | Chair of Graduate Dept.; School of Nursing |  | 10/9/19 |
|  | Dean of School of Nursing |  | Tab to add rows |

##### D.2. [Acknowledgements](#acknowledge): REQUIRED from OTHER PROGRAMS/DEPARTMENTS IMPACTED BY THE PROPOSAL. SIGNATURE DOES NOT INDICATE APPROVAL, ONLY AWARENESS THAT THE PROPOSAL IS BEING SUBMITTED. List all other programs and departments affected by this proposal. Signatures from these departments are required in the signature section. CONCERNS SHOULD BE BROUGHT TO THE GRADUATE COMMITTEE MEETING FOR DISCUSSION.

| Name | Position/affiliation | [Signature](#Signature_2) | Date |
| --- | --- | --- | --- |
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