



# RHODE ISLAND COLLEGE

## SCHOOL OF NURSING - PLAN OF STUDY

A-4

Name \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Department: Nursing

Program: Master of Science in Nursing

Clinical Specialty: Nurse Anesthesia

Please submit a signed original to the office of the Dean of the School of Nursing. This form is to be completed by the student with the assistance and approval of the Graduate Adviser. Although an applicant may be recommended for acceptance to a graduate program, the applicant cannot be considered as an officially accepted degree candidate until an approved Plan of Study is on file in the office of the Dean of the School of Nursing. Changes in the Plan of Study can be made with the graduate adviser's approval by completing the Request for Changes in the Plan of Study form.

### PLAN OF STUDY

<u>DEPT.</u>	<u>COURSE NO.</u>	<u>COURSE TITLE</u>	<u>CREDITS</u>
NURS	501	Advanced Nursing Research	3
NURS	502	Health Care Systems	3
NURS	503	Professional Role Development	3
NURS	504	Advanced Pathophysiology	3
NURS	505	Advanced Pharmacology	3
NURS	506	Advanced Health Assessment	3
NURS	512	Genetic and Genomics	3
NURS	509	Professional Project Seminar	1
NURS	514	Advanced Pharmacology for NA	2
NURS	516	Advanced Principles of NA Practice I	3
NURS	517	Foundational Principles of NA	3
CHEM	519	Biochemistry for Health Professionals	3
BIOL	535	Advanced Physiology I	4
BIOL	536	Advanced Physiology II	4
NURS	570	NA Clinical Practicum I	1
NURS	609	Masters Major Project	2
NURS	616	Advanced Principles of NA Practice II	3
NURS	626	Advanced Principles of NA Practice III	3
NURS	630	NA Clinical Practicum II	1
NURS	636	Transition to NA Practice	2
NURS	640	NA Clinical Practicum III	1
NURS	670	NA Clinical Practicum IV	1
NURS	690	NA Clinical Practicum V	1

TOTAL for Program: 59

Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Master's Program Director \_\_\_\_\_ Date \_\_\_\_\_

Dean, School of Nursing \_\_\_\_\_ Date \_\_\_\_\_