



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: 773-634-4051

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