

**TROY UNIVERSITY**  
**FAMILY NURSE PRACTITIONER CERTIFICATE**  
 Certificate Plan and Progress Record  
 33 Semester-Hour FNP Post-Master's Certificate Program

Name:  Student ID#:  Campus:   
 Address:  Email:

**CERTIFICATE REQUIREMENTS:**

- |  |   |
|--|---|
| 1. Official transcript(s)                                | 5. No more than 6 semester hours below "B"        |
| 2. Unconditional Admission                               | 6. Overall GPA of 3.0                             |
| 3. 33 (FNP-Certificate) Semester hours of credit minimum | 7. All credit earned within 5 years of graduation |
| 4. Meet residency requirements                           | 8. Graduation Application filed                   |

**NURSING SPECIALTY: (27 Semester Hours)**

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
NSG 6612	Advanced Health Assessment	3			
NSG 6613	Advanced Health Assessment Preceptorship	3			
NSG 6645	Family and Cultural Theories in Advanced Nursing Practice	3			
NSG 6649	Advanced Pharmacology	3			
NSG 6665	Primary Care I: Pediatrics and Women's Health	3			
NSG 6666	Primary Care I Preceptorship: Pediatrics and Women's Health	3			


**ITEMS TO BE DISCUSSED:**

- 1. One term limit to have transcript(s) and test scores on file
- 2. Temporary, Conditional, Unconditional Admission
- 3. Availability of faculty for academic advising
- 4. Petition for transfer credit once unconditionally admitted
- 5. Class attendance
- 6. Drop and Withdrawal procedures; deadlines & consequences
- 7. Petition for Incomplete grade
- 8. Student participation in course and program evaluation
- 9. Other

Admission Status:	Date	Initials
Conditional		
Unconditional		
Residency		
Test Scores		
Comps		