The University of Texas Rio Grande Valley
Graduate College

GRADUATION APPLICATION FOR GRADUATE CERTIFICATE
Psychiatric Mental Health Nurse Practitioner

NAME: _____ SID# _____
LAST FIRST MIDDLE

GRADUATION DATE: ☐ December ☐ May ☐ July ☐ August **20**_____(year)

_____ _____
STUDENT SIGNATURE **DATE**

COURSEWORK (18 HRS)

COURSE NUMBER	DESCRIPTION	TERM COMPLETED	HOURS
REQUIRED COURSES (18 hours)			
NURS 6260	Theoretical Diagnostics for Mental and Substance Use Disorders		
NURS 6261	Clinical Diagnostics for Mental and Substance Use Disorders		
NURS 6475 110 Clock Hours	PMHNP 1: Diagnosis and Management across the Lifespan		
NURS 6476 110 Clock Hours	PMHNP 2: Diagnosis and Management across the Lifespan		
NURS 6620 300 Clock Hours	PMHNP 3: Clinical Therapeutics/Preceptorship		
520 Clinical Hours Required			
		TOTAL HOURS COMPLETED	

CERTIFICATE PROGRAM DEPARTMENT USE ONLY:

The following course requirements need to be completed: _____

_____

The following deviations from the catalog requirements have been approved: _____

_____

_____ _____
Department Chair's Signature Date

_____ _____
College Dean's Signature Date