

Psychiatric/Mental Health Post Master's Certificate CIP 51.3810.00

Name:		Admission	Date:	
Address:				
Telephone:		SID #:		
E-mail Address:		esis tion	Non-Thesis Option X	
COURSE NUMBER	COURSE NAME	DATE CO	OMPLETED GRADE	
Core Courses:				
NURS 6260 (2-0)	Theoretical Diagnostics for Mental and Substance Disorders	Use SS I		
NURS 6261 (2-0)	Clinical Diagnostics for Mental and Substance Use Disorders	SS II		
NURS 6475 (2-2)	PMHNP 1: Diagnosis and Management Across the	e Fall		
110 clock hours	Lifespan			
NURS 6476 (2-2)	PMHNP 2: Diagnosis and Management Across the	e Fall		
110 clock hours	Lifespan			
NURS 6620 (2-4)	PMHNP 3 Clinical Therapeutics/Preceptorship	Spring		
300 clock hours				
520 Clinical Hours Required				
TOTAL:18 SCH				
Student Signature			Date	
Graduate Advisor Signature			Date:	
Department Chair Signature			Date:	
Dean Signature			Date:	