



## School of Nursing

### Doctor of Nursing Practice (DNP) Plan of Study

#### Fall Semester: Admission Semester

NURS 700	History & Philosophy of Nursing Science	3 credits
NURS 704	Health Policy, Politics & Economics in Nursing	3 credits
NURS 730	Theories & Concepts of Health Behavior & Health Promotion	3 credits
_____	Graduate Statistics	3 credits

**Total 12 credits**

#### Spring Semester: Second Semester

NURS 714	Population Health & Research Methodologies	3 credits
NURS 716	Measurement & Informatics in Nursing Research & Practice	3 credits
NURS 740	Leadership in Advanced Practice Primary Care Practicum (300 Practicum Hours)	5 credits

**Total 11 credits**

#### Fall Semester: Third Semester

NURS 742	Advanced Practice Practicum (200 Practicum Hours)	5 credits
NURS 746	Capstone Project: Evidence-based Practice & Research Translation	4 credits
NURS 797	DNP Comprehensive Exam	0 credits

**Total 9 credits**

**Total Credit Hours 32**



**School of Nursing**

**Doctor of Nursing Practice (DNP)  
Plan of Study**

Student Name: \_\_\_\_\_ Banner U# \_\_\_\_\_

Program Entry Date: \_\_\_\_\_

Course Name	Course Title	Credit Hours	Grade Earned	Semester Enrolled	Semester Completed
NURS 700	History & Philosophy of Nursing Science	3			
NURS 704	Health Policy, Politics & Economics in Nursing	3			
NURS 714	Population Health & Research Methodologies	3			
NURS 716	Measurement & Informatics in Nursing Research & Practice	3			
NURS 730	Theories & Concepts of Health Behavior & Health Promotion	3			
NURS 740 *	Leadership in Advanced Practice Primary Care Practicum (300 Practicum Hours)	5			
NURS 742 *	Advanced Practice Practicum (200 Practicum Hours)	5			
NURS 746	Capstone Project: Evidence-based Practice & Research Translation	4			
NURS 797	DNP Comprehensive Exam	0			
	Graduate Statistics	3			
* Course with Practicum Component		Total Credit Hours	32	Total Practicum Hours 500	

**Graduation Requirements**

Departmental Comprehensive:      Date \_\_\_\_\_  Pass     Fail

Completion of Capstone Project:      Date \_\_\_\_\_  Yes     No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_