

## Psychiatric Mental Health Nurse Practitioner (PMHNP) Plan of Study Spring (January) Start

<b>Plan of Study for Spring (January ) Admission</b>		
<b>Year 1</b>	<b>Course</b>	<b>Credits</b>
Spring	APRN 501 Advanced Practice Role Theory and Knowledge Development (3 - online)	3
	APRN 502 Biostatistics (3 - online)	3
	APRN 504 Health Policy and Leadership (3 - online)	3
	APRN 601 Advanced Pathophysiology (3 - on campus)	3 = 12
Summer	APRN 503 Advanced Research and Evidence-based Practice (3 - online)	3
	APRN 603 Advanced Physical Assessment and Health Promotion (4 - 45 laboratory hours on campus)	4 = 7
Fall	APRN 507 Patient Education and Advocacy (3 - online)	3
	APRN 602 Advanced Pharmacology (3 - on campus)	3
	APRN 719 Psychiatric and Mental Health Assessment in Rural Populations (5 – hybrid with 135 clinical hours)	5 = 11
<b>Year 2</b>	<b>Course</b>	<b>Credits</b>
Spring	APRN 505 Population Health and Epidemiology (3 - online)	3
	APRN 720 Differential Diagnoses of Psychiatric and Mental Health Issues in the Rural Population (4 – hybrid with 90 clinical hours)	4 = 7
Summer	APRN 506 Health Systems and Risk Management (3 - online)	3
	APRN 707 Clinical Decision-making and Ethics (3 - online)	3
	APRN 721 Interventions for Psychiatric and Mental Illness in Rural Populations (4 – hybrid with 90 clinical hours)	4 = 10
Fall	APRN 722 Psychiatric and Mental Health Nursing Internship I (4 – online with 135 clinical hours)	4
	APRN 723 Psychiatric and Mental Health Nursing Internship II (4 – online with 135 clinical hours)	4 = 8
	<b>Total Hours</b>	<b>55</b>

### IMPORTANT: You must complete this section to confirm your enrollment status.

Please select:  Full-time     Part-time     Decline acceptance

(If part-time, please contact the Program Coordinator to develop a personalized plan of study.)

This form must be signed and scanned by the student and FMU academic advisor.

Students please forward to your listed academic advisor.

Student Name (please print) \_\_\_\_\_ ID # \_\_\_\_\_

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

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_