

Valdosta State University
College of Nursing

MASTER OF SCIENCE IN NURSING PROGRAM

**CLINICAL NURSE LEADER TRACK
PLAN OF STUDY**

NAME _____

STUDENT ID NO. _____

ADMISSION DATE _____

CATALOG (YEAR) _____

ADVISOR _____

COURSE NUMBER AND TITLE	CR. HRS	SEMESTER/ YEAR	GRADE	SUBSTITUTION
PREREQUISITE: GRADUATE STATISTICS				
NURS 7011 Statistical Applications in Nursing Research and Practice	3			
GRADUATE CORE:				
NURS 7100 Advanced Pathophysiology	3			
NURS 7110 Philosophical and Theoretical Foundations for Advanced Nursing Practice	2			
NURS 7150 Nursing and Health Care Information Systems	2			
NURS 7160 Health Care Delivery Systems, Economics, and Policy	2			
CLINICAL CORE:				
NURS 7200 Advanced Health Assessment	3			
NURS 7200L Advanced Health Assessment Practicum	1			
NURS 7220 Advanced Evidence-Based Practice	3			
NURS 7230 Advanced Pharmacology	3			
CNL COURSES:				
NURS 7300 Population-Based Care Management	3			
NURS 7310 Leadership for Quality Nursing Environments and Clinical Outcomes Management	3			
NURS 7320 Clinical Nurse Leader Role Development in Practice	3			
NURS 7410 Clinical Nurse Leader Synthesis and Best Practices	2			
NURS 7420 Clinical Practicum and Residency for Clinical Nurse Leaders Clinical Setting:	6			
TOTAL PROGRAM CREDITS: (36 minimum)				

CNL PROJECT (OR THESIS) TITLE:
COMMITTEE MEMBERS:
FINAL DEFENSE OF PROJECT/THESIS (DATE):
PROJECT/THESIS FINAL REVISIONS COMPLETED (DATE):
PROJECT/THESIS ACCEPTED BY CON AND/OR GRADUATE SCHOOL (DATE):

COMPREHENSIVE EXAMINATION (CNL BOARD CERTIFICATION EXAMINATION) RESULTS		
TEST DATE	RESULT (X)	
	PASS	FAIL

EXPECTED PROGRESSION AND GRADUATION:

PROGRESSION RATE: _____ **FULL-TIME** _____ **PART-TIME**

INTENDED GRADUATION DATE: _____

ACTUAL GRADUATION DATE: _____

ACCEPTANCE OF PROGRESSION/GRADUATION PLAN:

STUDENT

ADVISOR

DATE

DATE

NOTE: Two copies of this form are needed: one to be filed and the other given to the student.