



**D.N.P. Degree
Major:
Leadership and Management
2012/2013 Catalog**

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|------------------------------|
| Student Name _____ |
| S. SSN/Id No _____ |
| S. Phone (w) _____ (h) _____ |
| Previous Degree/Date _____ |
| Where degree earned _____ |
| Adviser _____ |
| A. phone _____ |
| A. email _____ |

Registrar

| Use <input checked="" type="checkbox"/> | Term | Grade | Course # & Title |
|---|-------|-------|--|
| <input type="checkbox"/> | _____ | _____ | HS 901 Biostatistics |
| <input type="checkbox"/> | _____ | _____ | NG 901 Bioethics-Advanced Practice Nursing |
| <input type="checkbox"/> | _____ | _____ | HS 902 Epidemiology |
| <input type="checkbox"/> | _____ | _____ | NG 902 Genomics and Population Health |
| <input type="checkbox"/> | _____ | _____ | NG 903 Health Care Financing and Economics |
| <input type="checkbox"/> | _____ | _____ | NG 904 Strategic Management and Leadership |
| <input type="checkbox"/> | _____ | _____ | NG 905 Methods for Evidence-Based Practice |
| <input type="checkbox"/> | _____ | _____ | NG 906 Project Identification |
| <input type="checkbox"/> | _____ | _____ | NG 907 Health Care Systems, Policy and Law |
| <input type="checkbox"/> | _____ | _____ | NG 908 Project Development |
| <input type="checkbox"/> | _____ | _____ | NG 909 Informatics for Health Care |
| <input type="checkbox"/> | _____ | _____ | NG 910B Project Implementation |
| <input type="checkbox"/> | _____ | _____ | NG 911 Project Outcomes Evaluation and Dissemination |

Any deviation of this program must be documented via substitution memo and approved by the department chair and the registrar.

Note: Financial aid recipients cannot receive aid for courses repeated unnecessarily or for courses not specifically required for their degree.

*This program plan was prepared by the Registrar's Office.
Revised 04/2012*