HBU
HOUSTON BAPTIST UNIVERSITY

# HOUSTON BAPTIST UNIVERSITY DEGREE PROGRAM PLAN

## Master of Science in Nursing Degree Plan (MSN)

### Pediatric Nurse Practitioner – Primary Care

NAME: _____ H# _____
Last First Middle

LOCAL ADDRESS: _____
Street City/State Zip Code

DAY PHONE: _____ CELL PHONE: _____ EVENING PHONE: _____

CATALOG YEAR: **2020/2021** DATE: _____

**DEGREE REQUIREMENTS:**

**To earn a Master of Science in Nursing (Pediatric Nurse Practitioner-Primary Care) degree a student must complete the following 36 hours:**

| Course Number | Course Name | HOURS |
|---|---|---|
| NURS 5300 | Theory Integration | 3 |
| NURS 5301 | Advanced Nursing Research | 3 |
| NURS 5302 | Leadership for Quality, Safety and Health Policy | 3 |
| NURS 5303 | Advanced Pathophysiology | 3 |
| NURS 5304 | Advanced Pharmacology | 3 |
| NURS 5305 | Advanced Health Assessment | 3 |
| NURS 5407/5007 | PNP Pediatric Health I / PNP Pediatric Health I Clinical | 4 |
| NURS 5408/5008 | PNP Pediatric Health II /PNP Pediatric Health II Clinical | 4 |
| NURS 5323/5023 | Growth & Development Across the Lifespan/ Growth & Development Across the Lifespan Clinical | 3 |
| NURS 5229 | Advanced Role | 2 |
| NURS 5306 | Advanced Diagnostics & Skills | 3 |
| NURS 5420 | Advanced Practicum I | 4 |
| | **TOTAL HOURS** | **38** |

**DEGREE REQUIREMENTS FOR GRADUATION:**

**No grade below "B".**
Overall GPA of 3.00 or above
No more than 6 semester hours on transfer from another college, or university
Candidate must complete degree within five years

_____
ADVISOR DATE

_____
DEAN, SCHOOL OF NURSING DATE

I HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN

_____
STUDENT SIGNATURE DATE

**THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF THE REGISTRAR** PROCESSED BY _____ DATE _____

Official Degree Plan