La Roche College
FORENSIC NURSE CERTIFICATE PROGRAM GUIDE
Certificate: Forensic Nurse        Department: Nurse

Student Name______________________________________  First Year Student  Transfer
I.D. Number__________________________________________  Change of Major  Readmit

Unofficial Eval Completed by/date: ______________________

This is the unofficial evaluation of your credits to date including transfer credits (if applicable) in your chosen major. This evaluation is official when all official transcripts for all previous college work are received and reviewed for transferability by the Registrar’s Office AND the Registrar’s signature is included on the bottom of the page.

The Forensic Nursing program is offered in conjunction with the Criminal Justice program.

REQUIREMENTS: To successfully complete the Forensic Nurse certification, the following coursework is required:

- 10 credits of Required Courses
- A minimum number of 10 credits is required for certification, all courses must be taken at La Roche College

-----------------------------------------------------------------------------------------------------------------------------

REQUIRED COURSES: 10 CREDITS

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRIM1001</td>
<td>Intro to the Criminal Justice System</td>
<td>3</td>
</tr>
<tr>
<td>CRIM3040</td>
<td>Crime Scene and Forensics &amp; Laboratory</td>
<td>3</td>
</tr>
<tr>
<td>NURU4040</td>
<td>Foundations of Forensic Nursing</td>
<td>4</td>
</tr>
</tbody>
</table>

*The courses for this program must be taken in sequence. CRIM3040 and NURU4040 may be taken concurrently.

-----------------------------------------------------------------------------------------------------------------------------

FOR REGISTRAR USE ONLY: TOTAL Completed Need COMMENTS:
Required Courses 10 ___ ___ __________________________
La Roche College Credit ___ ___ __________________________
Total 10 ___ ___ __________________________

Registrar Signature __________________________________ Date ______________

Advisor Signature ___________________________________ Date ______________
(When signed by Advisor, all required coursework/credits have been completed for graduation.)