



La Roche College  
**DOCTOR OF NURSE ANESTHESIA PRACTICE COMPLETION PROGRAM GUIDE**  
 DEGREE: DNAP Department: Health Science

Student Name \_\_\_\_\_  
 I.D. Number \_\_\_\_\_

\_\_\_\_ First Year Student  
 \_\_\_\_ Change of Major

\_\_\_\_ Transfer  
 \_\_\_\_ 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.**

**PURPOSE:** The purpose of the Doctorate of Nurse Anesthesia Practice, (DNAP) completion program is to prepare advanced practice nurse anesthetist clinicians and leaders within a practice-oriented doctoral program. Graduates are prepared to assume leadership positions in health care, with the ultimate goals of improving health care and patient outcomes

**REQUIREMENTS:** To successfully complete the Doctor of Nurse Anesthesia major, the following coursework is required:

- 26 credits in Nurse Anesthesia Practice
- Courses follow a well-sequenced rotation and are offered online with low residency (a one-week residency period in the summer). The program is three semesters in length, and classes are offered in a 15-week format. All residency sessions are mandatory.

Credits

**NURSE ANESTHESIA PRACTICE: 26 CREDITS**

**SUMMER**

Year				
_____	DNAP7000	Medical Statistics	3	_____
_____	DNAP7001	Evaluation and Decision Making for Health Services Programs	3	_____
_____	DNAP7006	Capstone I	2	_____

**FALL**

_____	DNAP7002	Systematic Leadership I	4	_____
_____	DNAP7003	Health Policy and Health Care Economics	3	_____
_____	DNAP7007	Capstone II	2	_____

**SPRING**

_____	DNAP7004	Systematic Leadership II	4	_____
_____	DNAP7005	Teaching Strategies in Classroom and Clinical Settings	3	_____
_____	DNAP7008	Capstone III	2	_____

**FOR REGISTRAR USE ONLY:**

	<u>TOTAL</u>	<u>Completed</u>	<u>Need</u>	<u>COMMENTS:</u>
Doctor of Nurse Anesthesia Practice	26	_____	_____	_____
La Roche College Credit	_____	_____	_____	_____
Total	26	_____	_____	_____

**Registrar Signature** \_\_\_\_\_

Date \_\_\_\_\_

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