

La Roche College
CLINICAL NURSE LEADER PROGRAM GUIDE
 DEGREE: **Master of Science** Department: **Clinical Nurse Leader**

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 and approved for transferability by the Registrar's Office.** Beginning with your first semester of enrollment, your Degree Audit Report in My.LaRoche will automatically track your progress toward your degree, and guide you in planning future class schedules. Review your updated Degree Audit Report with your advisor prior to registering each semester.

REQUIREMENTS: To successfully complete the Clinical Nurse Leader program, the following coursework is required:

- 42 credits in Clinical Nurse Leader

	<u>Credits</u>	<u>Transfer Course #/Comments</u>
<u>CLINICAL NURSE LEADER: 42 CREDITS</u>		
<u>FALL</u>		
____ NURG5002 Research and Evidence Based Practice	3	_____
____ NURG5004 Theory and Role Development	3	_____
____ NURG5006 Healthcare Delivery Systems	3	_____
<u>SPRING</u>		
____ NURG5007 Advanced Pharmacology	3	_____
____ NURG5009 Advanced Pathophysiology	3	_____
____ NURG5023 Foundations for Clinical Nurse Leader Role	4	_____
<u>SUMMER</u>		
____ NURG5012 Health Care Policy and Global Considerations	3	_____
____ NURG5025 CNL Practicum I	5	_____
<u>FALL</u>		
____ NURG5027 Role of the CNL in Healthcare Microsystems	4	_____
____ NURG5017 Comprehensive Health Assessment	3	_____
<u>SPRING</u>		
____ NURG5029 CNL Practicum II	5	_____
____ NURG6000 Capstone Scholarly Experience	3	_____

<u>FOR REGISTRAR USE ONLY:</u>	<u>TOTAL</u>	<u>Completed</u>	<u>Need</u>	<u>COMMENTS:</u>
Clinical Nurse Leader	42	_____	_____	_____
La Roche College Credit	_____	_____	_____	_____
Total	42	_____	_____	_____

Registrar Signature _____ **Date** _____

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