Student Name______Student ID_____Advisor_____

ARKANSAS STATE UNIVERSITY-NEWPORT

TECHNICAL CERTIFICATE

Practical Nursing

A. Possible Prerequisites: None required

B. General Education Core: None required

C. Major Tec Course #		hnical Core: (48 hours) Course Title	Hours	Semester	Grade	Transfer (Univ. / year)
PN	1012	Body Structure & Function				
PN	1022	Nutrition				
PN	1101	Nursing of the Geriatric Patient				
PN	1113	Pharmacology I				
PN	1122	Nursing of Children				
PN	1206	Basic Nursing Principles & Skills				
PN	1404	Clinical I				
PN	2101	IV Therapy				
PN	2113	Pharmacology II				
PN	2122	Nursing of Mothers and Infants				
PN	2131	Mental Health				
PN	2206	Medical/Surgical Nursing I				
PN	2212	Medical/Surgical Nursing II				
PN	2407	Clinical II				
PN	2406					
	- 100					

D. Directed Electives: None required

Total credit hours:

Minimum Required Credit Hours (48)

Student's Signature_____

Advisor's Signature_____

Date Certificate Completed:_____

Date:

Date: