UNIVERSITY OF HAWAI‘I HILO
SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM

BSN to DNP Program Plan

<table>
<thead>
<tr>
<th>Student:</th>
<th>Year Admitted:</th>
<th>Expected Date of Graduation</th>
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<tbody>
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**Year 1 - Fall 20 __**
- 618 EPI/ Environmental Health (3)
- 601 Social Aspects of Health (3)
- 602 Information Systems/ Technology (3)
- 612 Evidence Based Practice (3)

**Spring 1**
- 603 Advanced Clinical Pharmacology (3)
- 604 Advanced Clinical Pathophysiology (3)
- 605 Advanced Health Assessment (4)

**Summer 1**
- 606 Rural Health Promotion (3)
- 606L Rural Health Promotion Lab (3)

Total Credits 28

<table>
<thead>
<tr>
<th>Year 2 - Fall 20__</th>
<th>Year 3 - Fall __</th>
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<tbody>
<tr>
<td>607 Primary Care of Adults (3)</td>
<td>Elective (1-3)*</td>
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<tr>
<td>607L Primary Care of Adults Lab (3)</td>
<td>614 System-Based Leadership (3)</td>
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<tr>
<td>608 Primary Care of Older Adults (3)</td>
<td>615 Health Policy: Local to Global (4)</td>
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**Spring 2**
- 609 Primary Care of Women (2)
- 609L Primary Care of Women Lab (2)
- 610 Primary Care of Children (2)
- 610L Primary Care of Children Lab (2)
- 611 Advanced Research Methods (3)

**Summer 2**
- 608L Primary Care of Older Adults Lab (3)
- 613 Program Development/Evaluation (3)

Total Credits 26

Total Credits 17-19

**Student**
Signature ______________________

**Program Coordinator**
Signature ______________________

**Date**
__________________________

**MANDATORY Orientation and Institutes**
1. Summer Institute (Fall semester, before courses begin)
2. Spring Institute (end of Spring semester, year 1)
3. PIP Presentation (presentation of PIP)

**Elective Courses**
Must be discussed and approved by DNP Coordinator

Revised: 2.3.15/jw
Student Name: ________________________________

Year Graduating: ________________________________

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Semester &amp; Year</th>
<th>Preceptor(s)</th>
<th>Site</th>
<th>Date Completed</th>
<th>Required Hours</th>
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<tbody>
<tr>
<td>Advanced Health Assessment</td>
<td>NURS 605</td>
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<td>Rural Health</td>
<td>NURS 606L</td>
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<td>Primary Care of Adults</td>
<td>NURS 607L</td>
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Student Signature ____________________________ Date ________

DNP Program Coordinator Signature ____________________________ Date ________

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