

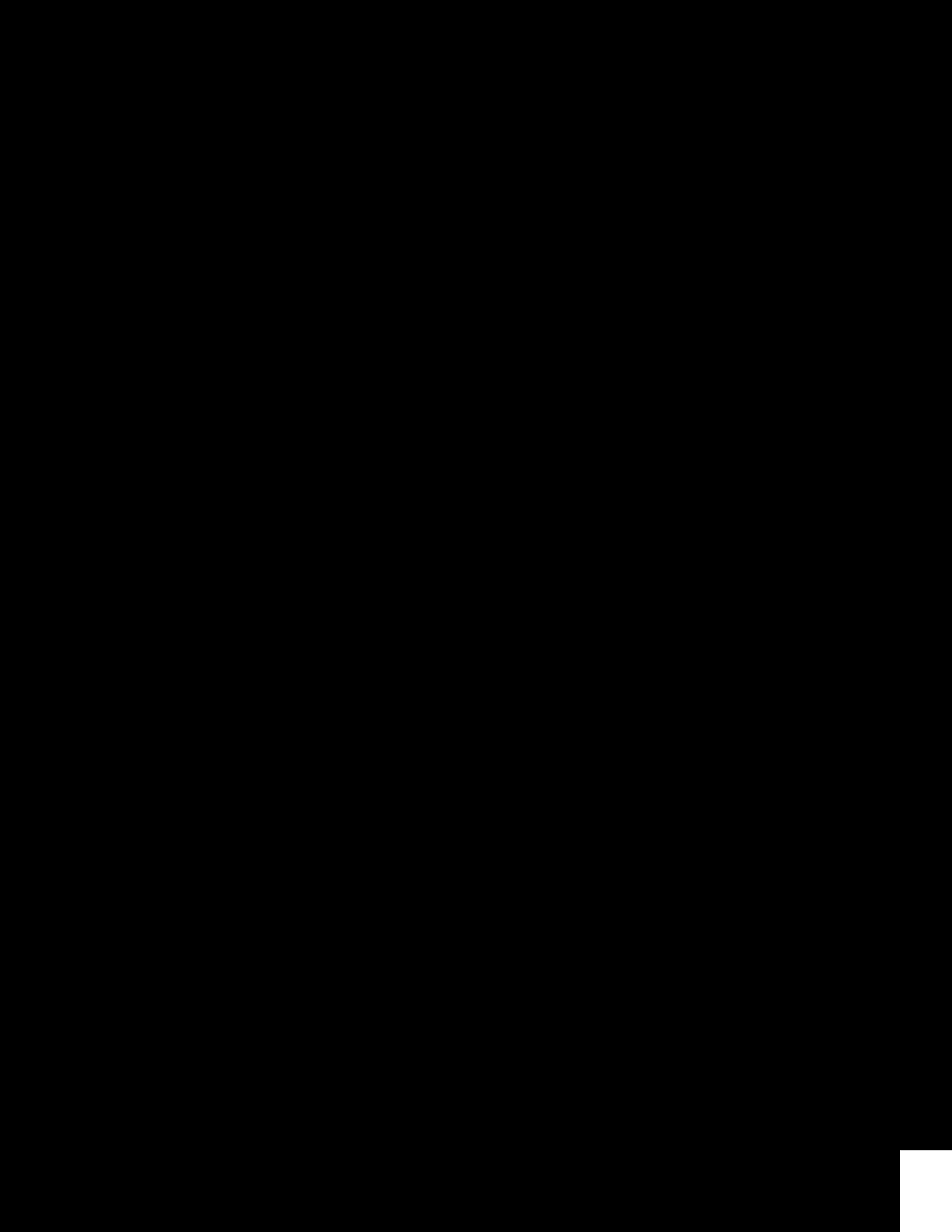
SOUTH DAKOTA BOARD OF REGENTS  
ACADEMIC AFFAIRS FORMS

Substantive Program Modification Form

UNIVERSITY:	SDSU
CURRENT PROGRAM TITLE :	Post-Graduate Family Nurse Practitioner Certificate
CIP CODE:	51.3805
UNIVERSITY DEPARTMENT:	Graduate Nursing (SGRNR)
UNIVERSITY DIVISION:	Nursing (SGRAD)

University Approval

To the Board of Regents and the Executive Director: I certify that I have read this proposal



- Successful completion of graduate level courses in Advanced Physical Assessment (Lifespan), Advanced Pathophysiology (Lifespan), Advanced Pharmacology / Pharmacotherapeutics (Lifespan) with a course grade of 3.0 or higher within the last 5 years.
- Completed and verified application to the Graduate Nursing program via NursingCAS website.
- Compliance requirements: Background check, FBI rolled fingerprint, drug screen, Basic Life Support for Healthcare Providers, ACLS certification for FNP specialization, professional liability insurance, influenza vaccine, and TB test.
- Interview with graduate faculty for FNP specialization only.
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