## SOUTH DAKOTA BOARD OF REGENTS ACADEMIC AFFAIRS FORMS

## Substantive Program Modification Form

UNIVERSITY:	SDSU
CURRENT PROGRAM TITLE:	Post-Graduate Nurse Educator Certificate
CIP CODE:	51.3817
UNIVERSITY DEPARTMENT:	Graduate Nursing (SGRNR)
UNIVERSITY DIVISION:	Nursing (SGRAD)

University A	Approval
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To the Board of Regents and the Executive Director: I certify that I have read this probabal I believe it to be accurate, and that it has been evaluated and approved as provided by university policy.

Dennis D. Hedge	3/26/2018
Vice President of Academic Affairs or President of the University	Date

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- x Completed approved statistical theds course within the past 5 years.
- x 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 her within the last 5 years.
- x Completed and verified application to the Graduate Nursing program via NursingCAS website.
- x Compliance requirements: Background check, FBI rolled fingerprint, drug screen, Basic Life Support for Healthcare Providers, ACLS céitation for FNP specialization, professionliability insurance, influenza vaccine, and TB test.
- x Interview with graduate faculty for FNP specialization only.
- x Completion of written response to questions regarding educational goals, scholarly practise inte and desired practice career.

## 7. Explanation of the Change:

The PostGraduateFamily Nurse Educator Certificate offers an avenue for students who already possess (e)nasterSo(ons)-2(ons)-2(ons)-2(onstd)ons2 Tw ([-B0.001 a (ie)3.(h)-4 (o)-46d ()Tj-10a ((c,t)-2)