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| Student Name: (LASTNAME, FirstName) | Student Number: |
|-------------------------------------|-----------------|

1. The 1-Year PHCNP Certificate Program of Study form establishes your plan of courses, which you will follow in completing the PHCNP Certificate requirements. The Program Administrator uses your Program of Study form to monitor both your course enrollments and time-to-completion requirements.
2. All students are required to complete a Program of Study form within four weeks of the start of their initial term of registration. Please do not submit this form before Monday, September 28, 2020. Only forms submitted between Monday, September 28 and Monday, October 26, 2020 will be processed. All students are required to submit their Program of Study form using their Ryerson e-mail address **ONLY**.
3. Before completing this form and to further assist you in your decision-making when planning your course request selection, please refer to PHCNP Program Requirements document.
4. Using the List of Course Offerings, check the appropriate box for each term to indicate your course request selections. Make sure that you select courses for all terms as incomplete forms will not be processed.
5. Submitting and processing of this form is a 3-step process:
 - A. The student completes the part-time Program of Study form, saves as an attachment and e-mails this for approval using their Ryerson e-mail address **ONLY** to Gerry Warner, Program Administrator at gerry.warner@ryerson.ca any time between Monday, September 28 and Monday, October 26, 2020.
 - B. Upon review and processing, the Program Administrator will e-mail the student and attach the "Approved" or "Non-Approved" Program of Study form. If "Non-Approval" is indicated, comments and further instructions will be added by the Program Administrator.
 - C. The student e-mails a pdf. version of the approved Program of Study to their assigned Faculty Advisor for review. After consulting with their Faculty Advisor, the student will have their Advisor electronically sign and check the appropriate Approval box and then the student will e-mail a copy of this signed form in pdf. format only to the program administrator by Monday, November 30, 2020.

LIST OF COURSE OFFERINGS BY TERM

| Course Group | Course Number | Course Title | Check Boxes to Indicate Course Requests | | |
|----------------|---------------|-----------------------------------|---|--------------------------|--------------------------|
| | | | Fall 2020 | Winter 2021 | Spring 2021 |
| Required PHCNP | MN 8951 | Integrative Practicum | | | <input type="checkbox"/> |
| Required PHCNP | MN 8955A | Pathophysiology – Part A | <input type="checkbox"/> | | |
| Required PHCNP | MN 8955B | Pathophysiology – Part B | | <input type="checkbox"/> | |
| Required PHCNP | MN 8956A | Roles & Responsibilities – Part A | <input type="checkbox"/> | | |
| Required PHCNP | MN 8956B | Roles & Responsibilities – Part B | | <input type="checkbox"/> | |
| Required PHCNP | MN 8957 | Advanced Health Assessment I | <input type="checkbox"/> | | |
| Required PHCNP | MN8960 | Advanced Therapeutics II | | <input type="checkbox"/> | |
| Required PHCNP | MN 8959 | Advanced Therapeutics I | <input type="checkbox"/> | | |
| Required PHCNP | MN8960 | Advanced Therapeutics II | | <input type="checkbox"/> | |

Comments or Additional Information Section

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Faculty Advisor Information Section

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|---|-------|---|-----------|
| Faculty Advisor Name: (Last name, First name) | | Faculty Advisor Contact Information | |
| | | E-mail | Telephone |
| Faculty Advisor Signature: | Date: | <input type="checkbox"/> Approval <input type="checkbox"/> Non-Approval | |
| | | | |

Approvals Section

| | | |
|----------------------------------|-------|---|
| Program Administrator Signature: | Date: | <input type="checkbox"/> Approval <input type="checkbox"/> Non-Approval |
| | | |
| Office Use Only: | | |
| Director Signature: | Date: | <input type="checkbox"/> Approval <input type="checkbox"/> Non-Approval |
| | | |

Retain a copy for your records AND return the signed and approved form to:

To view and use the forms on this page, you can download the latest version of free [Adobe Reader software](#) directly from Adobe's website.

Gerry Warner
Program Administrator
Master of Nursing, PHCNP & PhD Urban Health
Daphne Cockwell School of Nursing
Office DCC 536