



**California State University
Dominguez Hills**

**School of Nursing College of Health & Human Services Carson, California 90747
(310) 243-1050 (310) 516-3542 Fax**

**PROGRAM OF STUDY – PHN CERTIFICATE ELIGIBILITY PROGRAM
Transcript Evaluation for Board of Registered Nursing**

PART A: STUDENT DATA (please print)

Student Name: _____ Student I.D. Number _____

Street _____

Address: _____

City, State Zip: _____ Calif. R.N. License# _____

Home Phone: _____ Exp. Date _____

Work Phone _____

Email: _____

PART B: COURSE REQUIREMENTS – Please list the semester & year each course was completed. If the course was substituted, include all the pertinent information

Course Department & Number	CSUDH Units	Courses: Semester & year completed	Course Substitution (college, dept, course #, units, semester taken)	Units Needed For PHN
BSN 306 Cultural Diversity & Healthcare	3.0			
BSN 346 Human Pathophysiology	3.0			
BSN 380 Health Assessment	3.0			
BSN 381L Health Assessment Skills Lab	1.0			
BSN 400 Health Promotion & Teaching	3.0			
BSN 405 Statistics	3.0			
BSN 410 Community Based Nursing I	3.0			
BSN 411L Home Health Role Performance	2.0			
BSN 420 Community Based Nursing II	3.0			
BSN 421L Public Health Role Performance	2.0			
BSN 430 Healthcare Systems, Policy and Finance	3.0			
BSN 440 Professional Nursing Roles	3.0			
BSN 460 Nursing Research Utilization	3.0			
TOTAL UNITS FOR PHN	35			

Distribution: White=Student Yellow=Admissions and Records Office Pink=Student File

CJ/ 10.06

*Any changes in Part A must be immediately reported to the School of Nursing
 ** It is the student's responsibility to submit course descriptions, outline and/or objectives at the time of the PHN Advisement Workshop. If you wish to request additional substitution of the PHN requirements, please indicate the course title in the appropriate box and submit the appropriate materials.