



**California State University
Dominguez Hills**

School of Nursing • College of Health and Human Services • Carson, California 90747 • (310) 243-2120 • (310) 217-6800 Fax

Role Option Eligibility Form

Family Nurse Practitioner Program

**Must Be Received in the Nursing Office by 5 pm July 15th for Fall Role Performance Consideration,
5 pm Dec 15th for Spring Role Performance Consideration**

PART A: STUDENT DATA (please print)

Student Name: _____	Student ID Number: _____
Street Address: _____	Semester & Year admitted: _____
City, State, Zip: _____	Anticipated Graduation Date: _____
Telephone: _____	GWAR/GWE met: _____
Email: _____	Portfolio Submission Date _____

Level I Review (CSUDH use only) _____

PART B: COURSE REQUIREMENTS

Core course:

Course Department & Number	Units	Date taken/Planned	Grade
MSN 502 Advanced Nursing Roles	3.0		
MSN 510 Theories for Advanced Nursing Roles	3.0		
MSN 513 Health Care Policy/Economics	3.0		
MSN 514 Health Promotion/Disease Prevention	3.0		
MSN 530 Research Utilization in Adv. Nursing Practice	3.0		
MSN 531 Nursing Ethics	3.0		

PART C: Family Nurse Practitioner ROLE OPTION Science Courses

MSN 526 Advanced Pharmacology	3.0		
MSN 527 Adv. Health Assessment	3.0		
MSN 528 Adv. Pathophysiology	3.0		

PART C: Semester Start Date Term and Year

Fall _____ Spring _____ Circle one

PART D: Clinical Documentation (for CSUDH use)

Clinical documentation received by deadline Yes No

PART E: Decision of Eligibility for Entrance

Accept Deny Waitlist

Comments: