

Change in Clinical Specialty MSN and DNP Programs

Making a change from one clinical specialty to another specialty is a thoughtful process. Please complete all of the following steps before making the decision to change the population focus of your clinical specialty:

Met with my Academic Advisor and discussed options.

Met with my CURRENT population specialty coordinator and discussed options.

Met with my POTENTIAL population specialty coordinator to discuss the change.

Shadowed an APRN in both my current and potential clinical specialty (if needed).

Received approval for the change from my: Academic Advisor; Current Specialty Coordinator; Potential Specialty Coordinator.

First Name:			Last Name:		
Access ID:		Current Phone:	Current Phone:		
I declare that I have read the information regarding the clinical specialties offered in the DNP program. I acknowledge through my signature that I understand the population program for which I have requested the change. Further, I am aware that this program of study will make me eligible to sit for the new and different population-specific certification exam identified below. The NEW population specific specialty I choose is:					
THC I	PRIMARY CARE:	ity i t	Acute Care:		OTHER:
	Adult Gerontology Nurse		Adult Gerontology Nurse		OTHER:
	Practitioner		Practitioner		Nurse-Midwife
	Family Nurse Practitioner		Pediatric Nurse Practitioner		Psychiatric-Mental Health Nurse Practitioner
	Pediatric Nurse Practitioner				

Student Signature

DATE:

My signature as the specialty coordinator verifies that this student discussed with me the reason for population specific specialty. I acknowledge this selection is a good fit for the student and program.

FORMER Specialty Coordinator

DATE:

Director of Advanced Practice and Graduate Certificate DATE: Programs