



TO	Course Leader, NURS 530 – Advanced Practice in Nursing
	Graduate Placement Coordinator, School of Nursing

FROM	
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As a student in the MSN Program, I certify that:

I have completed, or have a plan to complete, the following required courses in the MSN Program

	COURSE NUMBER	EXPECTED COMPLETION DATE
YES / NO	NURS 511 Foundation	
YES / NO	NURS 504 Critical Inquiry	
YES / NO	NURS 552 Research	

I have plans to arrange for a practicum opportunity for NURS 530 (as outlined in syllabus)

	PRE-ARRANGEMENT AREAS	DETAILS
YES / NO	Health Authority	
YES / NO	Unit	
YES / NO	Unit Manager / Supervisor	
YES / NO	Supervising Preceptor	
YES / NO	Start Date	
YES / NO	End Date	
YES / NO	Days of Week	

I do not have a practicum opportunity identified

YES / NO	I'm open to one identified by the course leader
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I hereby commit to

- Participating in NURS 530 ( *Section* ) in ( *Session* / *Term* )

Date \_\_\_\_\_

Signature \_\_\_\_\_