

Program/Curriculum Information Form

Adult-Gerontology Acute Care NP Program

School Name: _____

School Address: _____

School City/State/ZIP: _____

Adult-Gerontology ACNP educational track(s) offered: Master's DNP Post-Graduate Certificate
Instructional format: Primarily Face-to-Face Primarily Distance Learning Hybrid

Didactic

In which didactic courses is the below content included?	Course Number	Course Type * D or D/C	Number of Credit Hours	
Advanced Pathophysiology	_____	_____	_____	*Course Type: D: Didactic C: Clinical D/C: Didactic/Clinical
Advanced Pharmacology	_____	_____	_____	
Advanced Physical Assessment	_____	_____	_____	
Health Promotion/Maintenance	_____	_____	_____	
} <i>The 3 Ps</i>	_____	_____	_____	
Adult-Gerontology Acute Care	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	

Clinical

The courses listed below include the required minimum of **500** supervised clinical clock hours with the acutely ill adult-gerontology population, which includes young adults, older adults and frail elderly.

	Course Number(s)	Course Type * C or D/C	Number of Credit Hours	Number of Clinical Hours
Acutely Ill Adult-Gerontology Patient Care	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

***Total number** of supervised clinical clock hours directly related to the knowledge and all roles of the Adult-Gerontology ACNP _____

Check the applicable boxes:

- The required minimum 500 clinical hours do not include time in simulation or skills labs.*
 - The program is compliant with the National Task Force (NTF) Standards for Quality NP Education.*
 - The curriculum is consistent with the competencies of adult-gerontology acute care NP practice.
 - The curriculum includes legal, ethical and professional responsibilities of the nurse practitioner.
- Program is accredited by: CCNE and/or ACEN

Individually-accredited tracks: Master's DNP Post-Graduate Certificate

**While NTF Standards recommend 750 clinical hours, ACNPC-AG exam eligibility currently requires 500 clinical hours.*

Information on this form provided by:

Program Director Signature: _____ **Date:** _____

Printed Name: _____ **Email:** _____

Title: _____ **Phone:** _____

*Return this completed form along with **program of study, course descriptions** and **syllabi** for all courses listed, via **email** to APRNCert@aacn.org.*