

Program/Curriculum Information Form

Pediatric Clinical Nurse Specialist

(Wellness through Acute Care)

School Name: _____

School Address: _____

School City/State/ZIP: _____

Pediatric CNS 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?

Advanced Pathophysiology }
Advanced Pharmacology } *The 3 Ps*
Advanced Physical Assessment }
Pediatric Wellness through Acute Care

Course Number(s)	Course Type * D or D/C	Number of Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Course Type:**
D: Didactic
C: Clinical
D/C: Didactic/Clinical

Clinical

The courses listed below include the required minimum of 500 supervised clinical clock hours with the pediatric population encompassing wellness through acute care.

	Course Number(s)	Course Type * C or D/C	Number of Credit Hours	Number of Clinical Hours
Pediatric Wellness through Acute Care	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

***Total number** of supervised *clinical* clock hours directly related to the knowledge and all roles of the Pediatric CNS: _____

Check the applicable boxes:

- The required minimum 500 clinical hours do not include time in simulation or skills labs.
- A portion of the total clinical hours within the program focus on wellness in the pediatric patient population.
- A portion of the total clinical hours within the program focus on acute care in the pediatric patient population.
- The curriculum is consistent with the competencies of Pediatric CNS (wellness through acute care) practice.
- The curriculum includes legal, ethical and professional responsibilities of the clinical nurse specialist.
- The program is compliant with the *NACNS Statement on CNS Practice and Education*.

Program is accredited by: CCNE and/or ACEN

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

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.