

# Curriculum Change Request Form

## Adult-Gerontology Acute Care NP Program

This form is used to communicate course changes after the curriculum has been verified by AACN Certification Corporation

Certification Organization for the  
American Association of Critical-Care Nurses

School Name: \_\_\_\_\_

School City/State: \_\_\_\_\_

Adult-Gerontology ACNP track(s) offered: ☐ Master's ☐ DNP ☐ Post-Graduate Certificate

Instructional format: ☐ Primarily Face-to-Face ☐ Primarily Distance Learning ☐ Hybrid

Program is accredited by: ☐ CCNE and/or ☐ ACEN

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

Below changes apply to these tracks: ☐ Master's ☐ DNP ☐ Post-Graduate Certificate

Below changes went/go into effect on: \_\_\_\_\_ (mm/dd/yy)

Please list only course details that have changed.

Didactic Course Changes	Course Number(s)	Course Type * D or D/C	Number of Credit Hours	
Advanced Pathophysiology	_____	_____	_____	<b>*Course Type:</b> <b>D:</b> Didactic <b>C:</b> Clinical <b>D/C:</b> Didactic/Clinical
Advanced Pharmacology	_____	_____	_____	
Advanced Physical Assessment	_____	_____	_____	
Health Promotion/Maintenance	_____	_____	_____	
Adult-Gerontology Acute Care	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	

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

☐ The required minimum 500 clinical hours do not include time in simulation or skills labs.

Notes: (Use this section to capture prior course info. that was replaced by info. added above and/or to clarify your requested changes.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information on this form provided by:

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Return this completed form via email to [APRNCert@aacn.org](mailto:APRNCert@aacn.org) along with **syllabi** for any **new or significantly modified** courses listed.