

Curriculum Change Request Form

Adult-Gerontology CNS Program

(Wellness through Acute Care)

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

School Name: _____

School City/State: _____

Adult-Gerontology CNS 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	_____	_____	_____		
Advanced Pharmacology	_____	_____	_____		
Advanced Physical Assessment	_____	_____	_____		
Adult-Gerontology Wellness through Acute Care	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		
Clinical Course Changes	Course Number(s)	Course Type * C or D/C	Number of Credit Hours	Number of Clinical Hours	
Adult-Gerontology Wellness through Acute Care	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	

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

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 along with syllabi for any new or significantly modified courses listed.