



CERTIFICATE APPROVED PROGRAM

Submission Process Notes:

1. CAP forms are due by December 15 for Fall or June 15 for Spring or August 15 for summer award of certificate. Late submission will cause a delay of award of certificate or you may be considered for the next term.
2. Paper certificate will be mailed to your mailing address on record. For instructions to update your mailing address, please visit <https://cms.sfsu.edu/content/student-center>
3. Pay for Reissue of Diploma through the Gateway- Student Center. Instructions to pay online can be found here: <https://grad.sfsu.edu/content/pay-graduate-fees-online>

Date: _____ Student ID No. _____

Name: _____
Last First Middle

Email Address: _____

Phone Number: _____

Official Certificate Title from <i>Bulletin</i>: Family Nurse Practitioner
Department offering certificate: Nursing
Graduate <input type="checkbox"/>

All requirements must be completed within 7 years from the start of the term of the earliest course listed below

Dept. and Course No.	Course Title	Semester Units	Term Registered	Institution (if transfer)	Grade
NURS 708	Diagnosis and Management in Primary Care	4			
NURS 711	Advanced Physical Assessment Across the Life Span	3			
NURS 715	Pharmacological Principles Across the Life Span	3			
NURS 716	Advanced Pathophysiology and Diagnostic Reasoning I	3			
NURS 717	Advanced Pathophysiology and Diagnostic Reasoning II	3			
NURS 804	Professional Issues and Nurse Practitioner Skills	3			
NURS 810	Family Nursing Practitioner Practicum I	4			
NURS 811	Family Nursing Practitioner Practicum II	4			
NURS 812	Family Nursing Practitioner Practicum III	4			
		31			

TOTAL UNITS REQUIRED FOR CERTIFICATE: 31

The student has demonstrated, in accordance with university policy, an appropriate level of writing competency in the following manner (required): Written examination prepared by program area
 Other, specify: _____

Other requirements (specify): _____

Certificate Advisor (if appropriate): _____
Type/Print Last Name Signature Date

Program/Department Chair (required): _____
Type/Print Last Name Signature Date

Division of Graduate Studies:

 Signature Date

**Please attach a proof
For payment of fee**