



Course Waiver Worksheet for Post-Graduate Certificate and DNP students

All students must complete this form by typing their information into the relevant boxes. Handwritten copies of this form will not be accepted for review.

Name:	SID#
Program (Certificate or DNP):	Email:
Specialty being sought:	Date:
Previous Master's Degree (MS, MSN, etc.):	Year Previous MS Completed:
Previous NP Major (Acute Care, etc.):	

- A current copy of my CV/Resume is attached to this request.

Please complete the following sections. Forms missing information will not be reviewed.

Course History

NURS 609A Health Assessment (3 units)

Institution Name:	Course Number:	Semester/Year Completed:
Course Title:		Grade Earned:

NURS 501 Advanced Physiology and Pathophysiology (3 units)

Institution Name:	Course Number:	Semester/Year Completed:
Course Title:		Grade Earned:

NURS 572 Pharmacotherapeutics for Nurse Practitioners (3 units)

Institution Name:	Course Number:	Semester/Year Completed:
Course Title:		Grade Earned:

NURS 542 Pediatric Pharmacotherapeutics for Nurse Practitioners (1 unit)

Institution Name:	Course Number:	Semester/Year Completed:
Course Title:		Grade Earned:

NURS 573a Geropharmacy for Nurse Practitioners (1 unit)

Institution Name:	Course Number:	Semester/Year Completed:
Course Title:		Grade Earned:

Practice History

Check any boxes that apply, and provide relevant information.

- I am currently certified as a nurse practitioner. My specialty/specialties is/are: _____
- I am currently employed as a nurse practitioner. I work: _____

- Full-Time
- Part-Time
- My employer is: _____
- I have prescriptive authority from my Board of Nursing.
 - My license/DEA number is _____
 - I routinely prescribe for (patient population/environment):

Please provide any additional information for faculty consideration:

For Admin Use Only:

- ▶ NURS 609A
 - Waiver Approved
 - Waiver Denied
- ▶ NURS 501
 - Waiver Approved
 - Waiver Denied
- ▶ NURS 572
 - Waiver Approved
 - Waiver Denied
- ▶ NURS 542
 - Waiver Approved
 - Waiver Denied
- ▶ NURS 573a
 - Waiver Approved
 - Waiver Denied

Notes related to request from faculty:

Specialty Coordinator Signature: _____ **Date:** _____

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

Date of receipt of completed form by Office of Student Affairs: _____

- Course Waiver Form Saved to student folder
- Student Notified & provided PDF copy of waiver