**The Ohio State University**

**College of Nursing- Master of Science in Nursing Program**

 **POST Master’s GAP Analysis**

Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New National Certification Sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Certification Previously Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yr: \_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| List Required Courses for the Desired NP Area of Practice | List course name and term from Transcript that Satisfy Required Courses Listed in Column 1 | Coursework to be completed by the Student at The Ohio State University College of Nursing |
| Core Courses: (List courses) |  |  |
| 3P’s Courses:(List Courses) |  |  |
| Specialty Track Courses: (List Courses) |  |  |

Type and number of Clinical Experiences needed by the student:

Signature of Specialty Track Director (SPD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Academic Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_