



COURSE/CLINICAL CONFIRMATION

_____ is a graduate of Liberty University School of Nursing.
This is to certify that during their time in school here, she/he completed the following courses:

NURSING CORE COURSES							
Course #:	Course Name:	Credit Hours:	Skill Lab Hours:	Direct Client Care Hours:	Simulation Hours:	Lecture Hours:	Observation
NURS 104	Introduction to Nursing and Medical Terminology	3	0	0	0	45	0
NURS 115	Pre-licensure Pathophysiology	3	0	0	0	45	0
NURS 200	Nursing Process Application	2	3	0	0	30	0
NURS 210/010	Pre-licensure Health Assessment	3	40	8	4	45	0
NURS 221/021	Fundamentals in Nursing	4	24	40	4	30	0
NURS 225	Pre-licensure Research in Nursing	3	0	0	0	45	0
NURS 301/031	Strategies for Adult Health Care I	5	4	80	10	45	0
NURS 302/032	Strategies for Adult Health Care II	5	4	80	10	45	0
NURS 305	Pharmacology	3	0	0	0	45	0
NURS 306	Pharmacology II	3	0	0	0	45	0
NURS 354	Nursing Care of the Childbearing Family (Lecture)	3	0	0	0	45	0
NURS 356	Nursing Care of the Childbearing Family (Clinical)	1	8	32	12	0	4
NURS 355	Nursing Care of Children (Lecture)	3	0	0	0	45	0
NURS 357	Nursing Care of Children (Clinical)	1	8	32	12	0	0
NURS 441	Pre-licensure Strategies for Community Health Nursing (Lecture)	3	0	0	0	45	0
NURS 442	Pre-licensure Strategies for Community Health Nursing (Clinical)	1	0	40	5	0	0

NURS 445	Contemporary Issues in Nursing and Healthcare	3	4	0	0	45	0
NURS 451/051	Strategies for Mental Health Care	3	4	24	21	30	0
NURS 460/061	Advanced Strategies for Adult Health Care	4	4	40	6	37.5	0
NURS 490/090	Transition to Practice	5	0	96	2.5	45	0
TOTAL CORE NURS COURSE HOURS COMPLETED							

NURS Elective Courses								Course taken
Course #:	Course Name:	Credit Hours:	Skill Lab Hours:	Direct Client Care Hours:	Simulation Hours:	Lecture Hours:	Observation	<input checked="" type="checkbox"/>
NURS 316	Global Health Nursing Field Experience	3	0	0	0	45	0	<input type="checkbox"/>
NURS 415	Cross-Cultural Nursing	3	0	0	0	45	0	<input type="checkbox"/>
NURS 416	Preceptorship in Nursing	3	0	90	0	15	0	<input type="checkbox"/>
NURS 417	Crisis Nursing	3	2	0	4	45	20	<input type="checkbox"/>
NURS 419	Strategies for End-of-Life Care	3	0	0	0	45	0	<input type="checkbox"/>
NURS 420	Comprehensive Pain Management	3	0	0	0	45	0	<input type="checkbox"/>
NURS 464	Acute Care Certificate	3	4	0	16	30	40	<input type="checkbox"/>
NURS 465	Advanced Strategies for the Critically Ill	3	4	24	24	30	0	<input type="checkbox"/>
NURS 466	Advanced Critical Care II	3	4	24	24	30	0	<input type="checkbox"/>
TOTAL ELECTIVE HOURS COMPLETED								

NURS TOTAL HOURS	Credit Hours:	Skill Lab Hours:	Direct Client Care Hours:	Simulation Hours:	Lecture Hours:	Observation

Signature: _____ Date: _____

Dean / Chair of Program