

## HOUSTON CHRISTIAN UNIVERSITY CERTIFICATE PLAN OF STUDY Certificate in Nurse Educator

| NAME:                    |                           |  | H#                                      |           |
|--------------------------|---------------------------|--|---|-----------|
| Last                     |                           | First  | Middle                                  |           |
| LOCAL ADDRES             | SS:                       |  |   |           |
| LOCAL ADDRESS:Street     |                           |  | City/State Zip                          | Code      |
| DAY PHONE: _             | :: CELL PHONE:            |  | EVENING PHONE:                          |           |
| EMAIL ADDRES             | SS:                       |  |   |           |
| CATALOG YEAR             | R: <b>2023/2024</b>       |  | DATE:                                   |           |
| To earn a Certifi        | cate in Nurse Educa       | tor, 12 semester hours are require                     | ed.                                     |           |
| Certificate Re           | quirements:               |  |   | HOURS     |
| NURS 5311                | Curriculum Deve           |  |   | 3         |
| NURS 5312                | Effective Teaching        | ng Strategies  |   | 3         |
| NURS 5313                | Evaluation of Lea         | arning   |   | 3         |
| NURS 5325                | Role of Educator          |  |   | 3         |
|                          |                           |  | Total Hours in Certi                    | ficate 12 |
|                          | "                         | GRADUATION:<br>fer from another college or university. |   |           |
|                          | omplete certificate withi | n five (5) years.                                      |   |           |
| Advisor                  |                           | DATE   |   |           |
| Dean, College of Nursing | g & Allied Health         | DATE   |   |           |
| I HAVE READ AND AGE      | REE TO ABIDE BY ALL REQU  | IIREMENTS ON THE CERTIFICATE PLAN OF STO               | UDY                                     |           |
| STUDENT SIGNATURE        |                           | DATE   |   |           |
| THIS CERTIFICATE DI      | AN OF STUDY IS NOT VALID  | LINTH DECEIVED & DROCESSED BY THE OFF                  | TICE OF ACADEMIC PECOPDS   DPOCESSED BY | DATE      |