

HOUSTON CHRISTIAN UNIVERSITY CERTIFICATE PLAN OF STUDY Certificate in Nurse Leader

NAME:					H#		
Last		First		Middle			
LOCAL ADDRESS:							
Street			City/State			Zip Code	
DAY PHONE:		CELL PHONE:	EVENI		G PHONE:		
EMAIL ADDRESS:							
CATALOG YEAR: <u>2</u>	023/2024				DATE:		
To earn a Certificate	in Nurse Leader. 13 s	emester hours are requ	ired.				
Certificate Requirements:							HOURS
NURS 5316	Leadership Roles &	Operations					3
NURS 5318	Healthcare Finance	•					3
NURS 5321/5021	Healthcare Operation	ns Immersion / Clinical					3
NURS 5400	Organizational Theor	ry & Culture					4
		•			Total Hours in	n Certificate	13
Advisor Dean, College of Nursing & Al		5) years. DATE DATE TS ON THE CERTIFICATE PLAN O	IF STUDY				
STUDENT SIGNATURE		DATE					
THIS CERTIFICATE PLAN OF	STUDY IS NOT VALID UNTIL F	RECEIVED & PROCESSED BY THE	OFFICE OF ACADEMIC REC	CORDS PROCESS	ED BY	DATE	