**STUDENT INFORMATION**

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| **Name:**       | **NAU ID:**        |
| **NAU E-mail Address:**        | **Phone Number:**       |
| **Term of Admission:**         | **Expected Graduation Term/Year:**        |
| **Advisor:**       | **Required Credits for Degree Program: 108** |

**I. Physician Assistant Content Coursework (57 units required)**

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| PHA 500 | Human Anatomy |       |       |       |       |       |       |
| PHA 511 | Human Physiology |       |       |       |       |       |       |
| PHA 512 | Human Pathology |       |       |       |       |       |       |
| PHA 520 | Foundations of Clinical Practice I |       |       |       |       |       |       |
| PHA 521 | Foundations of Clinical Practice II |       |       |       |       |       |       |
| PHA 522 | Foundations of Clinical Practice III |       |       |       |       |       |       |
| PHA 530 | Introduction to History Taking and Physical Examination |       |       |       |       |       |       |
| PHA 540 | Ethics and Professionalism |       |       |       |       |       |       |
| PHA 550 | Pharmacology & Pharmacotherapeutics I |       |       |       |       |       |       |
| PHA 551 | Pharmacology & Pharmacotherapeutics II |       |       |       |       |       |       |
| PHA 560 | Clinical Decision Making I |       |       |       |       |       |       |
| PHA 561 | Clinical Decision Making II |       |       |       |       |       |       |
| PHA 570 | Diagnostic Medicine |       |       |       |       |       |       |
| PHA 580 | Clinical Disciplines I |       |       |       |       |       |       |
| PHA 581 | Clinical Disciplines II |       |       |       |       |       |       |
| PHA 590 | Clinical Procedures and Interventions |       |       |       |       |       |       |

**II. Capstone Course Requirement (2 units required)**

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| PHA 689 | Capstone |       |       |       |       |       |       |

**III. Physician Assistant Seminar (1 unit required)**

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| PHA 698 | PA Seminar |       |       |       |       |       |       |

**IV. Required Clinical Rotations (48 units required):** Eight 6-week rotations.

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| PHA 613 | Surgery Rotation |       |       |       |       |       |       |
| PHA 615 | Women’s Health Rotation |       |       |       |       |       |       |
| PHA 616 | Mental Health Rotation |       |       |       |       |       |       |
| PHA 617 | Emergency Medicine Rotation |       |       |       |       |       |       |
| PHA 620 | Elective I Rotation |       |       |       |       |       |       |
| PHA 631 | Family Medicine Clinical Rotation |       |       |       |       |       |       |
| PHA 632 | Internal Medicine Clinical Rotation |       |       |       |       |       |       |
| PHA 634 | Pediatrics Clinical Rotation |       |       |       |       |       |       |

**ADDITIONAL INFORMATION**

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

In addition to all University and Office of Graduate & Professional Studies (OGPS) policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting your final Program of Study for graduation.

By signing or entering your name below, you agree to the following statement:

*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (formal digital signatures are permitted) in the space provided.

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| --- | --- |
| **Student:**       | **Date:**       |
| **Advisor:**       | **Date:**       |
| **Chair:**       | **Date:**       |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Internal Transfer I = Graduate-level course taken as undergraduate; Not applied to undergraduate degree

Accelerated Program “Dual-use” A = Courses completed during the undergraduate career and used to satisfy both the Bachelor’s and Master’s degree requirements. ONLY for designated Accelerated students.