**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: 12** |

# **Required Coursework (12 units):**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| PHA 700 | Health Care Systems and Practices in the US |       |       |       | 3 |       |       |
| PHA 704 | Health Informatics for Practice and Management |       |       |       | 3 |       |       |
| PHA 705 | Change Management in Health Care |       |       |       | 3 |       |       |
| PHA 706 | Financing Health Care Delivery in the US |       |       |       | 3 |       |       |

**ADDITIONAL INFORMATION**

Students enrolled in this certificate may not enroll in or pursue the following due to the number of overlapping units:

* [Physician Assistant Studies – Health](https://catalog.nau.edu/Catalog/details?plan=PHAOALGCT&catalogYear=2425) Equity, Graduate Certificate

This certificate may be pursued and completed concurrently with a degree program or as a stand-alone certificate. Under both circumstances, federal financial aid can be used for this certificate.

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