

GAP ANALYSIS FOR POST-GRADUATE STUDENTS

Name of Candidate: _____ Date Completed: _____

National Certification Sought: _____ Certifying Body for this Certification: _____

National Certification Previously Completed: _____ Certifying Body for this Certification: _____

School: _____ Year of Graduation: _____

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Instructions:

This form is to be used for a student who is a nationally certified advanced practice nurse seeking partial credit and/or waiver for coursework toward completion of post-graduate education in another advanced practice area (e.g., a Pediatric NP seeking certification as a Family NP or Adult PMH NP seeking across the lifespan PMH NP certification). The form should be completed after a thorough analysis of completed coursework and clinical experiences relative to the program requirements and national advanced nursing and advanced nurse practitioner competencies necessary for certification in the desired area of practice.

- In column 1, list the courses for the program of study required for preparation in the DESIRED area of practice.
- In column 2, list courses from the student's transcript that will be used to waive courses from column 1. List the course on the same or equivalent line as the course in column 1.
- In column 3, identify and describe clinical hours and experiences needed to meet the required competencies for the new or desired area of practice. The student must meet the clinical course requirements of the program of study using both clinical courses previously taken (indicated on the transcript) and courses to be completed.
- In column 4, list all coursework to be completed for the certificate (all courses from column 1 not waived). This column, in combination with column 3, will constitute the student's individualized program of study.

See Next Page

Name of Specialty/Program Director: _____

Signature of Specialty/Program Director: _____

Date: _____

Name of Student: _____

Signature of Student: _____

Date: _____

Name of Academic Dean: _____

Signature of Academic Dean: _____

Date: _____

Required Attachments:

- Student Transcript(s) from previous degree
- Rutgers School of Nursing Curriculum Sheet

02.27.21