

TOTAL CURRICULUM PLAN

(916) 322-3350

Submit in duplicate

Name of School: Los Angeles County College of Nursing and Allied Health											Date Submitted: 2/28/2018									
Type of Program: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate Degree											For BRN Office Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved									
Revision: <input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor					Effective Date:															
List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.											By: Date:									
Check appropriate year: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4							Check: <input checked="" type="checkbox"/> Semester <input type="checkbox"/> Quarter		*Wk:		18									
Quarter/Semester							Total		Theory		Lab		Total Hours							
									Units	Hr/Wk	Units	Hr/Wk	Theory	Lab						
Prerequisite courses							M	S	O	C	P	G	**Wk:	Units	Hr/Wk	Units	Hr/Wk	Theory	Lab	
Human Anatomy							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	3	3	1	3	54	54
Human Physiology							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	3	3	1	3	54	54
Lifespan Psychology							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	3	3	0	0	54	0
English 101							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	3	3	0	0	54	0
General Microbiology							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	3	3	1	3	54	54
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0
Total														18	15	15	3	9	270	162
Quarter/Semester																				
Semester 1							M	S	O	C	P	G	**Wk:	Total Hours						
N111 Nursing Pharm							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	1	1	0	0	18	0
N112 Introduction to Professional Nsg Role							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	0	0	18	0
N113 Intro to Med/Surg Nursing							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	4	4	0	0	72	0
N113L Intro to Med/Surg Clinical							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	0	0	4	12	0	216
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1			0		0	0	0
Total														10	6	6	4	12	108	216
Quarter/Semester																				
Semester 2							M	S	O	C	P	G	**Wk:	Total Hours						
N121 Nursing Pharm							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	1	1	0	0	18	0
N122 Nsg Role							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	1	1	0	0	18	0
N123 Med/Surg Nsg							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	2	2	2	0	0	36	0
N123L M/S Clinical							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2.5	0	0	2.5	7.5	0	135
N124 Mat/Child Nsg							<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	2	2	0	0	36	0
N124L Mat/Child Clin							<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2.5	0	0	2.5	7.5	0	135
Sociology 1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	3	3	0	0	54	0
Physical Education							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	0	0	18	0
Total														15	10	10	5	15	180	270

* Number of weeks per semester / quarter

** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

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											Total Units		Theory		Lab		Total Hours	
Quarter/Semester																		
Semester 3																		
	M	S	O	C	P	G	**Wk:	Units	Hr/Wk	Units	Hr/Wk	Theory	Lab					
N231 Nursing Pharm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	1	0	0	18	0					
N232 Spec Nsg Role	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	1	1	0	0	18	0					
N233 Intermediate M/S & Psych Nursing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	3	3	0	0	54	0					
N233L Intermediate M/S & Psych Nsg Clinical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	6	0	6	18	0	324					
Speech 101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	3	0	0	54	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		0		0	0	0					
Total								14	8	6	18	144	324					
Quarter/Semester																		
Semester 4																		
	M	S	O	C	P	G	**Wk:											
N242 Nursing Role	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	2	2	0	0	36	0					
N243 Adv M/S & Geri	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	2	2	0	0	36	0					
N243L Adv M/S & Geri Nursing Clinical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	6	0	6	18	0	324					
US History or Political Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	3	0	0	54	0					
Humanities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	3	0	0	54	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1				0							
Total								16	10	6	18	180	324					
Quarter/Semester																		
	M	S	O	C	P	G	**Wk:											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		0		0	0	0					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		0		0	0	0					
Total								0	0	0	0	0	0					

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EDP-P-05a (Rev. 08/10)