

Gap Analysis for NP Post-Graduate Certificate

Per guidance from [2022 Standards for Quality Nurse Practitioner Education, 6th Edition](#), the postgraduate NP certificate program must:

- Meet the institution's requirements for granting a post-graduate certificate.
- Include for each student a formal gap analysis of past graduate education (didactic and clinical hours and courses) to determine the additional didactic courses and faculty supervised clinical hours to meet the NP program outcomes. At a minimum, a total of 750 direct patient care clinical hours as defined in Criterion III. H. are to be included in the past APRN graduate education program and post-graduate certificate program specifically to meet the same end-of-program outcomes for the new NP role and/or new population.

The School of Nursing must include the following required evidence:

- A completed gap analysis for each postgraduate candidate (this form).
- The policies or procedures used for student evaluation to demonstrate national competencies necessary to grant credit for prior academic didactic and faculty supervised clinical hours, as well as the process to determine additional academic didactic and clinical hours needed to meet expected outcomes.
- Sample certificate of completion or a transcript for a post-graduate student showing educational preparation for the NP role and at least one population focus, to include primary or acute care or both for adult and pediatric programs and to include completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).

It is important to note that the education requirements for APRN programs and national certification requirements have changed over time, therefore, using a student's national certification as the sole evidence of meeting APRN core courses and/or faculty supervised hours is **not** a reliable tool.

Process:

1. The student submits syllabi / appropriate documentation to their academic advisor for the courses which they are seeking credit.
2. Student's academic advisor completes Sections A-C.
3. Academic advisor notifies the specialty coordinator that the form needs to be reviewed/completed.
4. Specialty coordinator completes the form.
5. Completed forms are reviewed and approved by the MSN Committee in the monthly meetings. Approval is documented in the minutes.
6. Approved forms are signed by the Program Director and sent to the SON Registrar with any required supporting documents to be added to the student's file (ImageNow).

Section A: Student Information

Student Name: _____

Academic Advisor Name: _____

Post-Master's Certificate (select one)

- Adult-Gerontology Acute Care CNS
- Adult-Gerontology Acute Care NP
- Family NP
- Neonatal NP
- Pediatric NP – Acute Care
- Pediatric NP – Primary Care
- Psychiatric-Mental Health NP

Specialty Coordinator Name: _____

Anticipated Date of Certificate Completion: _____

Section B: Student's Previous Education

Student's Former Name(s) *if applicable*: _____

Previously Completed Graduate Program Institution Name: _____

Previously Completed APRN or NP Program/Population Completed: _____

Year of Graduation: _____

Current APRN Certification and Expiration Date: _____

Postgraduate NP Program Institution: _____

Postgraduate NP Population: _____

Section C: Admissions Prerequisites (verified by the School of Nursing Admissions Office)

UVA Course Information	Equivalent Course Number	Equivalent Course Name	Credit Hours	Institution Name
GNUR 6010: Advanced Pathophysiology, 4-0-0-4				
GNUR 6025: Advanced Health Assessment, 2-1-0-3				
GNUR 6020, Advanced Pharmacology, 4-0-0-4				

Section D: UVA Post-Master's Certificate Plan of Study:

Required UVA Coursework (didactic and clinical)	Equivalent Course/Clinical hours from student's previous graduate program	Semester Prior/Previous Course Completed	Rationale for Approval	Course to be completed at UVA

Specialty Coordinator's Name (Printed): _____

Specialty Coordinator's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

Approval Date of Gap Analysis by the MSN Committee: _____