Provider Name: _____

Template A
CURRICULUM PLAN BY SEMESTER

Semester I:

Course and Title	Term	Type and hours of instruction Didactic	Clinical	Lab	Sim	Total # hours of instruction Clock	Credit
						Total	Total

Semester II:

Course and Title	Term	Type and hours of instruction Didactic	Clinical	Lab	Sim	Total # hours of instruction Clock	Credit
						Total	Total

Semester III:

Course and Title	Term	Type and hours of instruction Didactic	Clinical	Lab	Sim	Total # hours of instruction Clock	Credit
						Total	Total

Semester IV:

Course and Title	Term	Type and hours of instruction Didactic	Clinical	Lab	Sim	Total # hours of instruction Clock	Credit
						Total	Total

TOTAL NUMBER OF HOURS _____ _____ ____ ___ _____ _____

(ALL SEMESTERS) Didactic Clinical Lab Sim Clock hours Credit