Policy Title: Validation of Course Work

Policy

Post-MSN students may obtain validation for clinical or didactic credits by demonstrating achievement of course objectives within the sequence of post-MSN courses recommended for completion of certification requirements.

Background

Post-MSN students may demonstrate competencies based on their previous master's coursework which meet current course objectives identified in the program.

Procedure

1. The student must register for the course(s) in which they are requesting validation for clinical or didactic objectives.

2. **On or before the first day of class**, the student must apply for validation of course objectives by contacting the lead course faculty and submitting a Validation of Course Work Form (attached) which provides evidence of meeting the objectives and course requirements. *For example:*
   - For didactic content the student might demonstrate knowledge by completing all examinations and written work.
   - For clinical hours the student might document skills and training, be observed by course faculty in the clinical area, and/or be observed performing in the laboratory setting.

3. Course faculty will review the information provided and will document on the Validation of Course Work Form for the determination of course credit.
   - If no validation is granted by the faculty, the student will be required to complete all the course requirements. If validation is granted, the student will be given course credit.

4. Course faculty will determine evaluation methods and criteria in order that a course grade can be assigned.

5. The faculty member completes the Validation of Course Work form, obtains necessary signatures, and sends the completed form to the Student Affairs Office. The completed form will be filed in the student’s record.
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THE UNIVERSITY OF TEXAS-HOUSTON
HEALTH SCIENCE CENTER SCHOOL
OF NURSING

Validation of Course Work Form

Student please complete the following section:

1. Name: ____________________________________________

2. Program: ___________ Content Area_____ Role _____

3. Certification Held By: ______________________________
   Date Certified: ___________ ___________
   Number: ___________ ___________

4. Course Number and Name: __________________________

5. Request to Validate: _____ Didactic _____ Clinical _____ Both

6. Documentation provided: Explain briefly and attach any pertinent information:

   __________________________________________________

_____________________________ ____________
Student Signature: Date:

Faculty complete the following section:

Number of validation credits approved:

Complete: _____ Partial: _____ None: _____

Requirements needed:

   __________________________________________________

_____________________________ ____________
Faculty Signature: Date:

_____________________________ ____________
Associate Dean for Academic Affairs Signature or Designee: Date:

Copy to: Student Affairs Office, student file, student, advisor/track director