



Faculty Council Meeting
Monday, Mar 2, 2026, 1:00-3:00 PM
Chancellor's Conference Room
Third Floor, Quinn Administration Building
<https://www.umb.edu/faculty-staff/faculty-council/>

Agenda

Supporting documents may be found in the March Meeting Documents Folder here: [2025-2026 Faculty Council Meeting Documents](#) (To access these documents, you must be signed into your UMB account.)

I. Motion to approve or amend the Agenda

II. Motion to approve the February Meeting Minutes

III. Motion to approve members of General Education Subcommittees (Neal Bruss):

Motion 1: That Prof. Sheldon George, CLA (Africana Studies), be included among the members of the General Education Diversity Subcommittee.

Motion 2: That Prof. Sung Park, Manning College (Gerontology), be included among the members of the Quantitative Reasoning Subcommittee.

Prof. Park replaces Prof. Jeffrey Stokes from the Manning College Gerontology Department.

IV. Motion to approve Yijia E Zhao, College of Management as member of Budget and Long-Range Planning Committee

V. Motion to admit to the minutes of this meeting the response from the Provost and Chancellor to "Motion to ensure educational continuity for members of our community affected by the violence of federal immigration agents" (Agenda Item IX of the Feb 2 2026 Faculty Council Meeting) (**See Appendix A below**)

VI. Motions from the Graduate Studies Committee (**See Appendix B below**)

VII. Motion: Establishment of *Ad Hoc* Committee to Track Faculty Council Motions and Administrative Responses:

Whereas, to assess adherence to principles of shared governance requires a clear record of recommendations made by faculty governing bodies and responses to those recommendations by administration; therefore, be it

RESOLVED that an *ad hoc* committee of 3-6 members be established with the charge of reviewing meeting minutes to identify "substantial" motions passed from the Fall of 2015 to the Spring of 2026, excluding "incidental" or "procedural" motions and motions from the General Education Committee and the Graduate Studies Committee, which have their own tracking system.) The *Ad Hoc* committee will develop a numbering system for all motions and, if applicable, review administrative reports and other documents or contact individuals for responses to motions.

Nomination for this ad hoc committee will be solicited from Monday March 2 – Friday March 20, 2026, to be voted on at the April 6th meeting of Faculty Council.

A report will be presented to Faculty Council in the form of a spreadsheet showing substantial motions and, if applicable, responses from administration at the May 4th meeting of Faculty Council, at which time the *Ad Hoc* Committee will dissolve or renewed.

**Per Article 10 of UMass Boston Faculty Council Bylaws, Amended and Approved by the Faculty Council on December 4, 2023*

2. *New Ad Hoc Committees are established via a motion which must include:*

- a. Name, charge, size, and expected duration,*
- b. Whether and how members are elected or appointed, and*
- c. Dates by which the committee is expected to present a progress or final report.*

3. *Ad Hoc Committees are dissolved either by*

- a. A Council vote, or*
- b. Automatically, on the first August 31 that occurs after the date of submission of their final report, unless the Council votes to renew the Committee.)*

VIII. Motion for Appropriate Communication Procedures in the Event of Freedom of Information Requests of Faculty Materials:

Whereas, faculty emails and public information is under scrutiny by outside groups such as Turning Point USA, Defending Education, and other groups of various political affiliations; and

Whereas, the university is required by law to comply with legal valid and appropriate Freedom of Information Act (FOIA) requests; and

Whereas, faculty on this campus have as recently as October-December 2025 had information subject to external FOIA requests; be it

RESOLVED, that administration communicate with faculty, staff, and students or any person affiliated with the campus community as soon as they have been named in documents shared with external parties as a result of FOIA requests.

IX. Discussion of previously circulated reports from student government:

Report on the recent events in the east residential hall, and how it has affected our students - Cristian Orellana, President, Undergraduate Student Government

X. Discussion of previously circulated reports from union representatives:

- Classified Staff University Representative - Alexa MacPherson, CSU President
- Professional Staff Union Representative - Michael Mahan
- Faculty Staff Union Representative - Caroline Coscia, FSU President
- Representatives from the Graduate Employee Organization – Jonathan Vega Martinez

XI. Discussion of previously circulated reports from administrators:

- Chancellor - Marcelo Suárez-Orozco
- Provost and Vice Chancellor for Academic Affairs – Joseph Berger
- Vice Chancellor for Administration & Finance – Kathleen Kirleis

XII. New Business

XIII. Motion to Adjourn

Appendix A

Response to “Motion to ensure educational continuity for members of our community affected by the violence of federal immigration agents,” (received 2/19/2026)

Dear Members of the Faculty Council,

Thank you for presenting this motion and for your genuine concern for the well-being of all members of the UMass Boston community. We want to acknowledge that many in our community — especially those with friends, family, or personal experiences with immigration enforcement — are profoundly impacted by recent national events, including reports of aggressive tactics and civilian deaths involving federal immigration agents in Minneapolis and other cities. These incidents have caused widespread pain, fear, and calls for greater accountability and humane treatment of everyone. At UMass Boston, we adhere to the guidelines issued by Governor Healey and Boston Mayor Wu regarding federal immigration enforcement. “In Massachusetts and across the country, we continue to see unlawful and unconstitutional actions by ICE that are meant to intimidate and instill fear in our communities, including against United States citizens who are exercising their constitutional rights,” Governor Healey stated. “This puts people at risk and in harm’s way, and I find it necessary in the interest of public safety to take this action today.” Subsequently, Mayor Michelle Wu issued a parallel executive order for the City of Boston, further reinforcing these protections at the local level.

To repeat, as stated in the Chancellor’s communication of February 5, at UMass Boston we “are firmly committed to adhering to the guidance outlined in these actions and to working in close coordination with the UMass system, the Commonwealth, and the City of Boston to ensure that our campus remains a safe place of trust, opportunity, and excellence. Our highest priority remains the safety and well-being of our community and the uninterrupted pursuit of our academic mission.”

The university’s emergency alert system is specifically designed and required to be used only upon confirmation of a significant emergency or dangerous situation involving an imminent or immediate threat to the health or safety of the campus. The policy guiding this system is based on verified and localized risks that need immediate protective action. When activated, emergency alerts deliver time-sensitive information and instructions to protect lives and well-being in cases such as fires, severe weather, or an active-shooter threat on campus.

We understand that having federal agencies like ICE or Customs and Border Protection on or near campus will concern members of our community. However, based on the University of Massachusetts established policies, their presence alone does not constitute an emergency requiring a campuswide alert. Our public safety and emergency management teams carefully assess each situation using established criteria, considering the specifics of each incident, the immediacy of any potential risks, and whether issuing a message could unintentionally compromise campus safety.

We understand that uncertainty and fear can be very distressing. We will continue to offer a multiplicity of supports as required. The university remains dedicated to providing timely, transparent, and supportive communication through our usual channels. When necessary, we will:

- Share accurate information with the campus community;
- Offer guidance about rights and;
- Collaborate with student affairs, faculty leaders, and community partners to ensure that individuals know where to turn for help and reassurance.

We have re-circulated the policy and procedures for changing the modality of courses when warranted. The policy does not explicitly list any specific reasons for changing modality. We trust our faculty colleagues to continue making sound decisions and department chairs and deans to provide approval for rapid and short-term shifts as necessary. Should there be a need for broader or longer duration shifts in course modality, Provost Berger will work with faculty and administrative leaders to make those decisions.

As stated in the Chancellor’s February 5 communication, we encourage all members of our community to review and re-familiarize themselves with the guidance issued by the UMass Office of General Counsel, which outlines appropriate procedures for responding to visits or requests from local, state, and federal law enforcement.

Our goal remains to balance safety, clarity, and trust — maintaining the integrity of emergency systems for immediate threats while cultivating a campus culture where everyone feels informed, respected, and supported. We are open to ongoing conversations about how we communicate critical information and how we respond compassionately to events that deeply impact our community.

Sincerely,

Provost Joseph Berger and Chancellor Marcelo Suárez-Orozco

EMERGENCY ALERT POLICY LANGUAGE:

The University of Massachusetts Boston has an emergency notification system in place to provide timely information and direction to students, faculty, staff, visitors, and other members of the campus community (hereafter referred to as “the campus community”). Upon confirmation of a significant emergency or dangerous situation involving imminent or immediate threat to the health or safety of the campus community, occurring on or immediately adjacent to the campus (hereafter referred to as “confirmed threat to the campus community”), emergency notifications will be sent without delay via the UMass Boston Alert System.

Decisions are made on a case-by-case basis, in light of all the facts surrounding an incident or crime, including factors such as the nature of the incident/crime, the immediate or continuing threat to the campus community, and the possible risk of compromising law enforcement efforts.

When there is a “confirmed threat to the campus community,” the Assistant Vice Chancellor for Facilities Management, Chief of Police, Director of Environmental Health and Safety, or Director of Emergency Management (or designees) will immediately direct UMass Boston Police Dispatch or the Office of Communications to send an emergency alert. The initial alert may be sent using one of the pre-scripted template messages stored in the alert system or crafted at the time of the emergency as needed. Following an emergency alert, an “All-Clear” alert may be necessary, sent by dispatch or the Office of Communications.

Appendix B

GSC Motions for March 2, 2026 FC Meeting
All materials available for review on Curriculog

Motion #1

From: CLA

Request for a course change: to change the number of credits for PSYCLN 650 Clinical Psychology Proseminar I from 1 to 2.

Description: The purpose of this course is to provide an introduction the field of clinical psychology and to our program, while also introducing professional development strategies for surviving and thriving during graduate school. At the same time, this seminar is designed to help students understand themselves as scientist-practitioner-activists. This course will provide students with guidance towards developing the professional values, attitudes, and behaviors and interpersonal skills that are necessary in the field of clinical psychology.

Rationale: 1 hour a week has not been sufficient to cover the course content. Extending the time of the course to 2 hours a week would more fully realize the intention of the course.

Motion #2

From: CLA

Request for a program change: to reduce the total number of required credits from 36 to 33 for the Historical Archaeology MA program in the Anthropology Department. A separate proposal has been launched to change the credit range for the fieldwork course (ANTH 685) from 6-10 to 3-10, which necessitates a reduction in the total required credits for the program.

Rationale: This change maintains the same number of required courses, thereby keeping the same curricular integrity, but offers more flexibility during a challenging financial and scheduling period for graduate students – the summer. This change better meets student needs and aligns the credit requirements of the program more closely with comparable MA programs at other universities.

Motion #3

From: CLA

Request for a course change: to change the course title of ANTH 685 from Summer Field School in Historical Archaeology to Advanced Practicum in Field Archaeology and to change the credit range from 6-10 to 3-10, to better meet student needs and align with the UG version of the course.

Description: Summer field survey or excavation in historical archaeology for 6-8 weeks in the Boston or New England area.

Rationale: This is a required class that is only taught in the summer; the course structure, pedagogy, and learning objectives of ANTH 685 will remain the same. The current title does not accurately convey the goals of the course nor the way it is taught, which is to advance graduate students' skills beyond what is normally attained in undergraduate field schools. Undergraduate field school generally teaches basic methods of excavation, which ANTH 485 does; the graduate course gives the graduate students supervisory experience along with project management skills necessary for employment as professional archaeologists. The title change will also better distinguish the graduate field course from the undergraduate field school. This course is often taught concurrently with undergraduate archaeological field school (ANTH 485 Field Research in Archaeology), which is offered at 3-10 credits, but with different objectives and expectations. This change allows the course to continue to be offered at 6 credits, but the increased range affords the instructors scheduling flexibility to meet different student and instructor needs and will be sensitive to students' financial equity concerns.

Motion #4

From: MCNHS

Request for a course change: to change the title of EHS 630 from Advanced Health Fitness and Nutrition Assessment to Advanced Exercise Assessment and Interpretation, and to change the description (one-word difference in the description).

Old description: The course is designed to provide hands-on experience for health and fitness professionals. The laboratory experience will be used to generate new knowledge and provide practical experience for assessment of human health, physical fitness, and nutrition. The course serves an important role in training graduate students for professions in areas such as cardiopulmonary rehabilitation, clinical *expertise* physiology, sports medicine, and community and worksite fitness/health promotion.

New description: The course is designed to provide hands-on experience for health and fitness professionals. The laboratory experience will be used to generate new knowledge and provide practical experience for assessment of human health, physical fitness, and nutrition. The course serves an important role in training graduate students for professions in areas such as cardiopulmonary rehabilitation, clinical *exercise* physiology, sports medicine, and community and worksite fitness/ health promotion.

Rationale: The changes bring the course more in line with the course content and sharpen the emphasis on exercise testing and diagnostic interpretation. They enhance clarity and better align with the new Clinical Exercise Physiology Concentration (in governance).

Motion #5

From: MCNHS

Request for a new course: EHS 640 Advanced Electrocardiography, to be part of the proposed new Clinical Exercise Physiology (CEP) concentration curriculum (in governance) in the existing EHS Master's Program. This course will serve as a required course for graduate students enrolled in the CEP concentration and as an elective course for students enrolled in the other concentrations, Applied Exercise Physiology and Physical Activity and Health Promotion.

Description: The course will provide an in-depth study of the practical and theoretical knowledge and understanding of electrocardiography (ECG). The course is primarily intended for those planning to practice clinically (Clinical Exercise Physiologists). Students will interpret single- and 12-lead rhythm strips of normal and abnormal ECGs at rest, during exercise, and recovery. No prerequisite course(s) required. This is a required course in the Clinical Exercise Physiology concentration.

Rationale: The proposed Advanced Electrocardiography (ECG) course is designed to address a critical competency area in the training of clinical exercise physiologists. As part of the new concentration in Clinical Exercise Physiology within the existing EHS Master's Program, this course will provide students with advanced knowledge and practical skills in ECG interpretation, a core requirement in clinical settings such as cardiac rehabilitation, stress testing, and diagnostic exercise procedures.

Motion #6

From: MCNHS

Request for a new course: EHS 642 Cardiopulmonary Rehabilitation, to be part of the proposed new concentration in Clinical Exercise Physiology (in governance) within the existing EHS Master's Program, aiming to prepare students for clinical roles in cardiopulmonary care settings. This course will serve as a required course for graduate students enrolled in the CEP concentration and as an elective course for students enrolled in the other concentrations, Applied Exercise Physiology and Physical Activity and Health Promotion.

Description: This course provides an in-depth examination of concepts, design, and implementation of cardiac and pulmonary rehabilitation programs that focuses on disease treatment and management, patient education, and lifestyle modification.

Rationale: Cardiopulmonary rehabilitation is a foundational component of clinical exercise physiology practice, yet currently there is no existing course that comprehensively addresses in-depth concepts, design, and implementation of cardiac and pulmonary rehabilitation programs.

Motion #7

From: MCNHS

Request for a new course: EHS 645 Exercise Pharmacology, to be part of the proposed new concentration in Clinical Exercise Physiology (in governance) within the existing EHS Master's Program. This course will serve as a required course for graduate students enrolled in the CEP concentration and as an elective course for students enrolled in the other concentrations, Applied Exercise Physiology and Physical Activity and Health Promotion. It will support student preparation for careers by bridging the gap between pharmacologic knowledge and exercise prescription in medically supervised environments and will also prepare students for professional certification exams (e.g., ACSM-CEP), which include pharmacology as a key competency area.

Description: Exercise Pharmacology is designed to explore how pharmacological agents impact human physiology and health in the context of exercise training. This course focuses on the fundamental principles of pharmacology and applies them to the unique demands and challenges encountered in exercise performance, exercise training responses, and rehabilitation. Special emphasis will be placed on how lifestyle modification,

including regular exercise, and pharmacological agents are used in the treatment of cardiovascular, pulmonary, and metabolic diseases. This course is required for all students in the Clinical Exercise Physiology concentration.

Rationale: This course is designed to meet the growing need for clinical exercise physiologists to understand the complex interactions between pharmacologic treatments and exercise responses. It will fill a critical gap in the curriculum by providing students with foundational and applied knowledge of commonly prescribed medications in clinical populations and will better prepare students for clinical careers and enhance their ability to deliver safe and effective patient care.

Motion #8

From: MCNHS

Request for a program change: to suspend the Nursing Post Masters FNP Certificate Program, due to low enrollment, difficulty with tracking students and the continued low pass rates on graduate certification exams.

Rationale: In addition to low retention rates, the certification pass rates for the program were well below the benchmark for accreditation and in May 2024, the 3rd PMC track coordinator in 4 years resigned from the position. No new applicants have been admitted since Fall 2024. PMC students were mostly out of state, less likely to complete and then far less likely to pass certification. It is in the best interest of the students and the university to focus our limited resources on supporting regional students in the MS program. These students are incredibly successful and further our mission to provide high quality, equitable care to the communities in and around Boston.

Motion #9

From: MCNHS

Request for a course change: to change the title of NURSNG 647 from Clinical Management I: Psychiatric Assessment/Diagnosis for PMHNP to Psychiatric Mental Health Diagnosis and Management I, and to change the description and number of credits. The proposal is part of the change to the Psychiatric and Mental Health Nurse Practitioner Program (in governance) which includes: change in course titles, course descriptions, course credits and the addition of one new course. The number of credits for the program remains the same despite the new course since NURSNG 647 will be reduced from 6 credits to 3.

Old description: This is the first clinical course that prepares psychiatric nurse practitioner students for advanced practice in Psychiatric-Mental Health Nursing. The course focuses on the methods for gathering pertinent data in order to conduct a psychiatric evaluation, arrive at a differential diagnosis and make appropriate treatment recommendations with clients across the life span demonstrating psychiatric symptoms. The assessment, diagnostic, therapeutic, evaluative, consultative, and teaching functions of the nurse practitioner role are examined within a professional, ethical, and legal framework. Seminar discussions include an exploration of special topics applied to hypothetical and real patient cases to explore issues of mental health and wellness across the life span, differential diagnosis of common psychiatric complaints and culturally competent comprehensive care. Diversity, health care disparities, and ethical issues will be discussed as they relate to the case discussions and clinical topics.

New description: This course provides foundational knowledge and skills in the diagnosis and management of psychiatric mental health conditions across the lifespan. Emphasis is placed on applying advanced practice nursing principles to the comprehensive assessment, differential diagnosis, and evidence-based management of psychiatric disorders. Students will integrate biological, psychological, social, cultural, and spiritual dimensions of health to deliver patient-centered care. The course incorporates interprofessional perspectives and aligns with the AACN Essentials, NONPF Nurse Practitioner Core Competencies, and PMHNP specialty competencies to prepare students for clinical decision-making in diverse practice settings.

Rationale: The changes to this course include the title, number of credits, course description, and course objectives to align with the accreditation standards. The previous course was 6 credits; the changes will separate the didactic coursework from clinical practicum content, with the material now distributed across the NU647 (didactic) and NU648 (clinical practicum) courses. Clearly delineating these courses allows for stronger alignment with accreditation competencies and the separation ensures that performance in each area is assessed independently, providing students with targeted opportunities to address deficiencies and improve where needed.

Motion #10

From: MCNHS

Request for a course change: to change the title of NURSNG 648 from Clinical Management II: Diagnostic Management & Treatment Strategies to Psychiatric Mental Health Practicum I, and to change the description. The proposal is part of the changes to the Psychiatric and Mental Health Nurse Practitioner Program (in governance) which include: change in course titles, course descriptions, course credits and the addition of one new course. This course change reflects the separation of didactic coursework from clinical practicum content, with the material now distributed across the NU647 (didactic), NU648 (clinical practicum), NU650 (Didactic) and NU649 (clinical practicum) courses. With these changes NU648 is the first clinical course for the PMHNP students.

Old description: This is the second clinical course that emphasizes the theoretical bases for psychiatric diagnosis and treatment interventions across the lifespan. Advanced interview methods and diagnostic skills are a course thread. Cognitive treatment and evidence based therapy techniques are applied. The PMHNP learns to manage common psychiatric disorders using clinical practice guidelines and research. Students provide a full spectrum of mental health services to the increasingly complex patients with a combination of higher risk, acute illness, and chronic & comorbid health conditions where atypical disease presentation and challenges to disease treatment exist. Seminars focus on the application of Diagnostic theory and research to the domains of practice of the psychiatric mental health nurse practitioner role, including the management of patient with minor to serious mental illness, the teaching-coaching function of the nurse practitioner, and ensuring the quality of health care services. Interdisciplinary collaborative practice skills are developed.

New description: This first clinical course introduces PMHNP students to the theoretical and practical foundations of psychiatric diagnosis and treatment interventions across the lifespan. Students develop advanced interviewing techniques, diagnostic reasoning, and foundational skills in therapeutic communication. Cognitive and evidence-based therapeutic approaches are introduced and applied in clinical settings. The course emphasizes the use of clinical practice guidelines and current research to manage common psychiatric disorders. Students begin providing a full spectrum of mental health services to patients with varying levels of complexity, including those with acute illness, chronic conditions, and comorbid health concerns. Seminars/clinical conferences support the integration of diagnostic theory and research into the domains of PMHNP practice, including the management of patients with minor to serious mental illness, the teaching-coaching role of the nurse practitioner, and approaches to ensuring quality care delivery. The development of interprofessional collaboration and team-based practice skills is an essential component of this course.

Rationale: The changes to this course include the title, course description, and course objectives to align with the accreditation standards. Clearly delineating these courses allows for stronger alignment with accreditation competencies and the separation of didactic courses from clinical courses ensures that performance in each area is assessed independently, providing students with targeted opportunities to address deficiencies and improve where needed.

Motion #11

From: MCNHS

Request for a course change: to change the title of NURSNG 649 from Clinical Management III: Treatment to Psychiatric Mental Health Practicum II, and to change the description. The proposal is part of the changes to the Psychiatric and Mental Health Nurse Practitioner Program (in governance) which include: change in course titles, course descriptions, course credits and the addition of one new course. This course change reflects the separation of didactic coursework from clinical practicum content, with the material now distributed across the NU647 (didactic), NU648 (clinical practicum), NU650 (Didactic) and NU649 (clinical practicum) courses.

Old description: This is the third clinical course that focuses on the psychiatric mental health nurse practitioner (PMHNP) students' skills and competencies with patients with higher complexity. Assessment, diagnostic, therapeutic, and health teaching strategies are applied to a continuum of mental health promotion / illness management with a focus on the psychiatric care across the lifespan and continuum of care across settings.

Students provide depth analysis of theory and research as a basis for their clinical decisions; exploration of the mental health recovery paradigm, and finally, the assessment, planning and intervention in complex care of individuals with co-morbid substance use and medical conditions. Interdisciplinary collaborative practice skills are developed. Seminar discussions include an exploration of special topics in disease management to improve quality, access and cost of mental health care for diverse populations (or communities) with an emphasis on underserved populations, where diversity includes age, gender, race/ethnicity, culture, religion, language, sexual orientation, abilities, and socioeconomic status. Virtual care and Telehealth delivery of mental health services is a topical area of emphasis for this semester.

New description: This is the second and last clinical course that focuses on the psychiatric mental health nurse practitioner (PMHNP) students' skills and competencies with patients with higher complexity. Assessment, diagnostic, therapeutic, and health teaching strategies are applied to a continuum of mental health promotion / illness management with a focus on the psychiatric care across the lifespan and continuum of care across settings. Students provide depth analysis of theory and research as a basis for their clinical decisions; exploration of the mental health recovery paradigm, and finally, the assessment, planning and intervention in complex care of individuals with co-morbid substance use and medical conditions. Interprofessional collaborative practice skills are developed. Seminar discussions include an exploration of special topics in disease management to improve quality, access and cost of mental health care for diverse populations (or communities) with an emphasis on underserved populations, where diversity includes age, gender, race/ethnicity, culture, religion, language, sexual orientation, abilities, and socioeconomic status. Virtual care and Telehealth delivery of mental health services is a topical area of emphasis for this semester.

Rationale: The changes to this course include the title, course description, and course objectives to align with the accreditation standards. Clearly delineating these courses allows for stronger alignment with accreditation competencies and the separation of didactic courses from clinical courses ensures that performance in each area is assessed independently, providing students with targeted opportunities to address deficiencies and improve where needed.

Motion #12

From: MCNHS

Request for a new course: NURSNG 650 Psychiatric Mental Health Diagnosis and Management II, as part of the changes to the Psychiatric and Mental Health Nurse Practitioner Program (in governance) which include: change in course titles, course descriptions, course credits and the addition of this new course. The number of credits for the program remains the same despite this new course since NURSNG 647 will be reduced from 6 credits to 3.

Description: This culminating didactic course builds upon foundational concepts from Psychiatric Mental Health Diagnosis and Management I to advance the student's expertise in managing complex psychiatric conditions across the lifespan. Students will integrate comprehensive assessment, diagnostic reasoning, psychopharmacology, psychotherapy, and system-level interventions to provide holistic, recovery-oriented care. The course emphasizes complex clinical scenarios, comorbidities, treatment-resistant conditions, and interprofessional collaboration. Students will apply clinical guidelines, emerging research, and ethical frameworks to develop advanced care plans and demonstrate readiness for independent practice as PMHNPs.

Rationale: The PMHNP program prepares students to provide care across the lifespan, incorporating content specific to pediatric, adult, and older adult populations. In addition, topics related to healthcare delivery for complex mental disorders, telepsychiatry, dual diagnosis, forensic psychiatry and innovative evidence based psychotherapeutic modalities will be included to ensure graduates are prepared as independent, practice-ready nurse practitioners in aligning with the AACN, NP Core and Population Focus competencies.