

**Provider Name:** \_\_\_\_\_

**Template A**  
**CURRICULUM PLAN BY SEMESTER**

**Semester I:**

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

**Semester II:**

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

**Semester III:**

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

**Semester IV:**

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

**TOTAL NUMBER OF HOURS**      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 (ALL SEMESTERS)                      Didactic      Clinical      Lab      Sim      Clock hours      Credit