

## APPLICATION FOR NEW COURSE

1. Submitted by College of Public Health Date 1/22/07

Department/Division offering course Gerontology

2. Proposed designation and Bulletin description of this course

a. Prefix and Number GRN 602 b. Title\* Certificate Practicum in Gerontology

\*NOTE: If the title is longer than 24 characters (including spaces), write

A sensible title (not exceeding 24 characters) for use on transcripts Certificate Practicum

c. Lecture/Discussion hours per week NA d. Laboratory hours per week NA

e. Studio hours per week NA f. Credits 3

g. Course description

The course is a field experience of approximately 220 hours focused on aging. Content, site, and supervisor may vary; but the student must have an objective-based proposal approved prior to beginning the practicum.

h. Prerequisites (if any)

Acceptance into the Graduate Certificate in Gerontology

i. May be repeated to a maximum of 1 (if applicable)

4. To be cross-listed as

Prefix and Number

Signature, Chairman, cross-listing department

5. Effective Date Fall, 2007 (semester and year)

6. Course to be offered  Fall  Spring  Summer

7. Will the course be offered each year?  Yes  No  
(Explain if not annually)

8. Why is this course needed?

The course fulfills the practicum requirement of the Graduate Certificate in Gerontology.

9. a. By whom will the course be taught? John F. Watkins

b. Are facilities for teaching the course now available?  Yes  No  
If not, what plans have been made for providing them?

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10. What enrollment may be reasonably anticipated? 5
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11. Will this course serve students in the Department primarily?  Yes  No  
Will it be of service to a significant number of students outside the Department?  Yes  No  
If so, explain.  
Certificate students are drawn from many different units across campus. This new course provides a formal mechanism for enrollment and grade assignment.
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- Will the course serve as a University Studies Program course?  Yes  No  
If yes, under what Area? \_\_\_\_\_
12. Check the category most applicable to this course
- traditional; offered in corresponding departments elsewhere;  
 relatively new, now being widely established  
 not yet to be found in many (or any) other universities
13. Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky?  Yes  No
14. Is this course part of a proposed new program:  
If yes, which?  Yes  No
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15. Will adding this course change the degree requirements in one or more programs? \*  
If yes, explain the change(s) below  Yes  No
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16. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.
17. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.  Check here if 100-200.
18. If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and graduate students in assignments, grading criteria, and grading scales.  Check here if 400G-500.
19. Within the Department, who should be contacted for further information about the proposed course?  
Name John F. Watkins Phone Extension 7-1450, x80240

\*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.

20. Signatures to report approvals:

2-20-08  
DATE of Approval by Department Faculty

GRAHAM D. ROWLES / Graham D Rowles  
printed name Reported by Department Chair signature

2-20-08  
DATE of Approval by College Faculty

Linda A. Alexander / Linda A Alexander  
printed name Reported by College Dean signature  
Assoc Dean for Academic Affairs

\* DATE of Approval by Undergraduate Council

\_\_\_\_\_  
printed name Reported by Undergraduate Council Chair signature

\* DATE of Approval by Graduate Council

\_\_\_\_\_  
printed name Reported by Graduate Council Chair signature

2/21/08  
\* DATE of Approval by Health Care Colleges Council (HCCC)

Heidi Anderson / Heidi Anderson  
printed name Reported by Health Care Colleges Council Chair signature

\* DATE of Approval by Senate Council

\_\_\_\_\_  
Reported by Office of the Senate Council

\* DATE of Approval by University Senate

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Reported by Office of the Senate Council

\*If applicable, as provided by the *University Senate Rules*. (<http://www.uky.edu/USC/New/RulesandRegulationsMain.htm>)

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**SYLLABUS – Certificate Practicum in Gerontology**  
**GRN 602**

**INSTRUCTOR:** Dr. John Watkins  
314 Wethington Health Sciences Bldg.  
Phone: 323-3828, x80458  
e-mail: mdsmit6@uky.edu

**REQUIRED TEXT:** Any reading requirements will result from the learning agreement between the site preceptor and the individual student. It is expected that any required readings will support rather than replace the practical aspect of the experience.

**COURSE DESCRIPTION:** This course is a practicum experience open only to students in the Graduate Certificate in Gerontology. Content, site, and supervisor are specific to the student. The student is responsible for presenting a proposal for the approval of the Certificate Faculty Committee before proceeding. The required outline for the plan is found at <http://www.rgs.uky.edu/aging/geriatriceducation/curriculum.htm>. The Director of the Graduate Certificate is available to consult with students preparing a practicum proposal.

Proposals will include:

- Purpose of the practicum and how it fits into the student's Certificate and overall educational goals;
- Specific objectives and expected accomplishments; and
- Specific information regarding the practicum.

The practicum requires approximately 220 hours, not including transportation to the site. It is usual practice for the on-site supervisor to meet with the student weekly to offer feedback and discuss progress toward the goals and objectives of the experience. Ordinarily, practicum experiences at the site of regular employment will not be approved.

Midterm evaluations are sent to the student and on-site supervisor to formally evaluate the progression of the practicum. Upon completion of the experience, the on-site supervisor is asked to complete an overall evaluation and submit it directly to the instructor. Students are required to submit a final report/evaluation with a copy of any materials developed during the practicum to the Certificate Committee for final approval.

**ROLE OF THE INSTRUCTOR:** The primary teaching relationship is with the field preceptor. The instructor is available to assist the student in identifying an appropriate practicum opportunity. The proposal must be approved by the Instructor before being submitted to the Certificate Faculty Committee for its approval. The Instructor is available to both the preceptor and the student during the course of the practicum to assist in resolving difficulties.

**GRADING AND EVALUATION:** The Instructor is responsible for assigning the final grade, which will ordinarily rely heavily on the preceptor's evaluation and recommendation.