



UNIVERSITY OF KENTUCKY

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COLLEGE OF PUBLIC HEALTH

MEMORANDUM

TO: Graduate Council

FROM: Kathryn Cardarelli, MPH, PhD
Associate Dean for Academic and Student Affairs

SUBJECT: Request for Change in Master's Degree Program
Master of Public Health (MPH) Degree

DATE: August 12, 2014

The College of Public Health wishes to change its Master of Public Health (MPH) curriculum to include a substitution for a required course for the concentration areas of: Health Behavior and Environmental Health. CPH 603 Biostatistics Concepts and Applications in Public Health is a new course that covers topics relating to applications of biostatistics in public health. It provides a conceptual (rather than technical/computational) introduction to statistical methods commonly used in public health practice.

The program change was reviewed and approved by the Academic Affairs Committee and the Faculty Council, according to our college's established bylaws.

CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION			
College:	Public Health	Department:	
Current Major Name:	Public Health	<i>Proposed Major Name:</i>	No Change
Current Degree Title:	Master of Public Health (MPH)	<i>Proposed Degree Title:</i>	No Change
Formal Option(s): Concentrations		<i>Proposed Formal Option(s):</i>	
Specialty Fields within Formal Option:	N/A	<i>Proposed Specialty Fields within Formal Option:</i>	N/A
Date of Contact with Associate Provost for Academic Administration: ¹		April 17, 2014	
Bulletin (yr & pgs):	CIP Code: ¹ 51.2201	Today's Date:	April 14, 2014
Accrediting Agency (if applicable): Council on Education in Public Health (CEPH)			
Requested Effective Date:	<input type="checkbox"/> Semester following approval	or	<input checked="" type="checkbox"/> X Specific Date: ² Fall 2014
Department Contact Person: Andrea Perkins William G. Pfeifle	Phone: 218-2012 218-2054	Email: andrea.perkins@uky.edu Pfeifle@uky.edu	
2. CHANGE(S) IN PROGRAM REQUIREMENTS			
	<u>Current</u>	<u>Proposed</u>	
1. Number of transfer credits allowed (Maximum is Graduate School limit of 9 hours or 25% of course work)	9	No change	
2. Residence requirement (if applicable)	N/A	No change	
3. Language(s) and/or skill(s) required	N/A	No change	
4. Termination criteria	Scholastic probation for three Semesters or failing twice the final examination.		
5. Plan A Degree Plan requirements ³ (thesis)	N/A	No change	
6. Plan B Degree Plan requirements ³ (non-thesis)	42 credit hours	No change	
7. Distribution of course levels required	At least one-half must be at 600+ level & two-thirds must be in organized courses.		No change
(At least one-half must be at 600+ level & two-thirds must be in organized courses.)			
8. Required courses (if applicable)	<ul style="list-style-type: none"> • CPH/STA 580 • CPH 601 • CPH 604 • CPH 605 • CPH 650 • CPH 608 • CPH 609 	<ul style="list-style-type: none"> • CPH/STA 580 (EPI, BST, and HSM concentrators MUST take CPH/STA 580) or CPH 603 (Health Behavior and Environmental Health concentrators may choose to take CPH 603 in lieu of CPH/STA 580) • CPH 601 • CPH 604 • CPH 605 • CPH 650 • CPH 608 • CPH 609 	

CHANGE MASTERS DEGREE PROGRAM FORM

9.	Required distribution of courses within program (if applicable)	N/A	No change
10.	Final examination requirements	Capstone defense	No change
11.	Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses offered by another department/program. Routing Signature Log must include approval by faculty of additional department(s).		
	Department of Biostatistics		

¹Prior to filling out this form you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the APAA can provide you with that during the contact.

²Program changes are typically made effective the semester following approval. No changes will be made effective until all approvals are received.

³If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.

12.	List any other requirements not covered above.
13.	Please provide a rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	<p>On April 2, 2014, the University Senate approved new course CPH 603 Biostatistics Concepts and Applications in Public Health. This course covers topics relating to applications of biostatistics in public health. It provides a <u>conceptual</u> (rather than technical/computational) introduction to statistical methods commonly used in public health practice. Program faculty in the Department of Biostatistics realize the need for such a concepts course for students in the health care colleges that need to understand the importance of collecting data and the strengths and limitations of basic statistical techniques to better comprehend journal articles containing statistical analyses, but not necessarily be able to conduct analyses with statistical software using those techniques. CPH/STA 580, however, trains students to conduct biostatistical analyses. Therefore, MPH students concentrating in Epidemiology, Biostatistics and Health Services Management who need to conduct statistical analyses will continue to be required to take CPH/STA 580, while students concentrating in the less analytical areas of Health Behavior and Environmental Health may choose to take either CPH/STA 580 <u>or</u> CPH 603 to satisfy the introductory biostatics course requirement.</p>

SIGNATURE ROUTING LOG

General Information:

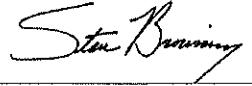

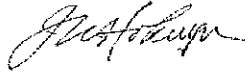
Proposal Name: Master of Public Health

Proposal Contact Person Name: Andrea Perkins Phone: 218-2021 Email: andrea.perkins@uky.edu

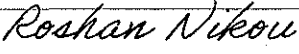
INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
Academic Affairs Committee	4/18/2014	Steve Browning/218-2235/srbrown@uky.edu	
Faculty Council	4/29/2014	Steve Fleming/218-2229/steven.fleming@uky.edu	
Academic Dean-Public Health	4/30/2014	James Holsinger/218-2058/jwh.uky.edu	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁶
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

⁶ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

SIGNATURE ROUTING LOG

General Information:




Proposal Name: Master of Public Health

Proposal Contact Person Name: William Pfeifle Phone: 218-2054 Email: Pfeifle@uky.edu

INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
Academic Affairs Committee	2/20/2014	Steve Browning/218-2235/srbrown@uky.edu	
Faculty Council	3/17/2014	Steve Fleming/218-2229/steven.fleming@uky.edu	
Academic Dean-Public Health	3/19/2014	James Holsinger/218-2058/jwh.uky.edu	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁶
Undergraduate Council			
Graduate Council			
Health Care Colleges Council	4/15/14	Cynthia Beeman	
Senate Council Approval		University Senate Approval	

Comments:

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