

## CHANGE MASTERS DEGREE PROGRAM FORM

*Revised*

### 1. GENERAL INFORMATION

College:	Medicine	Department:	Radiation Medicine	
Current Major Name:	Radiation Sciences	Proposed Major Name:	No Change	
Current Degree Title:	MS Radiological Medical Physics	Proposed Degree Title:	No Change	
Formal Option(s):	NA	Proposed Formal Option(s):	NA	
Specialty Fields w/in Formal Option:	NA	Proposed Specialty Fields w/in Formal Options:	NA	
Date of Contact with Associate Provost for Academic Administration <sup>1</sup> :		8/3/2015		
Bulletin (yr & pgs):	2014-2015 248-250	CIP Code <sup>1</sup> :	51.0916	Today's Date:
Accrediting Agency (if applicable):				
Requested Effective Date:		<input checked="" type="checkbox"/> Semester following approval.		OR <input type="checkbox"/> Specific Date <sup>2</sup> :
Dept. Contact Person:	Lee Johnson	Phone:	859-323-1570	Email: eljj@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	<i>No Change</i>
2.	Residence requirement (if applicable)	NA	<i>NA</i>
3.	Language(s) and/or skill(s) required	None	<i>No Change</i>
4.	Termination criteria	No Change	<i>No Change</i>
5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)	NA	<i>NA</i>
6.	Plan B Degree Plan requirements <sup>3</sup> (non-thesis)	30 Credits	<i>No Change</i>
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)	No Change	<i>No Change</i>
8.	Required courses (if applicable)	RM 472G Interactions of Radiation with Matter  PHY 402G Electronic Instrumentation and Measurement	<i>RM 472G Interactions of Radiation with Matter</i>  <i>RM 545 Radiation Hazards and Protection</i>  <i>RM 546 General Medical</i>

<sup>1</sup> Prior 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.

<sup>2</sup> Program changes are typically made effective for the semester following approval. No changes will be made effective until all approvals are received.

<sup>3</sup> If 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.

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		<p>RM 545 Radiation Hazards and Protection</p> <p>RM 546 General Medical Radiological Physics</p> <p>RM 601 Advanced Radiation Dosimetry</p> <p>RM 647 Physics of Diagnostic Imaging I</p> <p>RM 648 Physics of Diagnostic Imaging II</p> <p>RM 649 Physics of Radiation Therapy</p> <p>RAS 651 Advance Laboratory in Diagnostic Imaging Physics</p> <p>RM 695 Research in the Health-Related Radiation Sciences</p> <p>RAS 710 Radiation Sciences Seminar</p> <p>RM 740 Mammalian Radiation Biology</p>	<p><i>Radiological Physics</i></p> <p><i>RM 601 Advanced Radiation Dosimetry</i></p> <p><i>RM 647 Physics of Diagnostic Imaging I</i></p> <p><i>RM 648 Physics of Diagnostic Imaging II</i></p> <p><i>RM 649 Physics of Radiation Therapy</i></p> <p><i>RAS 651 Advance Laboratory in Diagnostic Imaging Physics</i></p> <p><i>RM 695 Research in the Health-Related Radiation Sciences</i></p> <p><i>RAS 710 Radiation Sciences Seminar</i></p> <p><i>RM 740 Mammalian Radiation Biology</i></p>
9.	Required distribution of courses within program (if applicable)	NA	NA
10.	Final examination requirements	No Change	No Change
11.	<p>Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses offered by another department/program. <u>Routing Signature Log must include approval by faculty of additional department(s).</u></p> <p>We are proposing to remove the requirement for a course offered by the Physics Department and therefore do not expect to need a signature from Physics.</p>		
12.	<p>List any other requirements not covered above?</p> <p>NA</p>		
13.	<p>Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.</p> <p>The Electronics Instrumentation Lab course does not add much of value given the current state of Medical Physics practice in the US. This is supported by the fact that the governing body for Medical Physics Education Programs (CAMPEP) no longer requires this type of course for accreditation. In addition the course of this type offered at UK, PHY 402G, is space limited and reserved for Physics majors. We have continuing difficulties getting our students registered for this course due to the lab space limitations. Therefore, we propose to remove</p>		

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this 3 credit hour course from our requirements and replace it with a choice of electives. Possible electives include RM 650 Brachytherapy Physics, RM 660 Practicum, taking additional credits in RM 695 Research in the Health-Related Radiation Sciences (a variable credit course), EE 630 Digital Image Processing, EE 635 Image Processing, or another related 600-700 level graduate course selected with the approval of the DGS. The total number of credit hours will not be changed by the implementation of this proposal.

## SIGNATURE ROUTING LOG

**General Information:**

Proposal Type: Course  Program  Other

Proposal Name<sup>1</sup> (course prefix & number, pgm major & degree, etc.): Radiation Medicine-Medical Physics

Proposal Contact Person Name: Dr. Lee Johnson Phone: 323-1570 Email: eljj@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
Bascience Sub-Committee-COM Curriculum Committee	8/10/15	Tom Roszman / 859-257-5286 / tlrosz00@email.uky.edu	
COM Curriculum Committee	8/13/15	Chris Feddock / 859-257-3469 / chris.feddock@uky.edu	
		/ /	
		/ /	
		/ /	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>2</sup>
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

<sup>1</sup> Proposal name used here must match name entered on corresponding course or program form.

<sup>2</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

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## Signature Routing Log

**General Information:**

Proposal Name: Radiation Medicine-Medical Physics

Proposal Contact Person Name: Lee Johnson

Phone: 323-1570

Email: eljj@uky.edu

**INSTRUCTIONS:**

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**Internal College Approvals and Course Cross-listing Approvals:**

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
Dept. Chair - Radiation Medicine		Marcus E. Randall / 257-7618 / merand2@uky.edu	
Basic Science Sub-Committee		/ /	
Curriculum Committee		/ /	
		/ /	
		/ /	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>4</sup>
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

**Comments:**

<sup>4</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.