NEW COURSE FORM

1.	General Information.				
a.	Submitted by the College of: Fine Arts Today's Date: 9/1/2010				
b.	Department/Division: School of Music				
c.	Contact person name: Lori Gooding Email: lori.gooding@uky.ed u Phone: 323-2905				
d.	Requested Effective Date: Semester following approval OR Specific Term/Year¹: Fall 2011				
2.	Designation and Description of Proposed Course.				
a.	Prefix and Number: MUS 633				
b.	Full Title: Graduate Clinical Placement in Music Therapy				
C.	Transcript Title (if full title is more than 40 characters): Graduate Clinical Placement				
d.	To be Cross-Listed ² with (Prefix and Number):				
e.	Courses must be described by <u>at least one</u> of the meeting patterns below. Include number of actual contact hours ³ for each meeting pattern type.				
	Lecture Laboratory ¹ Recitation Discussion Indep. Study				
	3 Clinical Colloquium Practicum Research Residency				
	Seminar Studio Other – Please explain:				
A disease as	Seminar Studio Other – Please explain: Identify a grading system: Letter (A, B, C, etc.)				
f.					
	Identify a grading system: Letter (A, B, C, etc.) Pass/Fail				
g.	Identify a grading system: Letter (A, B, C, etc.) Pass/Fail Number of credits: 1				
g.	Identify a grading system: Letter (A, B, C, etc.) Pass/Fail Number of credits: 1 Is this course repeatable for additional credit? YES NO				
g.	Identify a grading system: Letter (A, B, C, etc.) Pass/Fail Number of credits: 1 Is this course repeatable for additional credit? YES NO If YES: Maximum number of credit hours: 6				
g. h.	Identify a grading system: Letter (A, B, C, etc.) Pass/Fail Number of credits: 1 Is this course repeatable for additional credit? YES NO If YES: Maximum number of credit hours: 6 If YES: Will this course allow multiple registrations during the same semester? YES NO This course is directed toward the development of advanced clinical skills in course Description for Bulletin: music therapy in an area chosen by the student in consultation with program				
g. h.	Identify a grading system: Letter (A, B, C, etc.) Pass/Fail Number of credits: 1 Is this course repeatable for additional credit? YES NO If YES: Maximum number of credit hours: 6 If YES: Will this course allow multiple registrations during the same semester? YES NO If YES: This course is directed toward the development of advanced clinical skills in music therapy in an area chosen by the student in consultation with program faculty.				
g. h. i.	Number of credits: 1 Is this course repeatable for additional credit? YES NO If YES: Maximum number of credit hours: 6 If YES: Will this course allow multiple registrations during the same semester? YES NO If YES: Ourse Description for Bulletin: This course is directed toward the development of advanced clinical skills in music therapy in an area chosen by the student in consultation with program faculty. Prerequisites, if any: Permission of Instructor and satisfactory completion of MUS 433G.				
g. h. j.	Identify a grading system: Letter (A, B, C, etc.) Pass/Fail Number of credits: 1 Is this course repeatable for additional credit? YES NO If YES: Maximum number of credit hours: 6 If YES: Will this course allow multiple registrations during the same semester? YES NO If YES: Will this course allow multiple registrations during the same semester? YES NO If YES: This course is directed toward the development of advanced clinical skills in music therapy in an area chosen by the student in consultation with program faculty. Prerequisites, if any: Permission of Instructor and satisfactory completion of MUS 433G. Will this course also be offered through Distance Learning? YES NO				

¹ Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

² The chair of the cross-listing department must sign off on the Signature Routing Log.

In general, undergraduate courses are developed on the principle that one semester hour of credit represents one hour of classroom meeting per week for a semester, exclusive of any laboratory meeting. Laboratory meeting, generally, represents at least two hours per week for a semester for one credit hour. (from SR 5.2.1)

⁴ You must *also* submit the Distance Learning Form in order for the proposed course to be considered for DL delivery.

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a.	Course will be offered (check all that apply):		Spring	Summer Su	
b.	Will the course be offered every year?			YES 🔀	NO 🗌
	If NO, explain:				
5.	Are facilities and personnel necessary for the propo	sed new cou	rse avallable?	YES 🔀	NO 🗌
	If NO, explain:				
6.	What enrollment (per section per semester) may re	asonably be	expected? 1-2		
7.	Anticipated Student Demand.				
a.	Will this course serve students primarily within the d	legree prograi	m?	YES 🔀	NO 🗌
b.	Will it be of interest to a significant number of stude	nts outside th	e degree pgm?	YES	ио ⊠
	If YES, explain:				
8.	Check the category most applicable to this course:				
	☐ Traditional – Offered in Corresponding Department	ents at Univer	sities Elsewhere		
	Relatively New – Now Being Widely Established				
	Not Yet Found in Many (or Any) Other Universiti	es			
9.	Course Relationship to Program(s).				
a.	Is this course part of a proposed new program?			YES 🔀	№ □
	If YES, name the proposed new program: Music Ti	herapy			
b.	Will this course be a new requirement ⁵ for ANY prog	ram?		YES 🖂	NO 🗌
	If YES ⁵ , list affected programs: Music Therapy				
10.	Information to be Placed on Syllabus.				
a.	Is the course 400G or 500?			YES	ио ⊠
	If YES, the differentiation for undergraduate and grad 10.b. You must include: (i) identification of additional establishment of different grading criteria in the cou	al assignment:	s by the graduate	students; and/or (ii	
b.	The syllabus, including course description, studies level grading differentiation if applicable, from	~		ading policies (and	100G-/500-

 $^{^{\}rm 5}$ In order to change a program, a program change form must also be submitted.

MUS 633: Graduate Clinical Placement in Music Therapy Lori Gooding, PhD, MT-BC, NICU-MT

Day/Time: TBA

Location: TBA

Office: 010E COM Building

Phone: 323-2905

Email (preferred):

lori.gooding@uky.edu

Note: Except in extenuating circumstances, emails will be returned within 48 hours. Should an

emergency arise, please contact the School of Music Office at 257-4900.

<u>Course Description</u>: This course is directed toward the development of advanced clinical skills in music therapy in an area chosen by the student in consultation with program faculty. Graduate Clinical Placement will focus on all areas involved in providing competent and comprehensive clinical services for clients and patients.

<u>Course Objectives/Outcomes</u>: By course end, students will demonstrate an in-depth understanding of the clinical and supervisory roles and responsibilities of a music therapist.

<u>Prerequisite</u>: Permission of instructor. Students must have successfully completed internship to enroll in graduate Clinical Placement.

Required Materials: As assigned by specific site

Course Outline: Dates and times to be arranged based on facility needs. For each 1 hour of semester credit, students are required to spend 3.5 hours per week in clinical placement. Clinical work will involve conducting, planning and implementing clinical programs. In addition, documentation of related literature, methods and procedures will be required as well as documentation of clinical results.

Exams and/or Assignments: Evaluation will be based on successful completion of the following assignments:

Assignment	Points	Total Points
Documentation	30	
Related Literature	30	
Review(s)		
Site-specific project	40	100

Assignment Submissions: Individual Clinical Placement Instructors will provide a calendar addendum with site-specific assignments listed. All assignments are due on the date listed on the addendum. Exceptions will be made in the case of an excused absence; however, students must contact the professor prior to the class meeting following the absence to make arrangements. Assignments should be submitted as a hard copy unless otherwise noted.

Grading Policies: Grading will be judged on competence, accuracy and scholarship.

Course Grade	
S	Satisfactory completion of all clinical requirements
U	Unsatisfactory completion of clinical requirements
Incomplete	Incompletes (I) will be given at the discretion of the
	instructor for non-academic emergencies only

Attendance Policies: Attendance is expected at all class meetings except in the case of University approved excused absences. Acceptable absences include: serious illness, illness/death of a family member, university-related trips, major religious holidays and other circumstances deemed a reasonable cause for nonattendance by the professor. ("Other circumstances" must be approved in advance.) The professor reserves the right to ask for verification form found at http://www.uky.edu/StudentAffairs/UHS/.

<u>Academic Integrity, Cheating and Plagiarism</u>: As stated by UK, all academic work, written or otherwise, submitted by students to their instructors or other academic supervisors, is expected to be the result of their own thought, research or self-expression. Students are expected to uphold the university's core values of academic excellence and respect in their academic work.

Academic Accommodations: If you have a documented disability that requires academic accommodations, please set up an appointment with me as soon as possible. In order to receive accommodations in this course, you must provide me with a Letter of Accommodation from the Disability Resource Center (Room 2, Alumni Gym, 257-2754 or jkarnes@email.uky.edu) for coordination of campus disability services available to students with disabilities.

<u>Classroom Behavior</u>, <u>Decorum and Civility</u>: Students are expected to follow all facility policies and procedures. Client/patient confidentiality must be maintained at all times. Students are also expected to adhere to the standards of practice and code of ethics set forth by AMTA and CBMT.

NEW COURSE FORM

Signature Routing Log

General Information:

Course Prefix and Number:

MUS 633

Proposal Contact Person Name:

Lori Gooding

Phone: 323-2905

Email: lori.gooding@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 Pers	on (nam	e/phone/email)	Signature
Music College of Fine Arts	1923/10 B 1/7/11 Jan	Asmold re Johnson	17-4911	Bon Acrap vey, edi I jhjohn & vey, edi email wky edis	Belll Jane H Johnson
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Externa

Council	Date Approved	Signature	Approval of Revision ⁶
Undergraduate Council			
Graduate Council	Eric At	2011.02.11 09:32:17 	
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	
mments:			

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