CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:	Public Health		Departr	nent:	Health Management & Policy		t & Policy	
Current Major Name:		Public Health		Propose	Proposed Major Name:		Public Health	
Current Degree Title:		MPH		Propose	Proposed Degree Title:		MPH	
Formal Option	n(s):	Population Health Policy &		Propose	Proposed Formal Option(s		s): Same	
		Management						
Specialty Field	s w/in			Propose	Proposed Specialty Fields			
Formal Option:				w/in Fo	w/in Formal Options:			
Date of Contact with Associate Provost for Academic Administration ¹ : 5/26/16								
Bulletin (yr & ¡	pgs):		CIP Code ¹ :	51.2201		Toda	y's Date:	May 26, 2016
Accrediting Agency (if applicable):								
Requested Effective Date: Semester following approval. OR Specific Date ² :								
Dept. Contact	Person	Sarah Wackerba	irth	Phone:	218-2	079	Email:	sbwack0@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)	
2.	Residence requirement (if applicable)		
3.	Language(s) and/or skill(s) required		
4.	Termination criteria		
5.	Plan A Degree Plan requirements ³ (thesis)		
6.	Plan B Degree Plan requirements ³ (non-thesis)		
7.	Distribution of course levels required		
	(At least one-half must be at 600+ level & two-th	irds must be in organized cours	es.)
8. Re	Required courses (if applicable)	Current PHP&M Area	Proposed PHP&M Area requirements:
		requirements: HSM 601 – Overview of U.S. Healthcare	CPH 600 – Health Services and Systems Organization
			CPH 658 – Health Economics

¹ 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.

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

³ 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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		CPH 652 – Health Finance or CPH 655 – Management Accounting for Health Care Organizations
		CPH 653 – Public Health Law & Policy or CPH 785 – Health Policy
9.	Required distribution of courses within program (if applicable)	
10.	Final examination requirements	
11.	, , , , , , , , , , , , , , , , , , , ,	ogram (as described in sections 1 to 10) involve courses ng Signature Log must include approval by faculty of additional
	N/A	
12.	List any other requirements not covered above?	
	N/A	
13.	Please explain the rationale for changes. If the raspecific references to those requirements.	ationale involves accreditation requirements, please include
	health management and policy thus better prepari	oncentration's coverage of competencies in critical areas of ing our graduates for the workforce. The flexibility of inancial aspects, and CPH 653 or CPH 785, to cover policy oward either a "management" or "policy" focus.

CHANGE MASTERS DEGREE PROGRAM FORM

Signature Routing Log

General Information:

Proposal Name: Population Health Policy & Management in MPH Program

Proposal Contact Person Name: Sarah Wackerbarth Phone: 218- Email: sbwack0@uky.edu 2079

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	5/12/2016	John Watkins / 218-0240 /	1 Atwarks	
Committee	3/12/2010	john.watkins@uky.edu	1	
Faculty Council	5/24/16	Martha Riddell / 218-2012 /	Marka C. Riddell	
racuity Council	3/24/10	martha.riddell@uky.edu		
Academic Dean - Public	5/26/16	Kathryn Cardarelli / 218-0241 /	K-Oli.	
Health	3/20/10	kathryn.cardarelli@uky.edu	1 38	
		/ /		
		/ /		

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁴
Undergraduate Council			
Graduate Council		Roshan Nikou	
Health Care Colleges Council	9/20/2016	Carl Mattacola, Chair	
Senate Council Approval		University Senate Approval	

Comments:	

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

Brothers, Sheila C

From: Nikou, Roshan

Sent: Monday, February 20, 2017 2:42 PM

To: Brothers, Sheila C; Ett, Joanie M; Jackson, Brian A; Lindsay, Jim D.; McCormick,

Katherine; Nikou, Roshan; Price, Cleo; Timoney, David M

Cc: Troske, Kenneth; Liu, Huan L; Cormier, Marc L; Huja, Sarandeep S; Wackerbarth, Sarah

B; Cprek, Sarah E

Subject: Transmittals

Attachments: Revised New Univ Scholars Pgm_BPH MPH FINAL Complete.pdf; Masters CHANGE

(form + SRL) MPH PHP&M.pdf; ITOHS Program Proposal - HCCC.pdf; AAD 475G.pdf;

MS Finance Change 02082017.pdf; KHP Master of Science, Sport and Exercise

Psychology 111816.pdf

TO: Katherine McCormick, Chair and Sheila Brothers, Coordinator

FROM: Brian Jackson, Chair and Roshan Nikou, Coordinator Graduate Council

The Graduate Council approved the following proposals and is now forwarding them to the Senate Council to approve. The courses listed below, are all accessible via Curriculog except the attached AAD 475G, which we received via email from Senate Council.

Programs

Master of Science in Finance Master of Science in Sport and Exercise Psychology University Scholars Program in Public Health Master of Public Health Interdisciplinary Translational Oral Health Sciences

Courses

AAD 475G Managing Your Artistic Career RC 550 Ethics in Rehabilitation and Mental Health Counseling CPH 632 Fundamentals of Clinical Research EDC 750 Internship in Instructional Systems Design CPH 712 Advanced Epidemiology EDP 600 Life Span of Human Development and Behavior EE 599 Topics in Electrical Engineering



Roshan Nikou, MA

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