

CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:	Public Health	Department:	Health Management and Policy
Current Major Name:	Health Administration	Proposed Major Name:	
Current Degree Title:	Master of Health Administration	Proposed Degree Title:	
Formal Option(s):		Proposed Formal Option(s):	
Specialty Fields w/in Formal Option:		Proposed Specialty Fields w/in Formal Options:	
Date of Contact with Associate Provost for Academic Administration ¹ :			
Bulletin (yr & pgs):		CIP Code ¹ :	
		Today's Date:	March 6, 2017
Accrediting Agency (if applicable):	Commission on Accreditation of Healthcare Management Education		
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval.	OR	<input type="checkbox"/> Specific Date ² :
Dept. Contact Person:	Martha C. Riddell, DrPH	Phone:	859-218-2012
		Email:	martha.riddell@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)	25% of Course Work	<i>Same</i>
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-thirds must be in organized courses.)		
8.	Required courses (if applicable)	CPH 600(3), CPH 682(3), CPH 655(3), CPH 687(3), CPH 663(3), CPH 684(3), CPH 688(1), CPH 681 (3), CPH 658 (3), CPH 683 (3), CPH 652 (3), CPH 780 (3), CPH 781 (2), CPH 785 (3), CPH 614 (3), CPH 787 (1),	<i>CPH 600(3), CPH 682(3), CPH 655(3), CPH 687(3), CPH 663(3), CPH 684 (2), CPH 688(1), CPH 681 (3), CPH 658 (3), CPH 683 (3), CPH 652 (3), CPH 780 (3), CPH 781 (2), CPH 785 (3), CPH 605 (3), CPH 787 (1),</i>

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 782 (3), CPH 784 (3), Electives (5 total)	<i>CPH 782 (3), CPH 784 (2), Electives (5 total)</i>
9.	Required distribution of courses within program (if applicable)		
10.	Final examination requirements	Integrative Final Exam or Capstone	<i>Same</i>
11.	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>		
	CPH 614 would be replaced by CPH 605, which is taught in the Dept. of Epidemiology. This has been discussed and approved by Dept. of Epidemiology faculty.		
12.	List any other requirements not covered above?		
13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.		
	<p>The MHA program recently completed a six month-long review of program competencies. This review included information from graduates, the literature, other MHA programs, and the MHA Board of Advisors. These changes result from that review process and include:</p> <ol style="list-style-type: none"> 1) Changing CPH 784 Case Studies in Health Care from a 3 credit to a 2 credit course, 2) Change CPH 684 Human Resources Management in Healthcare from a 3 credit to a 2 credit course, and 3) Replacing CPH 614 Managerial Epidemiology with CPH 605, Epidemiology. 		

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Signature Routing Log

General Information:

Proposal Name: MHA Program change

Proposal Contact Person Name: Martha Riddell

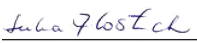
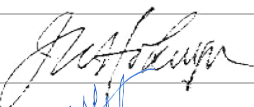
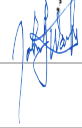
Phone: 218-
2012

Email: martha.riddell@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
Dept. of Health Mgt & Policy	2/15/2017 & 4/12/17	Julia Costich / 7-6712 / julia.costich@uky.edu	
Academic Affairs & Assessment Committee	3/9/17	James Holsinger, Jr. / 323-6314 / jwh@uky.edu	
Faculty Council	3/28/17	John Watkins / 218-0240 / geg173@uky.edu	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁴
Undergraduate Council			
Graduate Council	9/21/17	Roshan Nikou	
Health Care Colleges Council			
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.

From: [Riddell, Martha](#)
To: [Perkins, Andrea L](#)
Subject: FW: CPH 605
Date: Monday, March 27, 2017 9:24:30 AM

Andrea,
For the records. THANKS for your assistance.
Martha

From: Fleming, Steve
Sent: Monday, March 27, 2017 9:07 AM
To: Riddell, Martha <martha.riddell@uky.edu>
Subject: CPH 605

Martha, FYI minutes from our recent faculty meeting 😊

The MHA program had required CPH 614, Managerial Epidemiology, for the last three years. That class was taught by Lorie Chesnut. Now Drs. Riddell and Costich are requiring CPH 605 instead. So we've tweaked the course a little to include additional content in such areas as inhospital infections and quality control. This will mean 25 more students a year, probably in the Fall. There was a motion to support requiring 605. It was seconded and unanimously approved.

SF

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