

# CHANGE MASTERS DEGREE PROGRAM FORM

<b>1. GENERAL INFORMATION</b>			
College:	Public Health	Department:	
Current Major Name:	Public Health	Proposed Major Name:	No Change
Current Degree Title:	Master of Public Health (MPH)	Proposed Degree Title:	No Change
Formal Option(s):	N/A	Proposed Formal Option(s):	N/A
Specialty Fields within Formal Option:	N/A	Proposed Specialty Fields within Formal Option:	N/A
Date of Contact with Associate Provost for Academic Administration: <sup>1</sup>			
Bulletin (yr & pgs):	CIP Code: <sup>1</sup> 51.2201	Today's Date:	February 7, 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: <sup>2</sup> Fall 2014
Department Contact Person:	William G. Pfeifle	Phone:	218-2054
		Email:	Pfeifle@uky.edu
<b>2. CHANGE(S) IN PROGRAM REQUIREMENTS</b>			
		<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.	No change
5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)	N/A	No change
6.	Plan B Degree Plan requirements <sup>3</sup> (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.)	At least one-half must be at 600+ level & two-thirds must be in organized courses.	No change
8.	Required courses (if applicable)	CPH 663	
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).		
	N/A		

<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 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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12.	List any other requirements not covered above.
	Certified in Public Health exam
13.	Please provide a rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	<p>In Summer and Fall 2013, the MPH 10-Year Review Committee met at the request of Dean Wyatt and Associate Dean Holsinger to conduct a broad review of the MPH program's current state after ten years of operation. The committee considered contemporary public and population health workforce needs; potential changes to the curriculum, particularly the core curriculum, practicum, and capstone/culminating examination; and potential new methods of competency assessment. The committee believed that CPH 663: Introduction to Public Health Practice and Administration, which presents an overview of each of the five core areas of public health, is duplicative and unnecessary as a required course. Therefore, the committee recommended that CPH 663 be discontinued as a course requirement. This recommendation will allow for an additional 3 credits of elective coursework that can be chosen based on students' individual career goals and interests.</p> <p>The MPH 10-Year Review Committee also recommended that the program adopt a three-part approach to assessment of program competencies:</p> <ol style="list-style-type: none"> <li>a.) Certified in Public Health exam to assess core competencies; (NEW)</li> <li>b.) Practicum to assess cross-cutting competencies; (EXISTING)</li> <li>c.) Capstone/final exam to assess concentration-specific competencies and integration of core competencies from at least two other disciplines (EXISTING)</li> </ol> <p>The CPH exam, administered by the National Board of Public Health Examiners (NBPHE), includes items written by public health experts and piloted nationally to assess knowledge related to the core areas of public health. The college will pay for students' registration fee the first time they sit for the exam. The college may set a pass/fail cutoff lower than that established by the NBPHE for national certification.</p>

# SIGNATURE ROUTING LOG

**General Information:**




Proposal Name: Master of Public Health

Proposal Contact Person Name: William Pfeifle Phone: 218-2054 Email: [Pfeifle@uky.edu](mailto:Pfeifle@uky.edu)

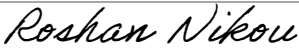
**INSTRUCTIONS:**

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 <sup>6</sup>
Undergraduate Council			
Graduate Council	5/2/14		
Health Care Colleges Council	4/15/14	Cynthia Beeman	
Senate Council Approval		University Senate Approval	

Comments:

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