APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

1.	Submitted by the College of	Health Scien	nces		Date: 11/7/07			
	Department/Division offering	g course: Clini	cal Sciences/ Phy	sician Assistant Stu	udies			
2.	What type of change is being *See the description at the end of the college to the Chair of	d of this form rega	☑ Major urding what consti	☐ Minor* tutes a minor chan	ge. Minor changes are ser	nt directly from the dean		
	If the Senate Council chair deems the change not to be minor, the form will be sent to the appropriate Council for normal processing and an email notification will be sent to the contact person.							
	PROPOSED CHANGES							
	Please complete <u>all</u> "Current" fields.							
	Fill out the " <i>Proposed</i> " field <u>only</u> for items being changed. <u>Enter N/A if not changing.</u> Circle the number for each item(s) being changed. For example: 6.							
3.	Current prefix & number:	PAS 856		Proposed prefix	& number: PAS 656			
4.	4. Current Title Patient Evaluation and Management							
	Proposed Title [†]	N/A						
	†If title is longer than 24 cha.	racters (including	spaces), write a s	ensible title (24 ch	aracters or less) for use o	on transcripts:		
	Pt Eval and Management							
5.	Current number of credit hou	ırs: 3	Propo	sed number of cred	dit hours: N/A	_		
6. Currently, is this course repeatable? YES NO NO If YES, current maximum cred						urs:		
	Proposed to be repeatable?	YES [□ NO ⊠	If YES, prop	oosed maximum credit hot	urs:		
7.	Current grading system:	∠ Letter (A, I	B, C, etc.)	Pass/Fail				
	Proposed grading system:	Letter (A, E	B, C, etc.)	☐ Pass/Fail				
8. Courses must be described by at least one of the categories below. Include the number of actual contact hours per week fo category, as applicable.						s per week for each		
	Current:							
		() COLLOQUI	IUM () D	ISCUSSION	(<u>5</u>) LABORATORY	(<u>1</u>) LECTURE		
	() INDEPEND. STUDY	() PRAC	CTICUM (_) RECITATION	() RESEARCH	() RESIDENCY		
	() SEMINAR (_) STUDIO	() OTHER –	Please explain:				
	Proposed:							
	() CLINICAL (COLLOQU	IIUM () I	DISCUSSION	(<u>3</u>) LABORATORY	(<u>2</u>) LECTURE		
	() INDEPEND. STUDY	() PRA	CTICUM (_) RECITATION	() RESEARCH	() RESIDENCY		
	() SEMINAR () STUDIO	() OTHER -	- Please explain:				
9.	Requested effective date (terr	m/year):	Spring /	2008				
10.	Current teaching method:	□ N/A	☐ Community-	Based Experience	Service Learning C	Component 🔲 Both		

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	Proposed teaching method (if applicable):	☐ Community-Based I	Experience 🔲 Service Learning	g Component 🔲 Both					
11.	Current cross-listing: N/A								
		Prefix and Number	NAME of current cross-listing	g DEPARTMENT					
	a. Proposed – REMOVE the current cross-listing:								
	b. Proposed – ADD a cross-listing:								
		Prefix and Number	Signature of chair of proposed	d cross-listing department					
12.	Current prerequisites:								
	Enrollment in Physician Assistant Program or consent of instructor.								
	Proposed prerequisites:								
	N/A								
				· · · · · · · · · · · · · · · · · · ·					
13.	Current Bulletin description:								
	A combination of formal presentations,	A combination of formal presentations, laboratory practice sessions, and supervised patient care experiences involving patient evaluation and management skills. Lecture, one hour; laboratory, five hours per week.							
	patient evaluation and management se	tills. Lecture, one nour, lab	oratory, live flours per week.						
	Proposed Bulletin description:								
	N/A A combination of formal presentations, laboratory practice sessions, and supervised patient care experiences involving								
	patient evaluation and management skills. Lecture, two hours; laboratory, three hours per week.								
				•					
14.	What has prompted this change?								
	When switching to a graduate degree program, all course numbers were not changed to graduate numbers and this proposal will correct this. Furthermore, the lecture:lab ratio was listed incorrectly in the Bulletin. The proposed lecture:lab								
	ratio accurately reflects 3 credit hours.								
15.	If there are to be significant changes in the content or teaching objectives of this course, indicate changes:								
	N/A								
16.	Please list any other department that could be affected by the proposed change:								
	N/A								
1 50			0	N MEG. C. NO.					
17.	Will changing this course change the degree requirements for ANY program on campus? YES NO If YES [†] , list below the programs that require this course:								
	The course required for the Masters of Science in Physician Assistant Studies degree will change from PAS 856 to PAS 656.								
	. In order for the course change to be considered, program change form(s) for the programs above must also be submitted.								
	⁴ In order for the <u>course</u> change to be cons	idered, <u>program</u> change form	(s) for the programs above must als	so be submitted.					
18.	Is this course currently included in the Un	iversity Studies Program?		☐ Yes ⊠ No					
			clude a syllabus showing differenti						
19.			ssignments by the graduate student he course for graduate students. (See						

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20.	Within the department, who should be contacted for further information on the proposed course change?							
Name	: Julie Gurwell, PhD, PA-C	Phone:	323-1100, ext 80843	Email:	jagur@uky.edu			
21.	Signatures to report approvals:							
_	DATE of Approval by Department Faculty	Karena Staff Port Staff						
	DATE of Approval by Department Faculty	printed nan	ie ()	Reported by D	epartment Chair	signature		
	12-10-07 DATE of Approval by College Faculty	Shavon	R. Ste	wart o	Theron R. Skiract			
	DATE of Approval by College Faculty	printed nam	ne	Reported by	College Dean	signature		
_				- 1,	1			
	*DATE of Approval by Undergraduate Council	printed nam	Repor	ted by Undergi	aduate Council Chair	signature		
-					1			
	*DATE of Approval by Graduate Council	printed nan	ne Rep	ported by Grad	uate Council Chair	signature		
_				/	,			
¥	*DATE of Approval by Health Care Colleges Council (HCCC)	printed nam	ne Reported	by Health Car	e Colleges Council Chair	signature		
	*DATE of Approval by Senate Council		Reported by Office of the Senate Council					
-	*DATE of Approval by the University Senate	Reported by the Office of the Senate Council						
*If	applicable, as provided by the <i>University Senate</i> .	Rules. (<u>http://ww</u>	w.uky.edu/US	C/New/Rulesa	ndRegulationsMain.htm)			
		*****	****					
	Excerpt from University Senate Rules:							

SR 3.3.0.G.2: **Definition.** A request may be considered a minor change if it meets one of the following criteria:

- a. change in number within the same hundred series;
- b. editorial change in the course title or description which does not imply change in content or emphasis;
- c. a change in prerequisite(s) which does not imply change in content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s);
- d. a cross-listing of a course under conditions set forth in SR 3.3.0.E;
- e. correction of typographical errors.