## APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

1.	Submitted by the College of	tted by the College of Health Sciences Date: 10/4/07									
	Department/Division offering course: Clinical Sciences/ Physician Assistant Studies										
2.	What type of change is being *See the description at the en of the college to the Chair of	nd of this form regarding what con	☐ Minor* nstitutes a minor change	. Minor changes are sent 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 all "Current" fields.											
	Fill out t	he " <i>Proposed</i> " field <u>only</u> for item	is being changed. <u>Enter ]</u>	N/A if not changing.							
		Circle the number for each item	(s) being changed. For e	yample: (6)							
(5)	Current prefix & number:	PAS 871	r tage for attyr of the control of the control adjust the estimate of the control	、 Tu Au Tu Was (As As A							
	-		Proposed prefix & number: PAS 671								
4.	Current Title	Psychiatric Clerkship									
	Proposed Title <sup>†</sup>	N/A									
	†If title is longer than 24 cha	uracters (including spaces), write	a sensible title (24 char	racters or less) for use on transcripts:							
5.	Current number of credit ho	urs: <u>3</u> <i>Pr</i>	oposed number of credit	hours: <u>N/A</u>							
6.	Currently, is this course repe	eatable? YES 🗌 NO [	∑ If YES, curre	ent maximum credit hours:							
	Proposed to be repeatable? YES NO If YES, proposed maximum credit hours:										
	rroposeu to be repetitubie.	125	<u> </u>	ea maximum creat nows.							
7.	Current grading system:	Letter (A, B, C, etc.)	Pass/Fail								
	Proposed grading system:	Letter (A, B, C, etc.)	Pass/Fail								
8.	Courses must be described by at least one of the categories below. Include the number of <u>actual contact hours per week</u> for each category, as applicable.										
	Current:										
		() COLLOQUIUM (	) DISCUSSION (	) LABORATORY () LECTURE							
	() INDEPEND. STUDY			() RESEARCH () RESIDENCY							
	() SEMINAR (_	) STUDIO () OTHER									
	Proposed:										
	•	() COLLOQUIUM (	) DISCUSSION (	) LABORATORY () LECTURE							
		<u> </u>		() RESEARCH () RESIDENCY							
		) STUDIO () OTHE									
9.	Requested effective date (ter	rm/year): Spring	/ / 2008								
.•	question extremite date (tot										
10.	Current teaching method:	□ N/A ⊠ Commun	ity-Based Experience	Service Learning Component Both							

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	Proposed teaching method (if applicable):   Community-Based Experience Service Learning Component Both										
11.	Current cross-listing: N/A  Prefix and Number NAME of current cross-listing DEPARTMENT										
	a. Proposed – REMOVE the current cross-listing:										
	b. Proposed – ADD a cross-listing:  Prefix and Number  Signature of chair of proposed cross-listing department										
12.	Current prerequisites:  Enrollment in the Physician Assistant program and successful completion of the didactic portion of the curriculum.										
	Proposed prerequisites:  N/A										
13.	Current Bulletin description: This is a four-week clinical course designed to provide physician assistant students with experience evaluating and treating common problems encountered in psychiatry. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a history and physical exam, mental status exam, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, and establishing a tentative treatment plan.										
	Proposed Bulletin description: N/A										
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.										
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 <u>could</u> be affected by the proposed change:  N/A										
17.	Will changing this course change the degree requirements for ANY program on campus?   YES NO  If YES <sup>‡</sup> , 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 871 PAS 671.										
	<sup>‡</sup> In order for the <u>course</u> change to be considered, <u>program</u> change form(s) for the programs above must also be submitted.										
18.	Is this course currently included in the University Studies Program?										
19.	Check box if changed to Check box if changed to Graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the										

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400G or 500. establishment of different grading criteria in the course for graduate students. (See SR 3.1.4)

20.	Within the department, who should be contacted for further information on the proposed course change?									
Name:	Julie Gurwell, PhD, P	A-C	Phone:	323-1100, 6 80843		jagur@uky.edu				
21.	Signatures to report ap	pprovals:								
	DATE of Approval by D	epartment Faculty	The printed no	MO.C	Reported by D	epartment Chair	signature			
	12-10.	07	Shan	m R. C	Skwart,	Maron X.	Towns			
	DATE of Approval by	College Faculty	printed no	ime	Reported by	College Dean	signature			
	*DATE of Approval by Counci		printed no	nme Rep	oorted by Underg	raduate Council Chair	signature			
					,	/				
	*DATE of Approval by	Graduate Council	printed n	ame I	Reported by Grad	uate Council Chair	signature			
						/				
	*DATE of Approval Colleges Counci		printed no	ame Report	ed 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 a	applicable, as provided by	the <i>University Senate</i>	Rules. ( <u>http://w</u>	ww.uky.edu/	USC/New/Rulesa	ndRegulationsMain.htm)				
			****	****						
	Excerpt from Univer									
	SR 3.3.0.G.2: <b>Def</b> crite	inition. A request may ria:	be considered	a minor chan	ge if it meets one	of the following				
<ul> <li>a. change in number within the same hundred series;</li> <li>b. editorial change in the course title or description which does not imply change in content or emphasis;</li> </ul>										
			uisite(s) which			ent or emphasis, or tion of the				

d. a cross-listing of a course under conditions set forth in SR 3.3.0.E;

prerequisite(s);

e. correction of typographical errors.