

**UK**  
UNIVERSITY OF  
**KENTUCKY**  
College of Dentistry

Office of the Dean  
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fax 859 257-9497  
[www.mc.uky.edu/Dentistry](http://www.mc.uky.edu/Dentistry)

September 25, 2008

Heidi Anderson, Ph.D.  
Associate Provost of Faculty Affairs  
Chair, Health Care Colleges Council  
Memorandum

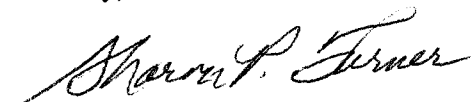
Dear Dr. Anderson,

Attached is the form requesting a course change for PDO 790 "Research in Pediatric Dentistry." This change is being requested due to an error made when the original paperwork was submitted for this course in January 2008. The credit hours were intended to be compatible with those for other M.S. program research courses (1-6 variable credits repeatable for up to 12 credits) rather than as currently listed (1 credit repeatable for up to 3 credits). This course change will correct this error.

This course change has been approved by the Pediatric Dentistry Faculty, the College of Dentistry Graduate Faculty and the College of Dentistry Master of Science Program Oversight Committee.

Thank you very much for considering this change. If you have any questions, please contact Dr. Karen Novak, Director of Graduate Studies (323-8705; [knova2@uky.edu](mailto:knova2@uky.edu)).

Sincerely,



Sharon Turner, D.D.S., J.D.  
Dean  
College of Dentistry

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blue.



UNIVERSITY OF KENTUCKY

*Dream • Challenge • Succeed*

**COLLEGE OF DENTISTRY**

September 19, 2008

Sharon Turner, DDS, JD  
Dean  
College of Dentistry

Dear Dean Turner,

Attached is the form requesting a course change for PDO 790 "Research in Pediatric Dentistry." This change is being requested due to an error made when the original paperwork was submitted for this course in January 2008. The credit hours were intended to be compatible with those for other M.S. program research courses (1-6 variable credits repeatable for up to 12 credits) rather than as currently listed (1 credit repeatable for up to 3 credits). This course change will correct this error.

This course change has been approved by the Pediatric Dentistry Faculty and the College of Dentistry and the College of Dentistry Master of Science Program Oversight Committee.

Thank you very much for considering this change. If you have any questions, please contact me (323-8705; [knova2@uky.edu](mailto:knova2@uky.edu)).

Sincerely,

Karen F. Novak, DDS, MS, PhD  
Director of Graduate Studies  
College of Dentistry

Mohanad Al Sabbagh, DDS, MS  
Graduate Program Director  
Division of Periodontology

David Nash, DMD, MS, EdD  
Oversight Committee  
Division of Pediatric  
Dentistry

Cindy Beeman, DDS, PhD  
Graduate Program Director  
Division of Orthodontics

Jeff Okeson, DDS  
Graduate Program Director  
Division of Orofacial Pain

Judy Skelton, PhD  
Oversight Committee  
Division of Public Health Dent.

Ron Botto, PhD  
Oversight Committee  
Associate Dean for Student Affairs

Center for Oral Health Research  
414 Health Sciences Research Bldg. • Lexington, Kentucky 40536-0305  
(859) 323-8229 or (859) 323-5357 • fax (859) 257-6566

[www.mc.uky.edu/COHR](http://www.mc.uky.edu/COHR)

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

1. Submitted by the College of Dentistry Date: 8/28/08  
 Department/Division offering course: Oral Health Science/Pediatric Dentistry

2. What type of change is being proposed?  Major  Minor\*

\*See the description at the end of this form regarding what constitutes a minor change. Minor changes are sent directly from the dean of the college to the Chair of the Senate Council.

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 the "Proposed" field only for items being changed. Enter N/A if not changing.

Circle the number for each item(s) being changed. For example: (6)

3. Current prefix & number: PDO 790 Proposed prefix & number: N/A

4. Current Title Research in Pediatric Dentistry  
 Proposed Title<sup>†</sup> N/A

<sup>†</sup>If title is longer than 24 characters, offer a sensible title of 24 characters or less: Research in Peds Dent

5. Current number of credit hours: 1 Proposed number of credit hours: variable 1-6

6. Currently, is this course repeatable? YES  NO  If YES, current maximum credit hours: 3  
 Proposed to be repeatable? YES  NO  If YES, proposed maximum credit hours: 12

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 number of actual contact hours per week for each category.

Current:

CLINICAL  COLLOQUIUM  DISCUSSION  LABORATORY  LECTURE  
 INDEPEND. STUDY  PRACTICUM  RECITATION  RESEARCH  RESIDENCY  
 SEMINAR  STUDIO  OTHER - Please explain: \_\_\_\_\_

Proposed:

CLINICAL  COLLOQUIUM  DISCUSSION  LABORATORY  LECTURE  
 INDEPEND. STUDY  PRACTICUM  RECITATION  RESEARCH  RESIDENCY  
 SEMINAR  STUDIO  OTHER - Please explain: \_\_\_\_\_

9. Requested effective date (term/year): Spring / 2009

10. Supplementary teaching component:  N/A  Community-Based Experience  Service Learning  Both  
 Proposed supplementary teaching component:  Community-Based Experience  Service Learning  Both



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

18. Is this course currently included in the University Studies Program?  Yes  No

19.  Check box if changed to 400G or 500. If changed to 400G- or 500-level, you must include a syllabus showing differentiation for undergraduate and graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the 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: David A. Nash Phone: 3-2026 Email: danash@email.uky.edu

21. Signatures to report approvals:

9/19/08  
DATE of Approval by Department Faculty

JEFFREY OKESON Jeffrey P. Oles  
printed name Reported by Department Chair signature

9/19/08  
DATE of Approval by College Faculty

Sharm P. Turner Sharon P. Turner  
printed name Reported by College Dean signature

\_\_\_\_\_  
\*DATE of Approval by Undergraduate Council

\_\_\_\_\_  
printed name Reported by Undergraduate Council Chair signature

\_\_\_\_\_  
\*DATE of Approval by Graduate Council

\_\_\_\_\_  
printed name Reported by Graduate Council Chair signature

\_\_\_\_\_  
\*DATE of Approval by Health Care Colleges Council (HCCC)

\_\_\_\_\_  
printed name Reported by Health Care 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 *University Senate Rules*.

\*\*\*\*\*

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.

## **SYLLABUS**

### **PDO 790 RESEARCH IN PEDIATRIC DENTISTRY**

**COURSE DIRECTOR:** David A. Nash, D.M.D., M.S., Ed. D.

#### **COURSE DESCRIPTION:**

Participation in clinical, biomedical or biobehavioral research in pediatric dentistry. Research must be conducted independently, but with the supervision of a faculty mentor. Completed research is submitted as either a component of a Master's degree thesis or a manuscript for submission to an appropriate peer reviewed journal, and must be defended before a faculty committee. The course may be taken for variable credits of 1-6 hours, and may be repeated.

#### **COURSE OBJECTIVES:**

The graduate student should be able to:

1. demonstrate the ability to identify a researchable problem in the discipline of pediatric dentistry;
2. develop a research protocol;
3. gain approval of a research protocol by a faculty committee;
4. submit an Institutional Review Board application;
5. conduct designed research
6. write and defend a thesis or a publishable manuscript.

There is no didactic instruction associated with this course.

#### **COURSE EVALUATION:**

Grades are assigned by the course director based on reports from the chair of the respective research advisory committee. These reports will document the (1) timeliness; (2) completeness; and (3) appropriateness of the student's research work during the term for which credit is assigned. A grade will be assigned based on the student meeting these criteria.