From:	Farrell, Herman
Sent:	Thursday, November 29, 2018 8:01 AM
To:	Bird-Pollan, Jennifer; Brothers, Sheila
Cc:	Riddell, Martha
Subject:	Master of Health Administration program change

The SAASC convened on Wednesday, November 28, 2018 to consider a proposal from the College of Public Health, Department of Health Management & Policy for a change in the Master of Health Administration program reducing the credit hours for one course from 3 to 1 credit hour.

Attendance: Susan Effgen, Shawn Caudill, Kevin Donohue, Herman Farrell (Chair), Annie Weber (ex-officio).

Procedure:

Rebekah Epps, a member of the SAASC, acted as facilitator of the proposal.

Discussion:

Epps was unavailable for the meeting, so the chair served as facilitator in her stead. It was noted that Epps had corresponded with the contact person to make a revision to the language of the rationale section (#13) on the form. The change was made via email and the committee has asked that the change also be made to the Change Masters Degree Program Form.

The SAASC acknowledges that this is another "minor change" that should probably not need to be reviewed the SAASC or SC but should follow a transmittal procedure. The SAASC is working on the creation of a "minor change" rule and will consider and vote on it at its first meeting in January 2019.

In the interim, there was general support for the proposal, as revised.

Vote: 5 in favor (Epps, in absentia) 0 opposed.

PS, Martha Riddell will soon forward to us the revised form.

Herman Daniel Farrell III
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CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:	Public Health	Department:	Health Management & 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]:	February ,2018

Bulletin (yr & pgs):		CIP Code[1]:	51.0701	Today's Date:	February 19, 2018

Accrediting Agency (if applicable):	Commission on Accreditation of Healthcare Management Education

Requested Effective Date:	☒ Semester following approval.	OR	☐ 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

		Current	Proposed
1.	Number of transfer credits allowed	25% of Course Work	*Same*
	(Maximum is Graduate School limit of 9 hours or 25% of course work)		
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 (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),	*CPH 600(3), CPH 682(3), CPH 655(3), CPH 687(3), CPH 663(1), 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),*

		CPH 782 (3),CPH 784 (2), Electives (5 total)	*CPH 782 (3),CPH 784 (2), Electives (5 total)*
9.	Required distribution of courses within program (if applicable)		
10.	Final examination requirements	Integrative Final Exam or Capstone	*Same*
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>		
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.		
	This change reflects the updated needs for coverage of competencies in the MHA program. The change includes a reduction in credit hours in the course CPH 663. This will reduce the total credit hours for the MHA Program from 54 to 52. The outcomes for CPH 663 will align with the updated (and reduced) number of competencies for this course and be available to all departments of the College of Public Health.		

CHANGE MASTERS DEGREE PROGRAM FORM
Signature Routing Log

General Information:

Proposal Name: Master of Health Administration

Proposal Contact Person Name: Martha Riddell   Phone: 859-218-2012   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
Academic Affairs & Assessment Committee	2/27/18	Philip Westgate / 859-218-2082 / philip.westgate@uky.edu	
Faculty Council		/ /	
Academic Dean		/ /	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision[4]
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

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[4] Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.