

Submit original with signatures to Registrar's Office
Send electronic copy to the Governance Office

CHANGE COURSE (MINOR)

MINOR COURSE CHANGES INCLUDE ONLY THE FOLLOWING:

1. Frequency of offering.
2. Minor editorial changes in title and/or course description.
3. Jointly approved proposals for cross-listing current courses. (Requires approval of both departments and deans involved. Add lines at end of form for additional signatures.)
(Stacking of 400/600 level courses is NOT considered a minor change.)
4. Change in course number that does not involve a change in lower/upper division status.
5. Internal departmental changes in NON-CORE course prerequisites. Changes MUST NOT affect courses (or degree programs) offered by other departments.

If changes cannot be considered "Minor" (as defined above), use the FORMAT 2 - CHANGE COURSE (MAJOR) and DROP COURSE form.

Remember to submit a Program Change form (Format 5 or 5A) if appropriate.

Catalog deadlines apply. Send Minor Change requests directly to the Registrar's Office after Dean's approval. (Please send informational e-copy to the UAF Governance Office.)

SUBMITTED BY:

Department	Allied Health	College/School	UAF Community and Technical College
Prepared by	Cathy Winfree	Phone	907-455-2876
Email Contact	cmwinfree@alaska.edu	Faculty Contact	Cathy Winfree

See <http://www.uaf.edu/uafgov/faculty-senate/curriculum/course-degree-procedures/> for a complete description of the rules governing curriculum & course changes.

1. COURSE IDENTIFICATION:

Dept Course # No. of Credits

COURSE TITLE

2. ACTION DESIRED: Indicate what is changing with an "X" or checkmark:

NUMBER	TITLE	DESCRIPTION
PREREQUISITES	<input type="text"/>	<input type="text"/>
CROSS-LISTED	Dept. <input type="text" value="M.A."/>	FREQUENCY OF OFFERING <input type="text"/>

(Requires approval of both departments and deans involved. Add lines at end of form for such signatures.)

3. CURRENT CATALOG DESCRIPTION AS IT APPEARS IN THE CATALOG: including dept., number, title and credits. (Use online Catalog to cut and paste.)

HLTH F261 Medical/Dental Office Reception Practicum
2 Credits
Offered As Demand Warrants
Provides the student with 80 hours of practicum work in a medical or dental office, with additional time required for meeting with the campus practicum coordinator. Students will be expected to perform any and all duties of a receptionist in a medical/dental care setting. Satisfies practicum experience requirement for Medical/Dental Reception certificate. May be used to partially satisfy practicum experience requirement of Medical Assistant A.A.S. degree certificate.
Prerequisites: HLTH F122; HLTH F132; HLTH F234; enrollment by special permission only.
Lecture + Lab + Other: 0 + 0 + 6

4. **MARK-UP OF COMPLETE CATALOG DESCRIPTION ILLUSTRATING CHANGES:** (Underline new wording ~~strike through old wording~~ and use complete catalog format including dept., number, title, credits and cross-listed and stacked.)

<p>HLTH F261 Medical/Dental Office Reception Practicum 2 Credits Offered As Demand Warrants</p> <p>Provides the student with 80 hours of practicum work in a medical or dental office, with additional time required for meeting with the campus practicum coordinator. Students will be expected to perform any and all duties of a receptionist in a medical/dental care setting. Satisfies practicum experience requirement for Medical/Dental Reception certificate. May be used to partially satisfy practicum experience requirement of Medical Assistant A.A.S. degree certificate. Prerequisites: HLTH F122; HLTH F132; HLTH F234; enrollment by special permission only. Lecture + Lab + Other: 0 + 0 + 6</p> <hr/> <p><u>MA</u> F261 Medical/Dental Office Reception Practicum 2 Credits Offered As Demand Warrants</p> <p>Provides the student with 80 hours of practicum work in a medical or dental office, with additional time required for meeting with the campus practicum coordinator. Students will be expected to perform any and all duties of a receptionist in a medical/dental care setting. Satisfies practicum experience requirement for Medical/Dental Reception certificate. May be used to partially satisfy practicum experience requirement of Medical Assistant A.A.S. degree certificate. Prerequisites: HLTH F122; HLTH F132; HLTH F234; MA F144, enrollment by special permission only. Lecture + Lab + Other: 0 + 0 + 6</p>

5. **IS THIS COURSE CURRENTLY CROSS-LISTED?**

YES/NO	No	If Yes, DEPT	NUMBER
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(Requires written notification of each department and dean involved. Attach a copy of written notification.)

6. **ESTIMATED IMPACT**

<p>WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY, ETC.</p> <p>No impact.</p>

7. **IMPACTS ON PROGRAMS/DEPTS:**

<p>What programs/departments will be affected by this proposed action? Include information on the Programs/Departments contacted (e.g., email, memo)</p> <p>No other departments impacted.</p>

JUSTIFICATION FOR ACTION REQUESTED

The purpose of the department and campus-wide curriculum committees is to scrutinize course change applications to make sure that the quality of UAF education is not lowered as a result of the proposed change. Please address this in your response. This section needs to be self-explanatory. If you drop a prerequisite, is it because the material is covered elsewhere? Use as much space as needed to fully justify the proposed change and explain what has been done to ensure that the quality of the course is not compromised as a result.

<p>Use of the MA designator will help Medical Assisting students identify core courses in the Medical Assisting Certificate and AAS degrees. Both HLTH and MA designator are within the Allied Health Department.</p>
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APPROVALS: Add signature blocks as necessary (e.g., cross listing approvals)

<i>Cathy Windice</i>	Date	10/16/16
Signature, Chair, Program/Department of:	<i>Allied Health</i>	

<i>Janice Cuda</i>	Date	10/7/16
Signature, Chair, College/School Curriculum Council for:	<i>College of Rural + Community Development</i>	

<i>Michelle Slater</i>	Date	10/11/16
Signature, Dean, College/School of:	<i>CTC</i>	

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE REGISTRAR'S OFFICE	
	Date
Received Registrar's Office	