Submit originals and one copy and electronic copy to Governance/Faculty Senate Office (email electronic copy to jbharvie@alaska.edu)

		REE REQUIREMENT CHANGE (	HAUORI
UBMITTED BY:			
Department	Allied Health	College/School	UAF Community and Technical College
Prepared by	Cathy Winfree	Phone	907-455-2876
Email Contact	cmwinfree@alaska.ed	Contact	Cathy Winfree
		ulty-senate/curriculum/cou governing curriculum & co	rse-degree-procedures-/ fo urse changes.
PROGRAM IDE	NTIFICATION:		
DEGREE PROGI		Dental Assisting	
	l: (i.e., Certificat M.S., Ph.D.)	e, A.A., A.A.S., B.A.,	Certificate
. CHANGE IN bjectives)	DEGREE REQUIREMENTS	: (Brief statement of pro	gram/degree changes and
. CURRENT R	EQUIREMENTS AS IT AP	PEARS IN THE CATALOG:	
Dental Assista  1. Complete ti 2. Complete ti computation: 3. Complete ti DA F132—Ac DA F150—De DA F151—De DA F152—De DA F153—Ar DA F251—Cl DA F252—Cl DA F254—De HLTH F110—	he general university requires the certificate requirements. and human relations contents following program (major limitstrative Procedures for ental Radiography	ements (page 94). (See page 96. As part of the certificat t is embedded in the major required	e requirements, the communication courses for this program.)

c.	PROPOSED REQUIREMENTS AS IT WILL APPEAR IN THE CATALOG WITH THESE CHANGES: Underline new wording strike through old wording and use complete catalog format )
	Dental Assistant — Certificate Program
	1. Complete the general university requirements (page 94). 2. Complete the certificate requirements. (See page 96. As part of the certificate requirements, the communication, computation and human relations content is embedded in the major required courses for this program.) 3. Complete the following program (major) requirements: *  DA F 132—Administrative Procedures for the Dental Assistant
1	DA F254—Dental Assistant Practicum4 HLTH F110—Professional Skills for the Workplace2
	HLTH F122—First Aid and CPR for Healthcare Provider Or copy of current First Aid and CPR for Healthcare Provider
	card
	4. Minimum credits required
	600
L	
D.	ESTIMATED IMPACT
	WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY, ETC.
	No impact.
E.	IMPACTS ON PROGRAMS/DEPTS: What programs/departments will be affected by this proposed action?
	Include information on the Programs/Departments contacted (e.g., email, memo)
	No other departments will be impacted.
F.	IF MAJOR CHANGE - ASSESSMENT OF THE PROGRAM:
	Description of the student learning outcomes assessment process.)
	Program Head will monitor the enrollment in HLTH F122 to see if drops significantly.

JUSTIFICATION FOR ACTION REQUESTED  The purpose of the department and campus-wide curriculum committees is to scrutinize program/degree 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 course, 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 program is not compromised as a result.	
Changing the HLTH F122 to noncredit aligning it with American Heart Association reduces the number of credits to 33.	
APPROVALS: SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE GOVERNANCE OFFICE	
Signature, Chair. Date 10/6/16	
Program/Départment of: Alled Health	
Conce Condo Date to 7/16	
Signature, Chair, College/School Curriculum Council for: College & Rhud & Community Deadonwood	
/Signature, Dean, College/School 1,15 0+1	
of:	
CHAIR SIGNATURE OBTAINED FOLLOWING APPROVAL BY FACULTY SENATE COMMITTEE	
Date	
Signature, Chair, UAF Faculty SenateCurriculum Review Committee	

Graduate Academic and Advisory Committee