Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

<table>
<thead>
<tr>
<th>Part I</th>
<th>Department Name</th>
<th>Health Promotion and Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>College</td>
<td>Health Sciences</td>
</tr>
<tr>
<td>New Course (Parts II, IV)</td>
<td>*Course Prefix &amp; Number</td>
<td></td>
</tr>
<tr>
<td>Course Revision (Parts II, IV)</td>
<td>*Course Title (30 characters)</td>
<td></td>
</tr>
<tr>
<td>Course Dropped (Part II)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Program (Part III)</td>
<td>*Program Title</td>
<td>Medical Assisting Technology (AS) (AAS)</td>
</tr>
<tr>
<td>Program Revision (Part III)</td>
<td></td>
<td>(Major __, Option ___; Minor ___; or Certificate ___)</td>
</tr>
<tr>
<td>X Program Suspended (Part III)</td>
<td>*Provide only the information relevant to the proposal.</td>
<td></td>
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</tbody>
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<thead>
<tr>
<th>Proposal Approved by:</th>
<th>Date</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Departmental Committee</td>
<td>August 18, 2005</td>
<td>Graduate Council* NA</td>
</tr>
<tr>
<td>College Curriculum Committee</td>
<td>9/21/05</td>
<td>Council on Academic Affairs</td>
</tr>
<tr>
<td>General Education Committee*</td>
<td>NA</td>
<td>Faculty Senate** NA</td>
</tr>
<tr>
<td>Teacher Education Committee*</td>
<td>NA</td>
<td>Board of Regents** NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Council on Postsecondary Edu.*** NA</td>
</tr>
</tbody>
</table>

*If Applicable (Type NA if not applicable.)
**Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested:
Change degree from Associate of Science to Associate of Applied Science

A. 2. Effective date:
Spring 2006

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:
CDF 241, a core course in the “Optional Areas of Emphasis”, is no longer offered. Change degree from AS to AAS

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: none
Operating Expenses Impact: none
Equipment/Physical Facility Needs: none
Library Resources: none

CHS 12
Part III. Recording Data for New, Revised, or Suspended Program

1. For a new program, provide the catalog description as being proposed.
2. For a revised program, provide (a) the current program requirements and (b) the revised program, reflecting the exact changes being proposed.
3. For a suspended program, provide the current program requirements as shown in catalog. List any options and/or minors affected by the program’s suspension.

Current Program Requirements as Shown in Catalog

Medical Assisting Technology (A.S. AAS)

CIP Code: 51.0801

Major Requirements.............................................................35 hours

MAS 100, 200, 201, 323, 324, 355,360,390.

Supporting Course Requirements........................................9.15 hours

BIO 171, BIO 301, CCT 201, CIS 212 or CSC 104, EMC 102 or HEA 202 and 203

General Education Requirements..........................................20.15 hours

HSO 100, BIO 171, 304, HPR 180 or 282, three hours general education humanities (BLK III),

Three hours wellness (BLKVI), three hours general education social science (BLKV)

and six hours of English composition (BLKI A and B).

University Requirement HSO 100...........................................1 hours

Total Curriculum Requirements.............................................64 66 hours

Optional Areas of Emphasis:

Course for Pediatrics:

CDF 241 Prenatal and infant development........3
CDF 342 Child and Adolescent development....3
MAS 300 Maternal Child Health Care..........1

Course for Obstetrics/Gynecology

CDF 241 Prenatal and Infant Development........3
MAS 300 Maternal Child Health Care..........1