

Curriculum Change Form

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Hybrid Course ("S," "W") <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input checked="" type="checkbox"/> Program Suspended (Part III)	Department Name <u>Health Promotion & Administration</u> College <u>Health Science</u> *Course Prefix & Number _____ *Course Title (<u>30 characters</u>) _____ *Program Title <u>Medical Coding Certificate</u> (Major <u>X</u> , Option __; Minor __; or Certificate <u>X</u>)	
*Provide only the information relevant to the proposal.		
Proposal Approved by: _____ Date _____ Date _____		
Departmental Committee _____ Graduate Council* <u>NA</u>		
<i>Is this a SACS Substantive Change?</i> Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Council on Academic Affairs _____		
College Curriculum Committee <u>4/15/09</u> Approved <input checked="" type="checkbox"/> Disapproved _____ <u>5/21/09</u>		
General Education Committee* <u>NA</u> Faculty Senate** _____		
Teacher Education Committee* <u>NA</u> Board of Regents** _____		
Council on Postsecondary Edu.*** _____		
*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 ****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.		

- A. 1. Specific action requested:** Suspend coding certificate
- A. 2. Effective date:** Fall 2011
- A. 3. Effective date of suspended programs for currently enrolled students:** (if applicable)

B. The justification for this action: The College is recommending suspending the programs associated with this certificate. These certificates are readily available and few students have chosen to complete the certificate.

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

Personnel Impact: NA. Students took courses that were part of programs being recommended for suspension.

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

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

<p>MEDICAL CODING CERTIFICATE <i>CIP Code: 51.0801</i></p>
<p>Major Requirements14 hours MAS 200, 201, 355, 360 (4), and 370 (1).</p>
<p>Supporting Course Requirements9 hours BIO 171, 301, CIS 212 or CSC 104.</p>
<p>Total Curriculum Requirements23 hours</p> <p>Students completing the requirements for the medical coding certificate will be awarded a certificate of completion by the Department of Health Promotion and Administration. This should not be confused with state certification or licensure.</p>