

10-20-2005

Council on Academic Affairs Minutes, Oct 20, 2005

Eastern Kentucky University

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EASTERN KENTUCKY UNIVERSITY

Serving Kentuckians Since 1906

Office of Academic Affairs and Research
Associate Vice President
University Programs

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Richmond, Kentucky 40475-3163
(859) 622-2076 Fax (859)622-6518

TO: Members of the Council on Academic Affairs

FROM: 
Aaron Thompson
Associate Vice President

DATE: October 12, 2005

RE: Meeting-Council on Academic Affairs

The Council on Academic Affairs will meet on October 20, at 1:30 PM in the Robert R. Martin Room of the Coates Building.

The agenda and attachments are available through the Council on Academic Affairs Web site at: http://www.academicaffairs.eku.edu/committee/academic_council/. These items will be available each month no later than the Friday before the scheduled meeting.

If you cannot attend the meeting, please contact Rhonda Goode either by phone at x22076 or e-mail rhonda.goode@eku.edu.

AGENDA

1. Council on Academic Affairs Minutes – August 18, 2005
-

OFFICE OF UNIVERSITY PROGRAMS

Items of Discussion:

Residency Policy – 30 of last 36 Semester Hours Earned at EKU
Baccalaureate Degree Requirements – 43 Hours of Upper Division and 52 Hours of General Education



COLLEGE OF BUSINESS & TECHNOLOGY

Department of Technology

<i>Course Revision</i>	AVN 340	Effective: Fall 2006
<i>Program Revision</i>	Aviation (B.S.)	Effective: Fall 2006

COLLEGE OF HEALTH SCIENCES

Department of Exercise and Sport Science

<i>New Course</i>	ATR 201	Effective: Fall 2006
<i>Course Revision</i>	ATR 200	Effective: Fall 2006
<i>Course Revision</i>	ATR 202	Effective: Spring 2007
<i>Course Revision</i>	ATR 211	Effective: Fall 2007
<i>Course Revision</i>	ATR 212	Effective: Spring 2007
<i>Course Revision</i>	ATR 301	Effective: Fall 2006
<i>Course Revision</i>	ATR 302	Effective: Spring 2007
<i>Course Revision</i>	ATR 401	Effective: Fall 2006
<i>Course Revision</i>	ATR 402	Effective: Spring 2007
<i>Course Revision</i>	ATR 412	Effective: Fall 2006
<i>Course Revision</i>	ATR 421	Effective: Spring 2007

<i>Program Revision</i>	Athletic Training (B.S.)	Effective: Fall 2006
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<i>Course Revision</i>	PHE 435	Effective: Fall 2006
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Department of Health Promotion & Administration

<i>New Course</i>	HEA 285	Effective: Fall 2006
<i>Course Dropped</i>	HEA 281	Effective: Fall 2006

**COUNCIL ON ACADEMIC AFFAIRS
MINUTES
August 18, 2005**

Members Present: Jill Allgier, Scott Amundsen, Allen Ault, Byron Bond, Verna Freer, Gary Kuhnenn, Sandra Moore, Jerry Pogatshnik, Kathryn Polmanteer, Robert Rogow, Liz Throop, Janna Vice, Deborah Whitehouse, James Chapman, Chair, Aaron Thompson, Vice-Chair

Members Absent: Steve Byrn*, Carolyn Siegel

*indicates prior notification

Non-Members Present: Tony Adams, Colleen Bennett, Ed Davis, Tina Davis, Dennis Field, Rhonda Goode, Becky Pschorr, Felecia Szorad, Linda Turner

To view amendments go to http://www.academicaffairs.eku.edu/committee/academic_council/

APPROVED

Council on Academic Affairs Minutes – May 19, 2005.

ENROLLMENT MANAGEMENT

APPROVED

Revision of Major Catalog Policy

Effective: Fall 2005

Transfer of Courses to University Programs

Effective: Fall 2005

APPROVED AS AMENDED

Creation of New Grade Codes

Effective: Fall 2005

POSTPONED

Recording of KCTCS Technical Coursework

Effective: Fall 2005

COLLEGE OF ARTS AND SCIENCES

Department of Anthropology, Sociology, & Social Work

APPROVED

Graduation Regalia

Alpha Kappa Delta

Effective: Fall 2005

International Sociology Honor Society Cord

COUNCIL ON ACADEMIC AFFAIRS Minutes from August 18, 2005

Submitted by Rhonda Goode, Office of University Programs, AVP for Academic Affairs



(Information Only)

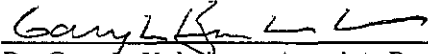
EASTERN KENTUCKY UNIVERSITY
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College of Arts and Sciences
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Academic and Student Affairs

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August 25, 2005

TO: Dr. Aaron Thompson, Associate Vice President
University Programs

FROM: 
Dr. Gary L. Kuhnhehn, Associate Dean
College of Arts and Sciences

SUBJECT: Residency Policy – 30 of Last 36 Semester Hours Earned at EKU

We presently have a student that has completed all the requirements for a baccalaureate degree, with the exception of meeting the residency requirement of completing 30 of the last 36 semester hours at EKU. The best case scenario for this student to meet the residency requirement requires an additional 13 semester hours of coursework. The student has requested a waiver of the residency rule, which has been denied because we have never waived more than six hours, with generally three hours or less as the norm. (Deans have had the authority to waive the residency requirement since the 1974-76 Catalog.) If we were to waive six hours the student would still have seven semester hours to complete. Understandably, the student is upset with this decision.

This instance of a residency requirement waiver is by no means isolated, albeit it is in the extreme. Because of the frequency of needed waivers, I am requesting that we, as an institution, reexamine the basis for the residency requirement (completing 30 of the last 36 semester hours at EKU) to either reaffirm its need, modify it or rescind it. If we find ourselves waiving some part of the requirement on a relatively frequent basis, then it stands to reason that policy needs to be revisited. All of our sister public four-year institutions in Kentucky have some form of a residency requirement, although the number of hours and how they are defined varies.

From my perspective as the associate dean in the College of Arts & Sciences that is responsible for Academic & Student Affairs, I recommend that review of the General University Residency policy of earning 30 out of the last 36 semester hours through Eastern Kentucky University be initiated as soon as possible. Because the residency requirement is a general university policy for all baccalaureate degrees, I believe the review probably should be initiated from your unit. I will be pleased to further discuss this issue with you at your convenience. Thank you.





(Information Only)


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College of Arts and Sciences
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August 26, 2005

TO: Dr. Aaron Thompson, Associate Vice President
University Programs

FROM: 
Dr. Gary L. Kuhnhehn, Associate Dean
College of Arts and Sciences

SUBJECT: Review of Two Baccalaureate Degree Requirements

The last two A-BUGS meetings have generated significant discussion about two issues associated with the Comprehensive Requirements for baccalaureate degrees. The two issues concern the requirement of 43 semester hours of upper-division coursework and the requirement of 52 semester hours of general education in association with Category and Core Certification for general education.

It seems that the application of the requirement of 43 hours of upper-division coursework to transfer coursework is not uniform across all colleges. The discrepancy takes place in the interpretation of coursework from KCTCS (lower division) that matches coursework designated as upper division here at EKU. All colleges seem to equate content, but there is a question as to whether the coursework should also be allowed to satisfy the requirement of 43 hours of upper-division coursework. It seems that most, if not all colleges, also count this type of transfer coursework toward the 43 hours. Technically, this should not happen, but if this type of transfer coursework is not counted as upper division, then we put transfer students at a disadvantage by requiring additional upper-division hours. Because of this issue I am recommending this concern be discussed at a future CAA meeting so that we can clearly establish an interpretation that all colleges will follow.

When transfer students come to EKU Fully Certified in General Education we assign the difference in their hours earned in general education (usually less than 52) and our requirement of 52 hours of general education to (free) electives. The issue occurs when transfer students come to EKU either Category or Core Certified in general education. We then demand that the student must complete 52 hours of general education. This often leads to a situation where it is very difficult, if not impossible, to determine exactly what general education coursework should be required. This is further complemented by the fact that the certifying sending institutions do not list the coursework on which the certification is based. Therefore, the student CARES Report only lists a total number of general education electives to be completed. The question has been asked if the additional required hours can/should be considered (free) electives. It seems that the

interpretation of that question has varied across the colleges. Therefore, it is my recommendation that this issue be discussed at a future CAA meeting so that we can clearly establish an interpretation that all colleges will follow.

Because the policies that determine these two requirements are comprehensive baccalaureate degree requirements, I am requesting that you initiate their discussion at CAA. I will be pleased to further discuss these issues with you at your convenience. Thank you.



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

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input checked="" type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name Department of Technology <hr/> College College of Business & Technology <hr/> *Course Prefix & Number AVN 340 <hr/> *Course Title (30 characters) Airport Administration <hr/> *Program Title (Major __, Option __; Minor __; or Certificate __) <hr/> *Provide only the information relevant to the proposal.	
Proposal Approved by:		
	<u>Date</u>	<u>Date</u>
Departmental Committee	8/19/2005	Graduate Council* N/A
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	9/16/2005	Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> 10-20-05
General Education Committee*	N/A	Faculty Senate**
Teacher Education Committee*	N/A	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.		

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

<p>A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) Change the name of AVN 340 from Airport Administration to Airport Management</p> <p>A. 2. Effective date: (Example: Fall 2001) Fall 2006</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable) N/A</p>
<p>B. The justification for this action: To align the course title with the subject matter in course.</p>
<p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: None</p> <p>Operating Expenses Impact: None</p> <p>Equipment/Physical Facility Needs: None</p> <p>Library Resources: None</p>

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

AVN 340 Airport Administration Management. (3) I, II. Prerequisite: AVN 150 or 192 with a "C" or better. A study of guidelines for aviation management and administrative functions including problems, trends and planning regarding operation of airports.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*	
AVN	340	Fall 2006	AS _____ JS _____ BT <u>X</u> EM _____ ED _____ PC _____ HS _____	TECH	
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____		
	Lecture _____	Laboratory _____	Other _____		
			Cip Code (first two digits only)		
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)		
			FR _____ JR _____ SO _____ SR _____		
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY		
		Thesis _____			
		Internship _____			
		Independent Study _____			
		Practicum _____			
Co-Requisites and Prerequisites					
Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)					
Course Prefix and No.					
Course Prefix and No.					
Prerequisite(s): (List prerequisites only. List combinations below. Use "and" and "or" literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)					
Course Prefix and No.					
Course Prefix and No.					
Test Scores					
Minimum GPA (when a course grouping or student cumulative GPA is required)					
Co-Requisite(s) and/or Prerequisite(s) Combination (Use "and" and "or" literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)					
Course Prefix and No.					
Test Scores					
Minimum GPA (when a course grouping or student cumulative GPA is required)					
Equivalent Course(s): (credit not allowed with; or formerly:)					
Course Prefix and No.					
Course Prefix and No.					
Course Prefix and No.					
Proposed General Education Category: (Check as many as apply.)					
I. 01 _____	II. 05 _____	III. 09 _____	IV. 13 _____	V. 17 _____	VI. 20 _____
02 _____	06 _____	10 _____	14 _____	18 _____	21 _____
03 _____	07 _____	11 _____	15 _____	19 _____	
04 _____	08 _____	12 _____	16 _____		

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

Part I

(Check one)	Department Name	Department of Technology	
<input type="checkbox"/> New Course (Parts II, IV)	College	College of Business & Technology	
<input type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number		
<input type="checkbox"/> Course Dropped (Part II)	*Course Title (30 characters)		
<input type="checkbox"/> New Program (Part III)	*Program Title	B.S. in Aviation Area Major (Aviation Administration)	
<input checked="" type="checkbox"/> Program Revision (Part III)		(Major __, Option <u>X</u> ; Minor __; or Certificate __)	
<input type="checkbox"/> Program Suspended (Part III)	*Provide only the information relevant to the proposal.		

Proposal Approved by:	<u>Date</u>		<u>Date</u>
Departmental Committee	8/19/2005	Graduate Council*	N/A
<i>Is this a SACS Substantive Change? Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/></i>		Council on Academic Affairs	
College Curriculum Committee	9/16/2005	Approved <input checked="" type="checkbox"/> Disapproved	10-20-05
General Education Committee*	N/A	Faculty Senate**	11-07-05
Teacher Education Committee*	N/A	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.

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

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.)
To change the Aviation option name Aviation Administration to Aerospace Management

A. 2. Effective date: (Example: Fall 2001)
Fall 2006

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

B. The justification for this action:
To align the title with the subject matter in program option and the aerospace industry.

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

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 the current program requirements using ~~strike through~~ for deletions and underlines for additions.
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.

New or Revised* Program Text
 (*Use ~~strike through~~ for deletions and underlines for additions.)

Aviation (B.S.) Area Major

CIP Code: 49.0102

University Requirement.....1 hour

BTO 100.

General Education Requirements.....34 hours

Standard General Education program, excluding courses categories 03, 04, 14, 15, 16, and 21. Refer to Section Four of this *Catalog* for details on the General Education and University requirements.

Supporting Course Requirements.....36-38 hours

CSC 104 or CSC 177 or CIS 212 or TEC 161; GEO 215; MAT 107 and 108 or 109(5); 124(4) or 211; MGT 300 or 301, 480 or INT 408; PHY 131(5), 132(5); PSY 200; and STA 215.

Free Electives.....7-12 hours

Major Requirements.....45-48 hours

Aviation Core.....15 hours

AVN 150, 315, 350, 410, 460.

Majors must also select an option in professional flight or ~~aviation administration~~ aerospace management.

Options:

Professional Flight.....33 hours

AVN 192(5), 194A(1), 204A(1), 206A(1), 220, 220A(1), 229A(1), 230A(1), 300(2), 300A(1), 310(4), 310A(1), 320(2), 320A(1), 325(3), 400(1), 400A(1), and 425. All electives must be upper division.

~~Aviation Administration~~ **Aerospace Management.....30 hours**

AVN 340, 360, 370, 390, 401, 402; and *† twelve hours from the following prefixes: ACC, AFS, AVN, CIS, ECO, FIN, GBU, INS, MGT, MKT, MSL, PUB, RST.

*Selection of lower division courses may result in a failure to meet university requirement of 43 hours of upper division credits.

†May require prerequisites.

Total Curriculum Requirements.....128 hours

Students must take an Aviation exit examination before graduation.

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

Part I

(Check one) <input checked="" type="checkbox"/> New Course (Parts II, IV) <input type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name College *Course Prefix & Number *Course Title (30 characters) *Program Title (Major __, Option __; Minor __; or Certificate __)	Exercise & Sport Science Health Sciences ATR 201 Practicum I *Provide only the information relevant to the proposal.
Proposal Approved by:		
Departmental Committee	<u>Date</u> 9/7/05	<u>Date</u> n/a
<i>Is this a SACS Substantive Change?</i>		
Yes*** <input type="checkbox"/> No <input checked="" type="checkbox"/>		
College Curriculum Committee	<u>Date</u> 9/21/05	Graduate Council* <u>n/a</u> Council on Academic Affairs <u>10-20-05</u>
General Education Committee*	<u>Date</u> n/a	Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Faculty Senate**
Teacher Education Committee*	<u>Date</u> n/a	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.		

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

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.)
 Create new course for ATEP curriculum. Students would take this course during the fall semester of their 2nd year.

A. 2. Effective date: (Example: Fall 2001)
 Fall 2006

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

B. The justification for this action:

A practicum course is needed in which clinical proficiencies first learned in the ATR 200, HEA 202, and PHE 212 courses are reassessed to demonstrate learning over time. This is an accreditation requirement. By making this addition, students can be formally admitted into the ATEP at the beginning of the fall semester of their 2nd year, which will enhance new student recruitment efforts, retention of current students, and make the EKU ATEP more competitive with other accredited ATEPs across Kentucky and the U.S., as well as those ATEPs housed at institutions which EKU compares itself to.

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

Personnel Impact: none

Operating Expenses Impact: none

Equipment/Physical Facility Needs:

Library Resources: n/a

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~strikethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

ATR 201 Practicum I. (3) I. Prerequisite: PHE 212 and HEA 202. Corequisite: ATR 211. This first practicum course provides the student with clinical skill based opportunities within a variety of athletic training settings. Classroom and laboratory sessions are designed to introduce the learner to specific educational competencies and clinical proficiencies. The proficiencies will be practiced and assessed to given specific standards of achievement and linked to courses previously taken.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	201	Fall 2006	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
3	Lecture _____	Laboratory <u>2</u>	Other _____	Cip Code (first two digits only) 51
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*		Class Restriction, if any: (undergraduate only)
p	3	N		
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>		<div style="border: 2px solid black; padding: 5px;"> <p align="center">FOR BANNER USE ONLY</p> <p>Date of data entry _____</p> <p>Data entry person _____</p> </div>
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	ATR 211
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	PHE 212
Course Prefix and No.	HEA 202
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Eastern Kentucky University
College of Health Sciences
Department of Exercise and Sport Science
Athletic Training Education Program
ATR 201 – Fall 2006
Practicum I

Instructor: Joe Beckett

Contact Info: Joe.Beckett@eku.edu Moberly 224 Ext. 2-2134

Time/Days: TBA

Room: Moberly ATR

Text: This course uses a variety of texts from previous Athletic Training lists.

Course Description:

ATR 201 Practicum I (3).I Prerequisite: PHE 212 and HEA 202 Co-requisite: ATR 211 This first practicum course provides the student with clinical skill based opportunities within a variety of athletic training settings. Classroom and laboratory sessions are designed to introduce the learner to specific educational competencies and clinical proficiencies. The proficiencies will be practiced and assessed to given specific standards of achievement and linked to courses previously taken.

NATA Educational Competencies and Clinical Proficiencies:

The competencies and proficiencies are instructed and evaluated during this course per the attachment.

Assessment/Evaluation:

1. Five quizzes given throughout the semester of study associated with specific outcomes for the course.
10% of grade
2. Participation in scenario role-play laboratory experiences every two to three weeks. Assessed using the Critical Thinking Rubric with a minimum score of 2.
10% of grade
3. Demonstration of the ability to properly perform the required psychomotor skills through assessments during lab/skill sessions of the course. (MAJOR ASSESSMENTS)
70% of grade
4. All students are RECOMMENDED to participate in classroom discussion and skill lab sessions during formal class meetings and assigned clinical experiences.
5. Six written assignments related to the NATA competencies and proficiencies, including the team physician in-service. Assignments must be typed, 1" margins, 11 or 12 font, in Times New Roman or Arial, 1-3 pages in length unless otherwise stated. Assessed using the Critical Thinking Rubric with a minimum score of 2.
10% of grade
6. Students complete a series of clinical check off's during their clinical experience/rotation. The assigned rotational experiences are a required portion of the course. The clinical check off's receive given NO point value. These assignments are used to PRACTICE assessments in preparation for MAJOR ASSESSMENTS. The instructor uses these assignments as assessment "bench marks". Approximately 150 clinical hours must be completed.

NOTE: All MAJOR ASSESSMENT tools will be signed by the ACI (Approved Clinical Instructor) at your assigned clinical site. These assessment tools MUST be brought back to the instructor who will forward them to the Coordinator of Clinical Education for documentation of proficiency in the assigned competencies.

Grading Scale:

- A = 90 – 100%. OUTSTANDING performance and/or understanding
B = 80 – 89%. ABOVE AVERAGE performance and/or understanding
(All MAJOR assessments should meet this standard)
C = 70 – 79%. AVERAGE performance and/or understanding
D = 60 – 69%. BELOW AVERAGE performance and/or understanding
F = 0 – 59%. UNACCEPTABLE performance and/or understanding

Attendance/Grading:*Attendance:*

- Attendance and participation in this course is fundamental in the process of learning, critical thinking, and application.
- Please have the courtesy to be on time, both in person and in assignments; late work will be subject to a 20% reduction.

Absence:

- When missing a class (excused or unexcused), be responsible and courteous to call my office and leave a detailed message. I will offer you the same courtesy if I am unable to attend class.
- In the event of an emergency, serious illness, death in the family, etc, all work must be completed within one week of the absence.
- For absence due to a school-sponsored function, all work must be completed prior to the missed class.
- Work cannot be made up for an unexcused absence.

Assessments:

- Assessments must be complete by the assigned ACI unless the assigned ACI has made other arrangements.
- A first attempt must have been made on all assessments in order to be eligible to receive an incomplete; failure to make a first attempt at all assessments will result in awarding the grade that has been earned.
- You must achieve 80% on all major assessments in order to pass the course.

**** Please do not hesitate to see me at any time if you have questions, concerns, do not understand the material, need assistance studying, etc. I am always willing to help those who have the desire to learn!**

Course Outcomes:

1. Utilize critical thinking skills in the Risk Management and Injury Prevention of the physically active.
2. Utilize critical thinking skills in the Assessment and Evaluation of injuries obtain by the physical active.
3. Utilize critical thinking skills in the Acute Care of Injuries and Illness occurring to the physically active
4. Utilize critical thinking skills in Pathology of Injuries and Illnesses occurring to the physically active.
5. Utilize critical thinking skills and athletic training psychomotor skills in Pharmacology occurring to the physically active.
6. Utilize critical thinking skills and athletic training psychomotor skills in Therapeutic Modalities occurring to the physically active.
7. Utilize critical thinking skills and athletic training psychomotor skills in General Medical Conditions and Disabilities occurring to the physically active.
8. Utilize critical thinking skills in Psychosocial Intervention and Referral occurring to the physically active.

Program Outcomes:

1. Develop a body of knowledge and the ability to seek additional knowledge in all domains of athletic training, this includes:
 - Risk management and injury prevention
 - Pathology of injuries and illnesses
 - Assessment and evaluation
 - Acute care of injury and illness
 - Pharmacology
 - Therapeutic modalities
 - Therapeutic exercise
 - General medical conditions and disabilities
 - Nutritional aspects of injury and illness
 - Psychosocial intervention and referral
 - Health care administration

- Professional development and responsibilities
2. Demonstrate the ability to utilize clinical skills in the process of injury prevention, assessment and evaluation, therapeutic modality use, therapeutic exercise and strength training program design, recognition of general medical conditions, nutritional evaluation and recommendation, as well as psychosocial intervention and general health care administration.
 3. Demonstrate the ability to work collaboratively with healthcare professionals and successfully deliver quality service to patients/athletes as well as educate the community in a variety of settings.
 4. Demonstrate the ability to use verbal, written, and technological communication skills with the profession of Athletic Training.
 5. Demonstrate the development of beliefs, attitudes, and behaviors towards life-long self-directed learning, citizenship, and ethical practice and decision making for the athletic training profession.

WHAT IS AN OUTCOME? An outcome is what a student **MUST** achieve in this course in order to be considered competent enough to advance to the next level of Athletic Training courses and ultimately graduate from the Eastern Kentucky University ATEP.

HOW DO YOU ACHIEVE THESE OUTCOMES? You can achieve these outcomes in many ways! First of all, you must participate in class assignments, discussions, projects, and clinical assignments. You will not be evaluated on participating; however, it **MUST** be understood that completion and understanding of these outcomes is not attainable without your participation. Participation is defined as frequent and consistent contact with your clinical instructor and/or approved clinical instructor (ACI) and participating in discussion and skill practice sessions while rotating at your assigned clinical site. You will perform assessments, clinical assignments, and practical exams associated with related psychomotor skills.

ADA Statement

If you are registered with the Office of Services for Individuals with Disabilities, please make an appointment with the course instructor to discuss any academic accommodations you need. If you need academic accommodations and are not registered with the Office of Services for Individuals with Disabilities, please contact the Office directly either in person on the first floor of the Turley House or by telephone at (859) 622-1500 V/TTY. Upon individual request, this syllabus can be made available in alternative forms.

University 2-Hour Delay Schedule

Monday/Wednesday/Friday		Tuesday/Thursday	
Regular Class Period	Delay Class Period	Regular Class Period	Delay Class Period
8:00 – 8:50	10:00 – 10:40	8:00 – 9:15	10:00 – 11:00
9:05 – 9:55	10:50 – 11:30	9:30 – 10:45	11:10 – 12:10
10:10 – 11:00	11:40 – 12:20	11:00 – 12:15	12:20 – 1:20
11:15 – 12:05	12:30 – 1:10	12:30 – 1:45	1:30 – 2:30
12:20 – 1:10	1:20 – 2:00	2:00 – 3:15	2:40 – 3:40
1:25 – 2:15	2:10 – 2:50	3:30 – 4:45	3:50 – 4:50
2:30 – 3:20	3:00 – 3:40		
3:35 – 4:25	3:50 – 4:30		
4:40 – 5:30	4:40 – 5:20		
6:00	6:00	6:00	6:00

Tentative Course Outline
ATR 201: Practicum I
Subject to change at the discretion of the instructor

Aug. 22:	Introduction Group I Proficiencies
Aug. 29:	Group I Proficiencies Scenario I & Written Assignment #1
Sept. 5:	Completion of Group I Proficiencies Quiz I Group II Proficiencies Team Physician in-service
Sept. 12:	Group II Proficiencies Scenario II & Written Assignment #2
Sept. 19:	Completion of Group II Proficiencies Quiz II Group III Proficiencies
Sept. 26:	Group III Proficiencies Scenario III & Written Assignment #3
Oct. 3:	Completion of Group III Proficiencies Quiz III Group IV Proficiencies
Oct. 10:	Fall Break
Oct. 17:	Group IV Proficiencies Guest Speaker TBA (Orthopedic soft goods/bracing rep)
Oct. 24:	Group IV Proficiencies Scenario IV & Written Assignment #4
Oct. 31:	Group IV Proficiencies Quiz IV
Nov. 7:	Group IV & V Proficiencies Written Assignment #5
Nov. 14:	Group V Proficiencies Completion of Group IV Proficiencies Guest Speaker TBA (Orthotics, casting, splinting)
Nov. 21:	Group V Proficiencies Scenario V
Nov. 28:	Completion of Group V Proficiencies Quiz V Written Assignment #6
Dec. 5:	Discussion of Educational Competencies Review of Proficiencies
Dec. 12:	Final Assessments

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

Part I

<input type="checkbox"/> (Check one) New Course (Parts II, IV)	Department Name Exercise & Sport Science	
<input checked="" type="checkbox"/> Course Revision (Parts II, IV)	College Health Sciences	
<input type="checkbox"/> Course Dropped (Part II)	*Course Prefix & Number ATR 200	
<input type="checkbox"/> New Program (Part III)	*Course Title (30 characters) Introduction to Athletic Training	
<input type="checkbox"/> Program Revision (Part III)	*Program Title (Major ____, Option ____, Minor ____, or Certificate __)	
<input type="checkbox"/> Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	<u>Date</u>		<u>Date</u>
Departmental Committee	9/7/05	Graduate Council*	n/a
<i>Is this a SACS Substantive Change?</i>	Yes*** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs	
College Curriculum Committee	9/21/05	Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>	10-20-05
General Education Committee*	n/a	Faculty Senate**	
Teacher Education Committee*	n/a	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.

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

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.)
Change current ATR 200 course to ATR 100 and begin offering in the fall semester of the student's freshman year. The current ATR 200 course is offered during the fall semester of the student's 2nd year. Drop prerequisite and corequisite.

A. 2. Effective date: (Example: Fall 2001)
Fall 2006

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

B. The justification for this action:

Currently, we have little to no contact with freshmen students entering EKU that have plans to major in Athletic Training. Many entering students have backgrounds in Athletic Training from their high schools and a desire to attend a program where they can begin taking courses (and thus become actively engaged) in the Athletic Training major during their first year if not first semester. By making this addition, the ATEP will significantly enhance its recruitment efforts for new students, the retention of current students, and in addition make EKU more competitive with other KY accredited ATEPs, as well as other ATEPs at peer institutions across the U.S. Moreover, this change will enable the ATEP to formally admit students into the ATEP at the beginning of the fall semester of their 2nd year.

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

Personnel Impact: None. Course is just being moved to an earlier point in the ATEP curriculum sequence and re-numbered to reflect that freshmen will be taking the course.

Operating Expenses Impact: n/a

Equipment/Physical Facility Needs: ATEP lab space

Library Resources: n/a

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~strickethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~strickethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

ATR 200 100 Introduction to Athletic Training. (2) I. ~~Prerequisite or Corequisite: BIO 271 with a grade of "C" or higher, and Pre-Athletic Training majors only.~~ For students who are will be applying for admission to the Athletic Training Education Program. Students will receive an introduction to professional organizations and issues, in addition to instruction and assessment of basie introductory clinical skills necessary for advancement in the ~~profession~~ progress to the next athletic training course. 1 Lec/2 Lab.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	200 100	Fall 2006	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
	Lecture _____	Laboratory _____	Other _____	
			Cip Code (first two digits only)	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
			FR _____ JR _____ SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	Prerequisite or Corequisite: BIO 271 with a grade of “C” or higher. Pre-Athletic Training majors only.
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly :)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (X) appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input checked="" type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name Exercise & Sport Science <hr/> College Health Sciences <hr/> *Course Prefix & Number ATR 202 <hr/> *Course Title (30 characters) Clinical Practicum Level I <hr/> *Program Title (Major __, Option __; Minor __; or Certificate __) <hr/> *Provide only the information relevant to the proposal.	
Proposal Approved by:		
	<u>Date</u>	<u>Date</u>
Departmental Committee	9/7/05	Graduate Council* n/a
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	9/21/05	Approved X Disapproved 10-20-05
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.		

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

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) Change title to Practicum II, increase credit hours from 2 to 3, and add prerequisite. A. 2. Effective date: (Example: Fall 2001) Spring 2007 A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)	
B. The justification for this action: To make students, faculty, and staff aware of the semester in the ATEP in which students enroll in this course, in addition to making all ATR practicum courses consistent in regard to credit hours awarded for each. Additional credit will allow adequate time for skill development.	
C. The projected cost (or savings) of this proposal is as follows: Personnel Impact: n/a Operating Expenses Impact: n/a Equipment/Physical Facility Needs: n/a Library Resources: n/a	

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

ATR 202 ~~Clinical Practicum Level I~~ Practicum II (2) (3) II. Prerequisite: Athletic Training major and ATR 201. ~~First course of clinical practicum to develop professional skills in athletic training.~~ This second practicum course provides the student with clinical skill based opportunities within a variety of athletic training settings. Classroom and laboratory sessions are designed to introduce the learner to specific educational competencies and clinical proficiencies. The proficiencies will be practiced and assessed to given specific standards of achievement and linked to courses previously taken.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	202	Spring 2007	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X _____	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
2 3	Lecture 2 3	Laboratory _____	Other _____	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Cip Code (first two digits only) 51	
	2 3		Class Restriction, if any: (undergraduate only)	
			FR _____	JR _____
			SO _____	SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum X _____		

Co-Requisites and Prerequisites ****See definitions on following page****

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No. _____

Course Prefix and No. _____

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No. _____

Athletic Training major and ATR 201.

Course Prefix and No. _____

Test Scores _____

Minimum GPA (when a course grouping or student cumulative GPA is required) _____

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No. _____

Test Scores _____

Minimum GPA (when a course grouping or student cumulative GPA is required) _____

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No. _____

Course Prefix and No. _____

Course Prefix and No. _____

Proposed General Education Block: Please mark (X) appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input checked="" type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name Exercise & Sport Science <hr/> College Health Sciences <hr/> *Course Prefix & Number ATR 211 <hr/> *Course Title (30 characters) Evaluation I <hr/> *Program Title (Major ____, Option ____; Minor ____; or Certificate ____) <hr/> *Provide only the information relevant to the proposal.	
Proposal Approved by:		
	<u>Date</u>	<u>Date</u>
Departmental Committee	9/7/05	Graduate Council* n/a
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	9/21/05	Approved X Disapproved 10-20-05
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.		

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

<p>A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) 1) Change title of ATR 211 from "Evaluation I" to "Evaluation of Lower Extremity Injuries" to more accurately reflect the content of the course. 2) Move ATR 211 to fall semester of 2nd year from the spring semester of the 2nd year. 3) Edit course description and prerequisite.</p> <p>A. 2. Effective date: (Example: Fall 2001) Fall 2007</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)</p>
<p>B. The justification for this action: Both of the ATEP evaluation courses need to be taught to AT students prior to their enrolling in ATR 311, PHE 325, and PHE 407. (NOTE: See ATR 212 curriculum change form for additional details.)</p>
<p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: n/a</p> <p>Operating Expenses Impact: n/a</p> <p>Equipment/Physical Facility Needs: n/a</p> <p>Library Resources: n/a</p>

ESSC-14

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

ATR 211 ~~Evaluation I. Evaluation of Lower Extremity Injuries (4) II. I.~~ Prerequisite: Acceptance into the professional Athletic Training Education Program. Study and development of evaluation techniques with emphasis on the lower extremity and low back. Students will learn how to properly evaluate common injuries of the lower extremity and lumbar spine. Classroom and skill laboratory sessions are designed to introduce the learner to proper assessment techniques of the lower extremity and lumbar spine in the various athletic training settings. 3 Lec/2 Lab.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	211	Fall 2007	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X _____	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
	Lecture _____	Laboratory _____	Other _____	
			Cip Code (first two digits only) 51	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
			FR _____ JR _____ SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No. _____

Course Prefix and No. _____

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No. _____ Acceptance into the professional Athletic Training Education program.

Course Prefix and No. _____

Test Scores _____

Minimum GPA (when a course grouping or student cumulative GPA is required) _____

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No. _____

Test Scores _____

Minimum GPA (when a course grouping or student cumulative GPA is required) _____

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No. _____

Course Prefix and No. _____

Course Prefix and No. _____

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input checked="" type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name Exercise & Sport Science <hr/> College Health Sciences <hr/> *Course Prefix & Number ATR 212 <hr/> *Course Title (30 characters) Evaluation II <hr/> *Program Title (Major __, Option __; Minor __; or Certificate __) <hr/> *Provide only the information relevant to the proposal.	
Proposal Approved by:		
	<u>Date</u>	<u>Date</u>
Departmental Committee	9/7/05	Graduate Council* n/a
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	9/21/05	Approved X Disapproved 10-20-05
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.		

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

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) 1) Change title of ATR 212 from "Evaluation II" to "Evaluation of Upper Extremity Injuries" to more accurately reflect the content of the course. 2) Move ATR 212 to spring semester of 2 nd year from the fall semester of the 3 rd year. A. 2. Effective date: (Example: Fall 2001) Spring 2007 A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)	
B. The justification for this action: Athletic Training students need to complete both evaluation courses (ATR 211 and ATR 212) prior to taking the Therapeutic Modalities (ATR 311), Exercise Physiology (PHE 325), and Strength & Conditioning (PHE 407) courses as a result of the prerequisite content that students gain by taking ATR 212 prior to these courses.	
C. The projected cost (or savings) of this proposal is as follows: Personnel Impact: n/a Operating Expenses Impact: n/a Equipment/Physical Facility Needs: n/a Library Resources: n/a	

ESSC-17

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

ATR 212 ~~Evaluation II~~ Evaluation of Upper Extremity Injuries (4) I II. Prerequisite: ATR 211 ~~Study and~~
~~development of evaluation techniques with emphasis on the upper extremity, cervical and thoracic spine, head, and~~
~~abdomen.~~ Students will learn how to properly evaluate common injuries of the upper extremity, cervical spine, head,
and face. Classroom and skill laboratory sessions are designed to introduce the learner to proper assessment
techniques of these areas in the various athletic training clinical settings. 3 Lec/2 Lab.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	212	Spring 2007	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X _____	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
	Lecture _____	Laboratory _____	Other _____	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Cip Code (first two digits only) 51	
			Class Restriction, if any: (undergraduate only)	
			FR _____	JR _____
			SO _____	SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
-----------------------	--

Course Prefix and No.	
-----------------------	--

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
-----------------------	--

Course Prefix and No.	
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Test Scores	
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Minimum GPA (when a course grouping or student cumulative GPA is required)	
--	--

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
-----------------------	--

Test Scores	
-------------	--

Minimum GPA (when a course grouping or student cumulative GPA is required)	
--	--

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
-----------------------	--

Course Prefix and No.	
-----------------------	--

Course Prefix and No.	
-----------------------	--

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

(Check one)	Department Name	Exercise & Sport Science
New Course (Parts II, IV)	College	Health Sciences
<input checked="" type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number	ATR 301
Course Dropped (Part II)	*Course Title (30 characters)	Clinical Practicum Level IIA
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ____, Option ____, Minor ____, or Certificate ____,)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	<u>Date</u>	
Departmental Committee	9/7/05	Graduate Council* n/a
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	9/21/05	Approved X Disapproved 10-20-05
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.

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

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.)
Change title to Practicum III and edit course description.

A. 2. Effective date: (Example: Fall 2001)
Fall 2006

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

B. The justification for this action:
To make students, faculty, and staff aware of the semester in the ATEP in which students enroll in this course, in addition to making all ATR practicum courses consistent in regard to credit hours awarded for each.

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

Personnel Impact: n/a

Operating Expenses Impact: n/a

Equipment/Physical Facility Needs: n/a

Library Resources: n/a

ESSC-20

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

~~ATR 301 Clinical Practicum Level II A. Practicum III (3) I.~~ Prerequisite: ATR 202. ~~Second course of clinical practicum to develop professional skills in athletic training.~~ This third practicum course provides the student with clinical skill based opportunities within a variety of athletic training settings. Classroom and laboratory sessions are designed to introduce the learner to specific educational competencies and clinical proficiencies. The proficiencies will be practiced and assessed to given specific standards of achievement and linked to courses previously taken.

Part IV. Recording Data for New or Revised Course (Record only **new** or **changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	301	Fall 2006	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
	Lecture _____ Laboratory _____ Other _____		Cip Code (first two digits only) 51	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
			FR _____ JR _____ SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

<input type="checkbox"/> (Check one) New Course (Parts II, IV)	Department Name	Exercise & Sport Science
<input checked="" type="checkbox"/> Course Revision (Parts II, IV)	College	Health Sciences
<input type="checkbox"/> Course Dropped (Part II)	*Course Prefix & Number	ATR 302
<input type="checkbox"/> New Program (Part III)	*Course Title (30 characters)	Clinical Practicum Level IIB
<input type="checkbox"/> Program Revision (Part III)	*Program Title	(Major ____, Option ____, Minor ____, or Certificate ____)
<input type="checkbox"/> Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	<u>Date</u>	
Departmental Committee	9/7/05	Graduate Council* n/a
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	9/21/05	Approved <input checked="" type="checkbox"/> Disapproved 10-20-05
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.

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

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.)
Change title to Practicum IV and edit course description.

A. 2. Effective date: (Example: Fall 2001)
Spring 2007

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

B. The justification for this action:
To make students, faculty, and staff aware of the semester in the ATEP in which students enroll in this course, in addition to making all ATR practicum courses consistent in regard to credit hours awarded for each.

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

Personnel Impact: n/a

Operating Expenses Impact: n/a

Equipment/Physical Facility Needs: n/a

Library Resources: n/a

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

ATR 302 ~~Clinical Practicum Level II~~ Practicum IV (3) II. Prerequisite: ATR 301. ~~Third course of clinical practicum to develop professional skills in athletic training.~~ This fourth practicum course provides the student with clinical skill based opportunities within a variety of athletic training settings. Classroom and laboratory sessions are designed to introduce the learner to specific educational competencies and clinical proficiencies. The proficiencies will be practiced and assessed to given specific standards of achievement and linked to courses previously taken.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	302	Spring 2007	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
	Lecture _____ Laboratory _____ Other _____		Cip Code (first two digits only) 51	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
			FR _____ JR _____ SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input checked="" type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name Exercise & Sport Science <hr/> College Health Sciences <hr/> *Course Prefix & Number ATR 401 <hr/> *Course Title (30 characters) Clinical Practicum Level IIIA <hr/> *Program Title _____ (Major __, Option __; Minor __; or Certificate __) <hr/> *Provide only the information relevant to the proposal.	
Proposal Approved by:		
	<u>Date</u>	<u>Date</u>
Departmental Committee	9/7/05	Graduate Council* n/a
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	9/21/05	Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> 10-20-05
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.		

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

<p>A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) Change title to Practicum V and edit course description. Change credit hours from 4 to 3.</p> <p>A. 2. Effective date: (Example: Fall 2001) Fall 2006</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)</p>	
<p>B. The justification for this action:</p> <p>Students, faculty, and staff will know the semester in the ATEP in which students take this course. In addition, all ATR practicum courses will be consistent in regard to credit hours awarded for each. Changing credit hours from 4 to 3.</p>	
<p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: n/a</p> <p>Operating Expenses Impact: n/a</p> <p>Equipment/Physical Facility Needs: n/a</p> <p>Library Resources: n/a</p>	

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

~~ATR 401 Clinical Practicum Level III A Practicum V (4 3) I. Prerequisite: ATR 302. Fourth course of clinical practicum to develop professional skills in athletic training. This fifth practicum course provides the student with clinical skill based opportunities within a variety of athletic training settings. Classroom and laboratory sessions are designed to introduce the learner to specific educational competencies and clinical proficiencies. The proficiencies will be practiced and assessed to given specific standards of achievement and linked to courses previously taken.~~

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	401	Fall 2006	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
4- 3	Lecture _____	Laboratory _____	Other 4 3	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Cip Code (first two digits only) 51	
	4- 3		Class Restriction, if any: (undergraduate only)	
			FR _____ JR _____ SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum X		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No. _____

Course Prefix and No. _____

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No. _____

Course Prefix and No. _____

Test Scores _____

Minimum GPA (when a course grouping or student cumulative GPA is required) _____

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No. _____

Test Scores _____

Minimum GPA (when a course grouping or student cumulative GPA is required) _____

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No. _____

Course Prefix and No. _____

Course Prefix and No. _____

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input checked="" type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name College *Course Prefix & Number *Course Title (30 characters) *Program Title (Major __, Option __; Minor __; or Certificate __) *Provide only the information relevant to the proposal.	Exercise & Sport Science Health Sciences ATR 402 Clinical Practicum Level IIIB
Proposal Approved by:		
	<u>Date</u>	
Departmental Committee	9/7/05	Graduate Council* n/a
<i>Is this a SACS Substantive Change?</i> Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>		
College Curriculum Committee	9/21/05	Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> 10-20-05
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.		

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

<p>A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) Change title to Practicum VI and edit course description. Change credit hours from 4 to 3.</p> <p>A. 2. Effective date: (Example: Fall 2001) Spring 2007</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)</p>
<p>B. The justification for this action:</p> <p>Students, faculty, and staff will know the semester in the ATEP in which students take this course. In addition, all ATR practicum courses will be consistent in regard to credit hours awarded for each. Changing credit hours from 4 to 3.</p>
<p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: n/a</p> <p>Operating Expenses Impact: n/a</p> <p>Equipment/Physical Facility Needs: n/a</p> <p>Library Resources: n/a</p>

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

~~ATR 402 Clinical Practicum Level III B. Practicum VI (4 3) II.~~ Prerequisite: ATR 401. ~~Fifth course of clinical practicum to develop professional skills in athletic training.~~ This sixth practicum course provides the student with clinical skill based opportunities within a variety of athletic training settings. Classroom and laboratory sessions are designed to introduce the learner to specific educational competencies and clinical proficiencies. The proficiencies will be practiced and assessed to given specific standards of achievement and linked to courses previously taken.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	402	Spring 2007	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X _____	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
4- 3	Lecture _____	Laboratory _____	Other 4 3	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Cip Code (first two digits only) 51	
	4- 3		Class Restriction, if any: (undergraduate only)	
			FR _____ JR _____ SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum X _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No. _____

Course Prefix and No. _____

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No. _____

Course Prefix and No. _____

Test Scores _____

Minimum GPA (when a course grouping or student cumulative GPA is required) _____

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No. _____

Test Scores _____

Minimum GPA (when a course grouping or student cumulative GPA is required) _____

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No. _____

Course Prefix and No. _____

Course Prefix and No. _____

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input checked="" type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name Exercise & Sport Science <hr/> College Health Sciences <hr/> *Course Prefix & Number ATR 412 <hr/> *Course Title (30 characters) Organization and Administration <hr/> *Program Title (Major __, Option __; Minor __; or Certificate __) <hr/> *Provide only the information relevant to the proposal.	
Proposal Approved by:		
	<u>Date</u>	<u>Date</u>
Departmental Committee	9/7/05	Graduate Council* n/a
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	9/21/05	Approved X Disapproved 10-20-05
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.		

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

<p>A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) 1) Change curriculum sequence to fall semester of the 4th year from spring semester of the 4th year. 2) Delete ATR 411 prerequisite and add ATR 312 and 322 as prerequisites. 3) Edit course description.</p> <p>A. 2. Effective date: (Example: Fall 2001) Fall 2006</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)</p>
<p>B. The justification for this action:</p> <p>ATR 412 is an important didactic-type course laden with a number of substantial educational competencies and clinical proficiencies. To comply with our accreditation standards, the ATEP must demonstrate the concept of learning over time within the curriculum. By moving ATR 412 to the fall semester, students can demonstrate learning over time regarding specific competencies and proficiencies during the following spring semester.</p>
<p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: n/a</p> <p>Operating Expenses Impact: n/a</p> <p>Equipment/Physical Facility Needs: n/a</p> <p>Library Resources: n/a</p>

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

ATR 412 Organization and Administration. (3) H. I Prerequisite: ~~ATR 411~~ ATR 312 and ATR 322. Study of concepts of healthcare organization and administration relative to athletic training. The course will include such topics as legal liability, fiscal management, facilities operation, personnel supervision, public relations, and organizational structures.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	412	Fall 2006	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X _____	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
	Lecture _____	Laboratory _____	Other _____	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Cip Code (first two digits only) 51	
			Class Restriction, if any: (undergraduate only)	
			FR _____	JR _____
			SO _____	SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum X _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
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Course Prefix and No.	
-----------------------	--

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	ATR-414 ATR 312 and 322
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Course Prefix and No.	
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Test Scores	
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Minimum GPA (when a course grouping or student cumulative GPA is required)	
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Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
-----------------------	--

Test Scores	
-------------	--

Minimum GPA (when a course grouping or student cumulative GPA is required)	
--	--

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
-----------------------	--

Course Prefix and No.	
-----------------------	--

Course Prefix and No.	
-----------------------	--

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input checked="" type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name Exercise & Sport Science <hr/> College Health Sciences <hr/> *Course Prefix & Number ATR 421 <hr/> *Course Title (30 characters) Senior Seminar <hr/> *Program Title _____ (Major ____, Option ____, Minor ____, or Certificate ____) <hr/> *Provide only the information relevant to the proposal.	
Proposal Approved by:		
	<u>Date</u>	<u>Date</u>
Departmental Committee	9/7/05	Graduate Council* n/a
Is this a SACS Substantive Change? Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>		
College Curriculum Committee	9/21/05	Council on Academic Affairs Approved X Disapproved 10-20-05
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.		

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

<p>A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) 1) Change curriculum sequence to spring semester of the 4th year from fall semester of the 4th year. 2) Delete ATR 312 prerequisite and add ATR 411 and 412 as prerequisites. 3) Edit course description.</p> <p>A. 2. Effective date: (Example: Fall 2001) Spring 2007</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)</p>
<p>B. The justification for this action:</p> <p>Because this is a seminar or synthesis-type course, critical competencies and proficiencies are not embedded in this course in which a student learns them for the first time. Because of the need to move ATR 412 to the fall semester, the suggestion is to "flip-flop" ATR 412 and ATR 421 in the ATEP curriculum sequence.</p>
<p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: n/a</p> <p>Operating Expenses Impact: n/a</p> <p>Equipment/Physical Facility Needs: n/a</p> <p>Library Resources: n/a</p>

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

ATR 421 Senior Seminar (2) # I. Prerequisite: ~~ATR 342~~ ATR 411 and ATR 412. Integration and application of athletic training clinical skills and knowledge through research and presentation of critical questions and contemporary issues in athletic training.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
ATR	421	Spring 2007	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
	Lecture _____	Laboratory _____	Other _____	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Cip Code (first two digits only) 51	
			Class Restriction, if any: (undergraduate only)	
			FR _____	JR _____
			SO _____	SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum X		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
-----------------------	--

Course Prefix and No.	
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Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	ATR-312 ATR 411 and 412
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Course Prefix and No.	
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Test Scores	
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Minimum GPA (when a course grouping or student cumulative GPA is required)	
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Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
-----------------------	--

Test Scores	
-------------	--

Minimum GPA (when a course grouping or student cumulative GPA is required)	
--	--

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
-----------------------	--

Course Prefix and No.	
-----------------------	--

Course Prefix and No.	
-----------------------	--

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

(Check one)	Department Name	Exercise & Sport Science
<input type="checkbox"/> New Course (Parts II, IV)	College	Health Sciences
<input type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number	
<input type="checkbox"/> Course Dropped (Part II)	*Course Title (30 characters)	
<input type="checkbox"/> New Program (Part III)	*Program Title	Athletic Training
<input checked="" type="checkbox"/> Program Revision (Part III)		(Major __, Option __; Minor __; or Certificate __)
<input type="checkbox"/> Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	<u>Date</u>	
Departmental Committee	9/7/05	Graduate Council* n/a
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	9/21/05	Approved X Disapproved 10-20-05
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.

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

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.)
Revise program to reflect curriculum changes.

A. 2. Effective date: (Example: Fall 2001)
Fall 2006

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)
May 2008

B. The justification for this action:
To make ATEP compliant with new accreditation standards and guidelines, to increase recruitment and retention efforts of the ATEP, and to make the program more logical and progressive to students, faculty, and external reviewers.

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

Personnel Impact: n/a

Operating Expenses Impact: n/a

Equipment/Physical Facility Needs: n/a

Library Resources: n/a

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 the current program requirements using ~~strikethrough~~ for deletions and *underlines* for additions.
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.

New or Revised* Program Text
(*Use ~~strikethrough~~ for deletions and underlines for additions.)

Major Requirements..... 58 60 hours
ATR ~~200~~ 100, 201 202, 211, 212, 301, 302, 311, 312, 322, 401, 402, 411, 412, 421, PHE 212, 320, 325, and 407.

Supporting Course Requirements..... 21 hours
BIO 171, 271, 301, 378, CIS 212 or CSC 104, HEA 202, 450, and NFA 201.

General Education Requirements..... 40 hours
Standard General Education Program, excluding course categories 03, 13, 15, and 16. Refer to Section Four of this *Catalog* for details on the General Education and University Requirements.

University Requirement 1 hour
HSO 100.

Free Electives 8 6 hours

Total Curriculum Requirements..... 128 hours

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

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input checked="" type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name Exercise & Sport Science <hr/> College Health Sciences <hr/> *Course Prefix & Number PHE 435 <hr/> *Course Title (30 characters) Teaching Aerobic Dance <hr/> *Program Title _____ (Major ____, Option ____, Minor ____, or Certificate ____) <hr/> *Provide only the information relevant to the proposal.	
Proposal Approved by:		
	<u>Date</u> 9/7/05	
		<u>Date</u> n/a
Departmental Committee		Graduate Council*
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	9/21/05	Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>
General Education Committee*	n/a	Faculty Senate**
Teacher Education Committee*	n/a	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.		

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

<p>A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) Change title of course from "Teaching Aerobic Dance" to "Group Fitness Instruction," add the prerequisites PHE 325 and PHE 320, and change course description.</p> <p>A. 2. Effective date: (Example: Fall 2001) Fall 2006</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)</p>
<p>B. The justification for this action:</p> <p>The new title and course description better describes what is taught in the course and both use more up to date language from the fitness/wellness industry. This course is to be a culminating class in which scientific knowledge is applied to the teaching movement. Students need to have taken Biomechanics (PHE 320) and Physiology of Exercise (PHE 325) prior to taking PHE 435.</p>
<p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: n/a</p> <p>Operating Expenses Impact: n/a</p> <p>Equipment/Physical Facility Needs: n/a</p> <p>Library Resources: n/a</p>

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

PHE 435 ~~Teaching Aerobic Dance.~~ Group Fitness Instruction. (3) A. Prerequisites: PHE 320 and 325. A methods class for teaching ~~aerobic dance-exercise~~ group fitness classes. Students will learn movement and rhythmic fundamentals, effective teaching methods, how to develop appropriate and creative choreography, injury prevention, marketing techniques, and legal issues involved in starting and running ~~an aerobic dance-exercise class~~ a group exercise class.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
PHE	435	Fall 2006	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X	ESSC
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. 2	
3	Lecture _____ Laboratory 4 Other _____		Cip Code (first two digits only) 13	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
6	3	N,P	FR _____ JR X SO _____ SR X	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	<u>PHE 320 and 325</u>
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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

Part I

(Check one) <input checked="" type="checkbox"/> New Course (Parts II, IV) <input type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name College *Course Prefix & Number *Course Title (30 characters) *Program Title (Major __, Option __; Minor __; or Certificate __) *Provide only the information relevant to the proposal.	Health Promotion & Administration Health Sciences HEA 285 Health Across the Lifespan
Proposal Approved by:		
	<u>Date</u>	<u>Date</u>
Departmental Committee	8/22/05	Graduate Council* n/a
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs Council on Postsecondary Edu.***
College Curriculum Committee	9/21/05	Approved X Disapproved 10-20-05
General Education Committee*	9/29/05	Faculty Senate**
Teacher Education Committee*	n/a	Board of Regents**
*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.		

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

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) To create a new 3 credit hour course for the new general education wellness component. A. 2. Effective date: (Example: Fall 2001) Fall 2006 A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)	
B. The justification for this action: The new general education program has a 3 credit hour wellness component. This course will meet the requirement and will replace HEA 281 which will be suspended in Fall 2006.	
C. The projected cost (or savings) of this proposal is as follows: Personnel Impact: n/a Operating Expenses Impact: n/a Equipment/Physical Facility Needs: n/a Library Resources: n/a	

HPAD-1

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

HEA 285 Health Across the Lifespan. (3) I, II. Consideration of the various conditions and factors affecting individual and community health; special emphasis is on responsible decision-making, formulating philosophies, attitudes, and a behavioral understanding necessary to establish health living practices. Gen Ed Block VI.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
HEA	285	Fall 2006	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X _____	HPAD
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
3	Lecture <u>3</u>	Laboratory _____	Other _____	
			Cip Code (first two digits only) 51	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
1	3	N	FR _____	JR _____
B	3		SO _____	SR _____
E	3			
T	3	Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

Co-Requisites and Prerequisites ****See definitions on following page****

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (X) appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VIA (3) X	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

College of Health Sciences
Department of Health Promotion & Administration
HEA 285 – Health Across the Lifespan

Course Description

Consideration of the various conditions and factors affecting individual and community health; special emphasis is on responsible decision-making and formulating philosophies, attitudes, and a behavioral understanding necessary to establish healthy living practices.

Texts

1. Insel, P.M. and W.T Roth (2006). Core concepts in health, 10th ed.. Boston: McGraw-Hill.
2. Prime for life, 8th ed., Student workbook. (2005). Lexington, KY: Prevention Research Institute. *

*Check with instructor to find out if text 2 is required.

General Education Goals addressed in this Course

1. Use appropriate methods of critical thinking and quantitative reasoning to examine issues and to identify solutions. **(Goal 2)**
2. Analyze the fundamental natural processes of the world and the interactions of humans and their environment. **(Goal 5)**
3. Distinguish the methods that underlie the search for knowledge in the arts, humanities, natural sciences, history, and social and behavioral sciences. **(Goal 7)**
4. Integrate knowledge that will deepen their understanding of, and will inform their own choices about, issues of personal and public importance. **(Goal 8)**

General Education Objectives addressed in this Course

1. Analyzing the interrelatedness of physical, emotional, and social dimensions of wellness
2. Integrating knowledge to make informed choices regarding wellness in individuals & society.

How this course meets the general education objectives:

This course addresses the general education objectives by providing students with the opportunity to obtain knowledge about the dimensions of wellness, to assess one's current personal/lifestyle choices and how such choices impact them, and to integrate this knowledge by the completion of the Wellness Project. These objectives will also be addressed by assessing students' knowledge of the aspects of personal wellness and by assessing students' ability to integrate this knowledge and make application of the course material.

Course Goals

1. Apply critical analysis in the process of making health-related choices.
2. Think critically about ideas, issues, problems, and information related to lifelong wellness.

Course Objectives

Upon completion of this course students will be able to:

1. Implement behavior changes to promote personal wellbeing and enhance overall quality of life.
2. Explain how personal health and lifestyle choices affect society at large;
3. Work within small problem-solving groups to examine health-related issues;
4. Assess personal and cultural values that shape health-related decisions in public, professional, and private life, and the ethical implications of those choices.
5. Describe lifestyle factors and health behaviors which influence wellness and prevent disease;

6. Examine the relationship between the dimensions of wellness, integrating their effects on overall wellbeing.

Specific Unit Objectives

Upon completion of this course students will be able to:

UNIT I-Chapters 1, 2, 3, 12, 13, 14,

1. Define health and wellness, using the interconnected roles of the physical, interpersonal/social, intellectual, emotional, environmental, and spiritual dimensions of health.
2. Examine how beliefs, attitudes, and important people in ones life affect behavior changes.
3. Apply behavior change techniques to personal situations.
4. Apply decision-making techniques important to behavior change.
5. Describe the five components of health related fitness and their importance to overall well-being.
6. Assess one's current level of health related fitness using a variety of testing measures.
7. Formulate a plan for improving one or more aspects of health related fitness, incorporating the principles of training, conditioning and safety.
8. Evaluate progress toward achieving personal health goals.
9. Identify several modes of exercise that can be used for a lifetime.
10. Analyze one's current dietary intake utilizing a Nutrition computer analysis.
11. Demonstrate understanding and respect for differences among people in physical activity settings.
12. Use positive approaches to enhance psychosocial health.
13. Recognize the warning signs of suicide.
14. Describe what actions can be taken to help a suicidal individual.
15. Explain the three phases of the general adaptation syndrome.
16. Identify the special stressors that affect college students.
17. Adopt healthful techniques for managing stress.
18. Examine the factors that influence dietary decisions.
19. Use the Food Guide Pyramid to establish healthful eating habits.
20. Identify unique problems that college students may have when trying to make nutritious choices.
21. Determine the individual's healthy weight by using weight and body composition techniques.
22. Describe the health consequences of being over-fat or under-fat.
23. Discuss the roles of exercise, dieting, nutrition, and other strategies in weight control.
24. Describe the three major eating disorders including the health risks of these conditions.

UNIT II-Chapters 4, 5, 6, 7, 8, 18, 22

25. Explain when self-diagnosis and self-care are appropriate.
26. Select an appropriate health care provider when necessary, which includes knowledge of types of care available, and types of agencies which provide that care.
27. Examine the current problems associated with our health care system.
28. Relate the importance of effective communication to one's mental and social health.
29. Relate the effect of non-verbal communication on verbal communication.
30. Describe the basic components of good communication skills.
31. Differentiate between the types of intimate relationships.
32. Describe the factors that influence the formation and maintenance of healthy relationships.
33. Acknowledge the value of having a choice of alternative living arrangements for oneself and/or for others.
34. Recognize warning signs of breakdown in a relationship.
35. Describe the function of male and female reproductive anatomy.
36. Compare the physiology of male and female sexual response.
37. Acknowledge that a variety of sexual behaviors exist in today's society.
38. Select a contraceptive method that is compatible with one's level of health and sexual practices.
39. Advocate good health practices before and during pregnancy as being essential for healthy pregnancy outcomes.

40. Identify the signs of abuse in a relationship and explain how to get out of it.
41. Describe techniques for improving personal safety.

UNIT III-Chapter 15, 16, 17, 19, 20, 21, 23

42. Describe the functional anatomy and physiology of the heart and circulatory system.
43. Identify the major types of cardiovascular disease including diagnosis and treatment.
44. Identify risk factors for cardiovascular disease.
45. Identify risk factors for the development of cancer.
46. Describe various cancer detection procedures and treatment options.
47. Explain the role of chemotherapy, radiation, surgery, and psychoneuroimmunology in the treatment of cancer.
48. Discuss risk factors associated with infectious diseases.
49. Describe the chain of infection.
50. Explain the body's defenses against disease-causing pathogens.
51. Discuss the transmission, prevention, symptoms, and treatment of selected infectious diseases, including STDs.
52. Explain the major causes of environmental pollution.
53. Identify the health consequences of pollution.
54. Produce specific examples of ways to reduce, reuse and recycle in an effort to improve the environment.
55. Identify the major physiologic, social, and psychologic changes that occur as a result of the aging process.
56. Relate lifestyle behaviors to the aging process.
57. Explain the impact that the aging population has on society in regards to social, political, economic, and ethical concerns.
58. Explain the grieving process.
59. Identify coping strategies effective in dealing with grief.

UNIT IV-Chapter 9, 10, 11, 22, and Prime For Life Workbook

60. Describe the process of addiction, including both the physiologic and psychologic consequences.
61. Explain the social consequences of addiction.
62. Explain the meaning and implications of enabling.
63. Explain co-dependency.
64. Identify treatment and recovery alternatives for addiction, including individual therapy, family therapy, and 12-step programs.
65. Describe drug interactions.
66. Describe the physiological and psychological effects of alcohol on the individual.
67. Describe symptoms of alcohol abuse.
68. Explain both short-term and long-term effects of high risk drinking to health.
69. Name the steps for determining personal level of risk for health and impairment problems related to alcohol use.
70. Relate the physiological and psychological effects of tobacco on health.
71. Identify the effects of exposure to drugs during prenatal development.
72. Describe the physiological and psychological effects of abuse of selected illicit drugs.
73. Classify the various types drugs.
74. Explain the properties of drugs in each classification.
75. Be aware of the impact that violence and abuse has on individual and societal health.
76. Propose a variety of actions that may reduce one's risk for exposure to acts of violence and/or abuse.

Course Requirements

1. The Wellness Project – The wellness project focuses on the process of changing personal behavior. The primary focus is the PROCESS of behavior change. Choose a behavior you are

comfortable working with and sharing with your instructor. Please see your instructor about any personal concerns you might have regarding this project.

How the Wellness Project will yield evidence about the 4 general education goals.

Goal 2:

- A. Students should demonstrate the ability to make decisions about their readiness and abilities to make changes in their personal health by setting an obtainable personal health goal and by quantitatively measuring or tracking their progress towards that goal.
- B. Students will be required to analyze and draw conclusions based on the goal tracking and to give a description of any modifications, explaining why the changes were necessary

Goal 5:

- A. Students will be required to set a personal health goal and describe the dimensions of health and explain how they relate to one another and to their world socially, economically and politically.

Goal 7:

- A. Students will be required to develop a plan of action, define barriers and methods of overcoming barriers to achieving the goal, and to obtain accurate factual information about their health issue.

Goal 8:

- A. Students will be required to conduct a literature review about the health issue and discuss how it relates to their plan of action.

- 2. Completion of 4 unit tests
- 3. Class Attendance
 - a. Punctuality is expected!
 - b. Department policy regarding absences will be upheld
- 4. Completion and submission of a Wellness Journal. This journal is a notebook consisting of all documentation of exercise and/or other wellness activities and experiences throughout the semester. The journal will also serve as a record of the student's attempt to change or improve health behaviors. Such behaviors may include: fitness workouts, nutrition and diet changes, stress management activities, or attempts at changing any other health behaviors.
- 5. Students are required to participate in a health-related fitness assessment. This is to be scheduled and conducted within the first four weeks of the semester at the ECU Fitness and Wellness Center. (Arrangements to do assessment locally will be made for extended campus sites.) Measurements of body composition, cardio respiratory endurance, blood pressure, muscular endurance, muscular strength, and flexibility will be included. Students will receive a personalized report of the assessments, be counseled, and will be given exercise recommendations.

EVALUATION (Grading): Course grade will be determined by:

Requirements	Points	Grading Scale
Unit I Test	100	90-100% = A
Unit II Test	100	80-89.9% = B
Unit III Test	100	70-79.9% = C
Unit IV Test	100	60-69.9% = D
Wellness Project/ Wellness Journal	100	0-59.9% = F
Personal Fitness Assessment	50	
Total Points	550	

If you are registered with the Office of Services for Individuals with Disabilities, please make an appointment with the course instructor to discuss any academic accommodations you need. If you need academic accommodations and are not registered with the Office of Services for Individuals with Disabilities, please contact the office on the third floor of the Student Services Building, by email at disabilities@eku.edu or by telephone at (859) 622-2933 V/TDD. Upon individual request, this syllabus can be made available in alternative forms.

Tentative Class Schedule - Subject to Change

Example MWF Schedule	
<u>week 1</u>	Introduction Dimensions of Wellness Behavior Change
<u>week 2</u>	Cardiovascular Endurance Muscle Strength & Endurance Flexibility / Body Composition
<u>week 3</u>	Nutrition Nutrition, contd. Weight Management
<u>week 4</u>	Body Image / Eating Disorders Psychological Health Stress
<u>week 5</u>	Stress Management Test 1 Nutrition analysis
<u>week 6</u>	Consumer Health – self help Consumer Health – choosing appropriate care Sexual Anatomy
<u>week 7</u>	Male & Female Sexual Health Concerns Sexual Response & Behavior Relationships & Communication
<u>week 8</u>	Contraception HIV/AIDS & STI's Abortion

Tentative Class Schedule - Subject to Change, contd.

<u>week 9</u>	Pregnancy Childbirth Sexual Assault	
<u>week 10</u>	Test 2 Cardiovascular Disease Cardiovascular Disease	
<u>week 11</u>	Cancer Cancer Infectious Disease	
<u>week 12</u>	Environmental Health Aging Death & Grief	
<u>week 13</u>	Alternative Medicine. Test 3 Safety	
<u>week 14</u>	Addiction Alcohol Use/Abuse Alcohol Use/Abuse, contd.	
<u>week 15</u>	Drugs Use/Abuse Drugs Use/Abuse Tobacco Use	
<u>week 16</u>	Tobacco Use OTC Drug Use/Abuse Review	Test 4 (final exam week)

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

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input type="checkbox"/> Course Revision (Parts II, IV) <input checked="" type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input type="checkbox"/> Program Suspended (Part III)	Department Name College *Course Prefix & Number *Course Title (30 characters) *Program Title (Major __, Option __; Minor __; or Certificate __) *Provide only the information relevant to the proposal.	Health Promotion & Administration Health Sciences HEA 281 Personal and Community Health Proposal Approved by: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;"><u>Date</u></td> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;"><u>Date</u></td> </tr> <tr> <td>Departmental Committee</td> <td style="text-align: center;">8/22/05</td> <td>Graduate Council*</td> <td style="text-align: center;">n/a</td> </tr> <tr> <td style="text-align: center;"><i>Is this a SACS Substantive Change?</i></td> <td style="text-align: center;"> Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/> </td> <td>Council on Academic Affairs</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>College Curriculum Committee</td> <td style="text-align: center;">9/21/05</td> <td>Approved <input checked="" type="checkbox"/> Disapproved</td> <td style="text-align: center;">10-20-05</td> </tr> <tr> <td>General Education Committee*</td> <td style="text-align: center;">9/29/05</td> <td>Faculty Senate**</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Teacher Education Committee*</td> <td style="text-align: center;">n/a</td> <td>Board of Regents**</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td></td> <td>Council on Postsecondary Edu.***</td> <td style="text-align: center;">_____</td> </tr> </table>		<u>Date</u>		<u>Date</u>	Departmental Committee	8/22/05	Graduate Council*	n/a	<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs	_____	College Curriculum Committee	9/21/05	Approved <input checked="" type="checkbox"/> Disapproved	10-20-05	General Education Committee*	9/29/05	Faculty Senate**	_____	Teacher Education Committee*	n/a	Board of Regents**	_____			Council on Postsecondary Edu.***	_____
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		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.

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

<p>A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.)</p> <p>This course will be dropped from general education after HEA 285, a 3 credit hour course for the new general education wellness component, has been approved.</p> <p>A. 2. Effective date: (Example: Fall 2001)</p> <p>Spring 2007</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)</p>	<p>B. The justification for this action:</p> <p>The new general education program has a 3 credit hour wellness component. We are proposing a new course to meet that requirement. It will replace HEA 281 which will be suspended in Fall 2006.</p> <p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: n/a</p> <p>Operating Expenses Impact: n/a</p> <p>Equipment/Physical Facility Needs: n/a</p> <p>Library Resources: n/a</p>
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Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striketrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

~~HEA 281 Personal and Community Health. (2) I, II. Study of factors enabling intelligent health decisions as they relate to physical, mental, and social health of self, family, and community at present as well as the years beyond the college days. Gen. Ed. 19.~~