APPLY FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

1. Submitted by the College of __________________________ Date: ____________

   Department/Division offering course: ______________________

2. What type of change is being proposed?    ☒ Major    ☐ Minor*

   *See the description at the end of this form regarding what constitutes a minor change. Minor changes are sent directly from the dean of the college to the Chair of the Senate Council.

   If the Senate Council chair deems the change not to be minor, the form will be sent to the appropriate Council for normal processing and an email notification will be sent to the contact person.

   PROPOSED CHANGES

   Please complete all “Current” fields.

   Fill out the “Proposed” field only for items being changed. Enter N/A if not changing.

   Circle the number for each item(s) being changed. For example: (6).

3. Current prefix & number: PAS 871  Proposed prefix & number: PAS 671

4. Current Title
   Psychiatric Clerkship

   Proposed Title†
   N/A

   †If title is longer than 24 characters (including spaces), write a sensible title (24 characters or less) for use on transcripts:

5. Current number of credit hours: 3  Proposed number of credit hours: N/A

6. Currently, is this course repeatable? YES ☐ NO ☒ If YES, current maximum credit hours: __________

   Proposed to be repeatable? YES ☐ NO ☒ If YES, proposed maximum credit hours: __________

7. Current grading system: ☒ Letter (A, B, C, etc.) ☐ Pass/Fail

   Proposed grading system: ☐ Letter (A, B, C, etc.) ☐ Pass/Fail

8. Courses must be described by at least one of the categories below. Include the number of actual contact hours per week for each category, as applicable.

   Current:
   (40) CLINICAL  (____) COLLOQUIUM  (____) DISCUSSION  (____) LABORATORY  (____) LECTURE
   (____) INDEPEND. STUDY  (____) PRACTICUM  (____) RECITATION  (____) RESEARCH  (____) RESIDENCY
   (____) SEMINAR  (____) STUDIO  (____) OTHER – Please explain: _____________________________

   Proposed:
   (____) CLINICAL  (____) COLLOQUIUM  (____) DISCUSSION  (____) LABORATORY  (____) LECTURE
   (____) INDEPEND. STUDY  (____) PRACTICUM  (____) RECITATION  (____) RESEARCH  (____) RESIDENCY
   (____) SEMINAR  (____) STUDIO  (____) OTHER – Please explain: _____________________________


10. Current teaching method: ☐ N/A    ☒ Community-Based Experience    ☐ Service Learning Component    ☐ Both
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Proposed teaching method (if applicable): □ Community-Based Experience □ Service Learning Component □ Both

11. Current cross-listing: □ N/A

Prefix and Number

NAME of current cross-listing DEPARTMENT

a. Proposed – REMOVE the current cross-listing: □

b. Proposed – ADD a cross-listing:

Prefix and Number

Signature of chair of proposed cross-listing department

12. Current prerequisites:

Enrollment in the Physician Assistant program and successful completion of the didactic portion of the curriculum.

Proposed prerequisites:

N/A

13. Current Bulletin description:

This is a four-week clinical course designed to provide physician assistant students with experience evaluating and treating common problems encountered in psychiatry. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a history and physical exam, mental status exam, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, and establishing a tentative treatment plan.

Proposed Bulletin description:

N/A

14. What has prompted this change?

When switching to a graduate degree program, all course numbers were not changed to graduate numbers and this proposal will correct this.

15. If there are to be significant changes in the content or teaching objectives of this course, indicate changes:

N/A

16. Please list any other department that could be affected by the proposed change:

N/A

17. Will changing this course change the degree requirements for ANY program on campus? □ YES □ NO

If YES‡, list below the programs that require this course:

The course required for the Masters of Science in Physician Assistant Studies degree will change from PAS 871 PAS 671.

‡In order for the course change to be considered, program change form(s) for the programs above must also be submitted.

18. Is this course currently included in the University Studies Program?

□ Yes □ No

19. □ Check box if changed to □ changed to 400G- or 500-level, you must include a syllabus showing differentiation for undergraduate and graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the
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400G or 500. establishment of different grading criteria in the course for graduate students. (See SR 3.1.4)

20. Within the department, who should be contacted for further information on the proposed course change?
Name: Julie Gurwell, PhD, PA-C  Phone: 80843  Email: jagur@uky.edu

323-1100, ext

21. Signatures to report approvals:

11-7-07
Date of Approval by Department Faculty

12-10-07
Date of Approval by College Faculty

*DATE of Approval by Undergraduate Council

*DATE of Approval by Graduate Council

*DATE of Approval by Health Care Colleges Council (HCCC)

*DATE of Approval by Senate Council

*DATE of Approval by the University Senate

Reported by Office of the Senate Council

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*If applicable, as provided by the University Senate Rules. (http://www.uky.edu/USC/New/RulesandRegulationsMain.htm)

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Excerpt from University Senate Rules:

SR 3.3.0.G.2: Definition. A request may be considered a minor change if it meets one of the following criteria:

a. change in number within the same hundred series;
b. editorial change in the course title or description which does not imply change in content or emphasis;
c. a change in prerequisite(s) which does not imply change in content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s);
d. a cross-listing of a course under conditions set forth in SR 3.3.0.E;
e. correction of typographical errors.

Rev 8/07