September 25, 2008

Heidi Anderson, Ph.D.
Associate Provost of Faculty Affairs
Chair, Health Care Colleges Council
Memorandum

Dear Dr. Anderson,

Attached is the form requesting a course change for PDO 790 “Research in Pediatric Dentistry.” This change is being requested due to an error made when the original paperwork was submitted for this course in January 2008. The credit hours were intended to be compatible with those for other M.S. program research courses (1-6 variable credits repeatable for up to 12 credits) rather than as currently listed (1 credit repeatable for up to 3 credits). This course change will correct this error.

This course change has been approved by the Pediatric Dentistry Faculty, the College of Dentistry Graduate Faculty and the College of Dentistry Master of Science Program Oversight Committee.

Thank you very much for considering this change. If you have any questions, please contact Dr. Karen Novak, Director of Graduate Studies (323-8705; knova2@uky.edu).

Sincerely,

Sharon P. Turner, D.D.S., J.D.
Dean
College of Dentistry
September 19, 2008

Sharon Turner, DDS, JD
Dean
College of Dentistry

Dear Dean Turner,

Attached is the form requesting a course change for PDO 790 “Research in Pediatric Dentistry.” This change is being requested due to an error made when the original paperwork was submitted for this course in January 2008. The credit hours were intended to be compatible with those for other M.S. program research courses (1-6 variable credits repeatable for up to 12 credits) rather than as currently listed (1 credit repeatable for up to 3 credits). This course change will correct this error.

This course change has been approved by the Pediatric Dentistry Faculty and the College of Dentistry and the College of Dentistry Master of Science Program Oversight Committee.

Thank you very much for considering this change. If you have any questions, please contact me (323-8705; knova2@uky.edu).

Sincerely,

Karen Novak, DDS, MS, PhD
Director of Graduate Studies
College of Dentistry

Mohanad Al Sabbagh, DDS, MS
Graduate Program Director
Division of Periodontology

David Nash, DMD, MS, EdD
Oversight Committee
Division of Pediatric Dentistry

Cindy Beeman, DDS, PhD
Graduate Program Director
Division of Orthodontics

Jeff Okeson, DDS
Graduate Program Director
Division of Orofacial Pain

Judith Skelton, PhD
Oversight Committee
Division of Public Health Dent.

Ron Botto, PhD
Oversight Committee
Associate Dean for Student Affairs
APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

1. Submitted by the College of ____________________________ Date: 8/28/08
   Department/Division offering course: ____________________________
   Oral Health Science/Pediatric Dentistry

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: 1

3. Current prefix & number: PDO 790  Proposed prefix & number: N/A

4. Current Title
   Research in Pediatric Dentistry
   Proposed Title: N/A
   *If title is longer than 24 characters, offer a sensible title of 24 characters or less: Research in Peds Dent

5. Current number of credit hours: 1  Proposed number of credit hours: variable 1-6

6. Currently, is this course repeatable?  YES  □  NO  □  If YES, current maximum credit hours: 3
   Proposed to be repeatable? YES □  NO  □  If YES, proposed maximum credit hours: 12

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 number of actual contact hours per week for each category.
   Current:
   □ 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. Supplementary teaching component: □ N/A  □ Community-Based Experience  □ Service Learning  □ Both
    Proposed supplementary teaching component: □ Community-Based Experience  □ Service Learning  □ Both
APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

11. Cross-listing: ☑ N/A or

<table>
<thead>
<tr>
<th>Current Prefix &amp; Number</th>
<th>printed name</th>
<th>Current Cross-listing Department Chair</th>
<th>signature</th>
</tr>
</thead>
</table>

a. Proposed – REMOVE current cross-listing: ☐

<table>
<thead>
<tr>
<th>printed name</th>
<th>Current Cross-listing Department Chair</th>
<th>signature</th>
</tr>
</thead>
</table>

b. Proposed – ADD cross-listing:

<table>
<thead>
<tr>
<th>Prefix &amp; Number</th>
<th>printed name</th>
<th>Proposed Cross-listing Department Chair</th>
<th>signature</th>
</tr>
</thead>
</table>

12. Current Distance Learning (DL) status:

- ☐ Already approved for DL
- ☐ Please Add
- ☐ Please Drop

If PROPOSING, check one of the methods below that reflects how the majority of the course content will be delivered.

- ☐ Internet/Web-based
- ☐ Interactive Video
- ☐ Extended Campus

13. Current prerequisites:

Enrollment in Pediatric Dentistry/College of Dentistry M.S. degree program

Proposed prerequisites:

N/A

14. Current Bulletin description:

Participation in clinical, biomedical or biobehavioral research in pediatric dentistry. Research must be conducted independently, but with the supervision of a faculty mentor. Completed research is submitted as either a Master's degree thesis or a manuscript for submission to an appropriate peer review journal, and must be defended before a faculty committee. May be repeated to a maximum of three credit hours.

Proposed Bulletin description:

Participation in clinical, biomedical or biobehavioral research in pediatric dentistry. Research must be conducted independently, but with the supervision of a faculty mentor. Completed research is submitted as either a Master's degree thesis or a manuscript for submission to an appropriate peer review journal, and must be defended before a faculty committee. May be repeated to a maximum of twelve credit hours.

15. What has prompted this change?

An error was made when the paperwork was submitted for this as a new course in 1/08. It was intended to be established in the same format as comparable research courses in the MS program (for example OFP 790) with the variable credit hours and maximum credit hours outlined in this document. Making this change will correct the error.

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

There are no significant changes in the content or teaching objectives.

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

N/A

18. Will changing this course change the degree requirements for ANY program on campus? ☐ YES ☑ NO

If YES¹, list below the programs that require this course:

¹In order for the course change to be considered, program change form(s) for the programs above must also be submitted.
APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

18. Is this course currently included in the University Studies Program? □ Yes ☑ No

19. ☐ changed to 400G or 500. If 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 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: David A. Nash Phone: 3-2026 Email: danash@email.uky.edu

21. Signatures to report approvals:

9/19/08
DATE of Approval by Department Faculty

9/19/08
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 Department Chair

Reported by College Dean

Reported by Undergraduate Council Chair

Reported by Graduate Council Chair

Reported by Health Care Colleges Council Chair

Reported by the Office of the Senate Council

*If applicable, as provided by the University Senate Rules.

*********

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
SYLLABUS

PDO 790 RESEARCH IN PEDIATRIC DENTISTRY

COURSE DIRECTOR: David A. Nash, D.M.D., M.S., Ed. D.

COURSE DESCRIPTION:

Participation in clinical, biomedical or biobehavioral research in pediatric dentistry. Research must be conducted independently, but with the supervision of a faculty mentor. Completed research is submitted as either a component of a Master’s degree thesis or a manuscript for submission to an appropriate peer reviewed journal, and must be defended before a faculty committee. The course may be taken for variable credits of 1-6 hours, and may be repeated.

COURSE OBJECTIVES:

The graduate student should be able to:
1. demonstrate the ability to identify a researchable problem in the discipline of pediatric dentistry;
2. develop a research protocol;
3. gain approval of a research protocol by a faculty committee;
4. submit an Institutional Review Board application;
5. conduct designed research
6. write and defend a thesis or a publishable manuscript.

There is no didactic instruction associated with this course.

COURSE EVALUATION:

Grades are assigned by the course director based on reports from the chair of the respective research advisory committee. These reports will document the (1) timeliness; (2) completeness; and (3) appropriateness of the student’s research work during the term for which credit is assigned. A grade will be assigned based on the student meeting these criteria.