

**UNIVERSITY OF KENTUCKY
APPLICATION FOR NEW COURSE**

1. Submitted by College of Medicine Date January 8, 2002

Department/Division offering course School of Public Health

2. Proposed designation and Bulletin description of this course Public Health Response to Terrorism,

a. Prefix and Number SPH 662 b. Title* Disasters and Emergencies

*NOTE: If the title is longer than 24 characters (including spaces), write
A sensible title (not exceeding 24 characters) for use on transcripts PH Response to Terrorism

c. Lecture/Discussion hours per week 3 d. Laboratory hours per week 0

e. Studio hours per week 0 f. Credits 3

g. Course description

This course will focus on the public health concepts, history, methods, planning, and response preparedness to weapons
of mass destruction, terrorism, natural and human-made disasters, and other health emergencies.

h. Prerequisites (if any)

Enrollment in a Public Health degree program and SPH 605, or consent of instructor.

i. May be repeated to a maximum of _____ (if applicable)

4. To be cross-listed as

_____ Prefix and Number _____ Signature, Chairman, cross-listing department

5. Effective Date Fall 2003 (semester and year)

6. Course to be offered Fall Spring Summer

7. Will the course be offered each year? Yes No
(Explain if not annually)

8. Why is this course needed?

This course fulfills a concentration requirement in the Public Health curriculum.

9. a. By whom will the course be taught? Glyn Caldwell, M.D.

b. Are facilities for teaching the course now available? Yes No
If not, what plans have been made for providing them?

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10. What enrollment may be reasonably anticipated? 50-100

11. Will this course serve students in the Department primarily? Yes No

Will it be of service to a significant number of students outside the Department? Yes No

If so, explain.

This course will be useful to the students in Nursing, Medicine, Pharmacy , etc.

Will the course serve as a University Studies Program course? Yes No

If yes, under what Area? _____

12. Check the category most applicable to this course

traditional; offered in corresponding departments elsewhere;

relatively new, now being widely established

not yet to be found in many (or any) other universities

13. Is this course part of a proposed new program: Yes No
If yes, which?

14. Will adding this course change the degree requirements in one or more programs? * Yes No
If yes, explain the change(s) below

15. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.

16. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.

17. Within the Department, who should be contacted for further information about the proposed course?

Name Joel Lee, Dr.P.H. Phone Extension 323-5059 x285

*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.

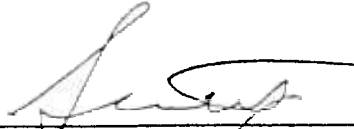
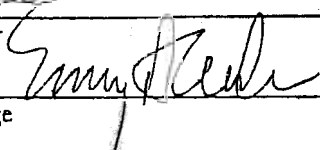
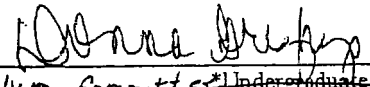
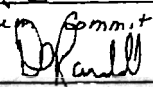
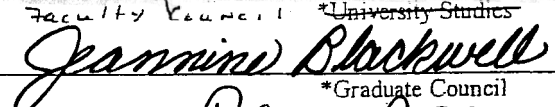
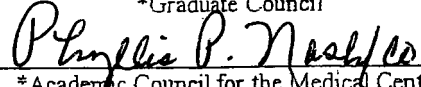
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APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR & MINOR PAGE 2
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Is this a minor change? Yes No
 (NOTE: See the description on this form of what constitutes a minor change. Minor changes are sent directly from the Dean of the College to the Chair of the Senate Council. If the latter deems the change not to be minor, it will be sent to the appropriate Council for normal processing.)

12. Within the Department, who should be consulted for further information on the proposed course change?

Name: Joel Lee, Dr.P.H. Phone Extension: 323-5059 x285

Signatures of Approval:

 Department Chair	11/08/01 Date
 Dean of the College	3-12-02 Date
 Curriculum Committee / Undergraduate Council	1/25/02 Date
 Faculty Council / *University Studies	3/1/02 Date
 *Graduate Council	11/12/03 Date
 *Academic Council for the Medical Center	4/28/03 Date
*Senate Council (Chair)	Date of Notice to University Senate

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

ACTION OTHER THAN APPROVAL

The Minor Change route for courses is provided as a mechanism to make changes in existing courses and is limited to one or more of the following:

- a. change in number within the same hundred series;
- b. editorial change in description which does not imply change in content or emphasis;
- c. editorial change in title which does not imply change in content or emphasis;
- d. change in prerequisite which does not imply change in content or emphasis;
- e. cross-listing of courses under conditions set forth in item 3.0;
- f. correction of typographical errors. [University Senate Rules, Section III - 3.1]

GRADUATE COUNCIL

INVESTIGATOR REPORT

Course/Courses/Program: SPH 662 Public Health Response to Terrorism

Category (circle one): New Change Drop

Date for Council Review: October 2, 2003 _____

Recommendation (circle one): Approve Approve with Reservation Disapprove

Investigator's Signature: _____

INSTRUCTIONS:

The following questions are included as an outline only. Be as specific and as brief as possible. If the investigation was routine, please indicate this. Attach supplements as needed. Please return the form to Lissa Holland, 355 P.O.T., 0027, at least two days before the next Council meeting.

- 1 List any modifications made in the course proposal as submitted originally and reason(s) why.

This was a routine investigation. The course looks very interesting and timely (WMD). I am not aware of other courses on campus that include the public health response to global war. I think the course will be interesting to a variety of disciplines. A very interesting course.

2. If no modifications were made, review considerations which arose during the investigation and the resolutions.

None identified.

3. List contact(s) with program units and the considerations discussed therein.

None made.

4. Additional information as needed.