APPLICATION FOR A NEW COURSE

1. Submitted by College of Allied Health Professions Date 3/5/01

Department/Division offering course: Clinical Sciences/Athletic Training

2. Proposed designation and Bulletin description of this course

a. Prefix and Number AT 680
b. Title Special Topics in Athletic Training: (With Subtitle)
   *NOTE: If the title is longer than 24 characters (including spaces), write a sensible title (not exceeding 24 characters) for use on transcripts _________________________

c. Lecture/Discussion hours per week 1-3
d. Laboratory hours per week _____________

e. Studio hours per week __________________
f. Credits 1-3

g. Course description
   Study of emerging topics of current high interest in athletic training.

h. Prerequisites (if any)
   Graduate standing and consent of instructor.

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

4. To be cross-listed as
   ____________________________________________
   Prefix and Number _______________________________
   Signature, Chairman, cross-listing department

5. Effective Date: Summer 2001 (semester and year)

6. Course to be offered Fall XXX Spring XXX Summer ____

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

8. Why is this course needed?
   The AT 680 course is designed to meet the academic mission of the emphasis in Athletic Training.

9. a. By whom will the course be taught? Faculty in the Division of Athletic Training
b. Are facilities for teaching the course now available? Yes No
10. What enrollment may be reasonably anticipated? 10 - 15

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

The course will be appropriate for students in the CAHP & Kinesiology and Health Promotions who are certified athletic trainers.

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

If yes, under what Area? ________________________________________________________________________________

12. Check the category most applicable to this course

   XXX 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:  
If yes, which? **Yes**  
**No**

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 and Phone Extension: **Carl G. Mattacola 323-1100 Ext. 267**
*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.

Signatures of Approval:

______________________________________________________________________ ____________________________________
Department Chair                        Date

______________________________________________________________________ ____________________________________
Dean of the College                      Date

______________________________________________________________________
Date of Notice to the Faculty

______________________________________________________________________ Date
*Undergraduate Council

______________________________________________________________________ Date
*University Studies

______________________________________________________________________ Date
*Graduate Council

______________________________________________________________________ Date
*Academic Council for the Medical Center

______________________________________________________________________ Date of Notice to University Senate
*Senate Council (Chair)

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

______________________________________________________________________
ACTION OTHER THAN APPROVAL
**AT 680**  
**Special Topics in Athletic Training**

**Proposed Course Description:**

Designed to introduce the student to special topics related to current epidemiological trends and emerging research trends in athletic training. Topics will be presented as lecture and/or discussed in seminar format.

**Course Objectives:**

By the completion of the course the student will be able to:

1. Access current literature related to athletic training.
2. Discuss important and timely topics in athletic training.
3. Organize and present before a class important and timely topics in athletic training.
4. Demonstrate knowledge of anatomical, methodological, and regional issues related to athletic training.
5. Demonstrate a knowledge of anatomical, surgical, and rehabilitation topics related to athletic training.

**Texts:**

**Required Texts:**
To be determined by topical area

**Recommended Texts:**