APPLICATION FOR NEW COURSE

1. Submitted by College of Allied Health Professions                    Date 4/5/01
   Department/Division offering course: Clinical Sciences/Athletic Training

2. Proposed designation and Bulletin description of this course
   a. Prefix and Number AT690   b. Title Orthopaedic Evaluation in Athletic Training
      *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 ___2____   d. Laboratory hours per week ____2____
   e. Studio hours per week ________ f. Credits ________

3. Course description
   A regional study of orthopaedic evaluation, assessment, and clinical decision making for the spine and peripheral joints. Lecture and laboratory experiences are focussed on demonstrations and performance of evaluations of regional areas. Assessment skills and differential diagnosis will be discussed along with problem solving experiences. This course will provide the student with the experience of preparing a me presentation in both a written and oral format.

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

5. May be repeated to a maximum of ______________ (if applicable)

4. To be cross-listed as
   KHP 690
   Prefix and Number __________________ Signature, Chairman, cross-listing department

5. Effective Date:   ___Spring 2001_________ (semester and year)

6. Course to be offered        Fall XXX          Spring      __    Summer

7. Will the course be offered each year?        Yes            No
   (Explain if not annually)
8. Why is this course needed?
   The AT 690 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

II. 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 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: 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 and Phone Extension: Carl G. Mattacola 323-1 100 Ext. 267

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

__________________________________________________________________________    ______________________________________________________________________
Department Chair                                           Date

__________________________________________________________________________    ______________________________________________________________________
Dean of the College                                        Date

__________________________________________________________________________    ______________________________________________________________________
Date of Notice to the Faculty

__________________________________________________________________________    ______________________________________________________________________
*Undergraduate Council                                      Date

__________________________________________________________________________    ______________________________________________________________________
*University Studies                                        Date

__________________________________________________________________________    ______________________________________________________________________
*Graduate Council                                           Date

__________________________________________________________________________    ______________________________________________________________________
*Academic Council for the Medical Center                   Date

__________________________________________________________________________    ______________________________________________________________________
*Senate Council (Chair)                                     Date

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

__________________________________________________________________________    ______________________________________________________________________
ACTION OTHER THAN APPROVAL