

Revised 7/23/07

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Minor Curriculum Change to Phlebotomy Certificate Program

Initiating Unit or Individual: Clinical Laboratory Sciences Program

Contact Person's Name: Barbara Ross e-mail: ROSSB@FERRIS.EDU phone: 231.591.2317

Date or Term of Proposal Implementation: 2008 Fall

- Group I - A – New degree/major or major, redirection of a current offering, or elimination of a degree, major or minor
- Group I - B – New minors or concentrations
- Group II - A – Minor curriculum clean-up and course changes
- Group II - B – New Course
- Group III - Certificates
- Group IV – Off-Campus Programs

Group/Individual	Signature	Date	Vote/Action *
Program Faculty	<i>Roger Daugherty</i>		<u>3</u> Support <input type="radio"/> Support with Concerns <input type="radio"/> Not Support
Department Faculty	<i>Roger Daugherty</i>	<u>3/10/08</u>	<u>13</u> Support <input type="radio"/> Support with Concerns <input type="radio"/> Not Support
Department Head	<i>Roger Daugherty</i>	<u>3/10/08</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee	<i>Barbara Ross</i>	<u>3/3/08</u>	<u>6</u> Support <u>SIX</u> <input type="radio"/> Support with Concerns <input type="radio"/> Not Support
College Faculty	<i>Allen Handline</i>	<u>3/29/08</u>	<u>18</u> Support <input type="radio"/> Support with Concerns <input type="radio"/> Not Support
Dean	<i>Allen Handline</i>	<u>3/29/08</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee	<i>[Signature]</i>	<u>4/9/08</u>	<input checked="" type="checkbox"/> Support <u>7-0</u> <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate	<i>Richard Triffen</i>	<u>4/9/08</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs	<i>[Signature]</i>	<u>4/10/08</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support

* Support with Concerns or Not Support must include a list of specific concerns. Votes must be shown for faculty groups. Administrators check appropriate action taken.

To be completed by Academic Affairs

President (Date Approved)

Board of Trustees (Date Approved)

President's Council (Date Approved)

1. Proposal Summary

(Summary is generally less than one page. Briefly: state what is proposed with a summary of rationale and highlights. Additional rationale may be attached.)

Two minor changes are proposed. Adding one clock hour per week to CLLS 123: Specimen Collection Laboratory will better enable one instructor to observe 12 students in each laboratory section. Assuming no problems, it requires about 10 minutes per student for each to perform one venipuncture. With twelve students per section, it is impossible to complete this activity for everybody in the current one hour, fifty minute format.

CLLS 191: Clinical Experience in Phlebotomy should be restricted to students actually enrolled in the Phlebotomy Certificate program. Currently about half the students in the program are in other "pre" allied health programs, and are unwilling to list phlebotomy as a secondary curriculum. Thus, the Clinical Laboratory Sciences programs currently expend our limited resources on these students without being able to list them as CLS students. Students who have no intention of ever working as phlebotomists are seriously straining the resources of the CLS programs and of the limited number of clinical sites available.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:

Prefix	Number	Title
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b. Courses to be Deleted From FSU Catalog:

Prefix	Number	Title
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c. Existing Course(s) to be Modified:

Prefix	Number	Title
CLLS	123	Specimen Collection Laboratory
CLLS	191	Clinical Experience in Phlebotomy

d. Addition of existing FSU courses to program

Prefix	Number	Title
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e. Removal of existing FSU courses from program

Prefix	Number	Title
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*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
CERTIFICATE IN PHLEBOTOMY
CURRENT**

Name _____ SS# _____

REQUIRED CERTIFICATE COURSES – 12 Credits				
CCHS	101	Orientation to Health Care (none)	3	
CCHS	102	Safety Issues in Health Care (none)	1	
CLLS	122	Introduction to Specimen Collection (concurrent enrollment in CLLS 123)	2	
CLLS	123	Specimen Collection Laboratory (concurrent enrollment in CLLS 122)	1	
CLLS	191	Clinical Experience in Phlebotomy (CLLS 101, 102; CLLS 122, 123; MRIS 102 with a grade of C or better)	4	
MRIS	102	Orientation to Medical Vocabulary	1	
TOTAL CREDITS REQUIRED FOR CERTIFICATE			12	

Progression: Students must complete all other courses with a grade of C or better before enrolling in CLLS 191.

Students who return to the University after an interrupted enrollment (not including summer semester) must meet the requirements of the curriculum which are in effect at the time of their return, not the requirements which were in effect when they were originally admitted.

5/04/04
Revised 4/14/05

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
CERTIFICATE IN PHLEBOTOMY
FORM D PROPOSED**

Name _____ CWID _____

REQUIRED CERTIFICATE COURSES – 12 Credits				
CCHS	101	Orientation to Health Care (none)	3	
CCHS	102	Safety Issues in Health Care (none)	1	
CLLS	122	Introduction to Specimen Collection (concurrent enrollment in CLLS 123)	2	
CLLS	123	Specimen Collection Laboratory (concurrent enrollment in CLLS 122)	1	
CLLS	191	Clinical Experience in Phlebotomy (CLLS 101, 102; CLLS 122, 123; MRIS 102 with a grade of C or better; enrollment in the Phlebotomy Certificate program)	4	
MRIS	102	Orientation to Medical Vocabulary	1	
TOTAL CREDITS REQUIRED FOR CERTIFICATE			12	

Progression: Students must complete all other courses with a grade of C or better before enrolling in CLLS 191.

Students who return to the University after an interrupted enrollment (not including summer semester) must meet the requirements of the curriculum which are in effect at the time of their return, not the requirements which were in effect when they were originally admitted.

5/04/04
Revised 2/26/08

MODIFY COURSE
Course Data Entry Form

FORM F

Modify Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE

Notes:

1. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
2. If either prefix or number is being changed, use 'Delete Course' and 'Create New Course' forms rather than this form.

a. List the changes to be made (See Proposed Changes a through p below): Add one hour per week

b. Term Effective (6 digit code only): 200901 Examples: 200801(Spring), 200805(Summer), 200808(Fall)
Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. CURRENT: Include information that is in the current course database.

a. Course Prefix CLLS b. Number 123 c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: Specimen Collection Laboratory

III. PROPOSED CHANGES: Complete only those boxes that represent proposed changes identified in Section I. Leave all other spaces blank.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: (Limit to 30 characters/spaces.)

e. College Code: AH f. Department Code: CRHA

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable Fixed h. Maximum Credit Hours i. Minimum Credit Hours

j. May Be Repeated for Added Credit: Check (x) Yes No

k. Levels: Check (x) Undergraduate Graduate Professional

l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

m. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

UCO Chair Signature/Date: [Signature] 4/9/08

Academic Affairs Approval Signature/Date: [Signature] 4/10/08

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code
 Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

Office of the Registrar use ONLY

Date Rec'd: ____ Date Completed: ____ Entered: SCACRSE __ SCADETL __ SCARRS __ SCAPREQ __

MODIFY COURSE
Course Data Entry Form

FORM F

Modify Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE

Notes:

- 3. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 4. If either prefix or number is being changed, use 'Delete Course' and 'Create New Course' forms rather than this form.

a. List the changes to be made (See Proposed Changes a through p below): Change prerequisites

b. Term Effective (6 digit code only): 200901 Examples: 200801(Spring), 200805(Summer), 200808(Fall)
Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. CURRENT: Include information that is in the current course database.

a. Course Prefix CLLS b. Number 191 c. Enter Contact Hours per week in boxes.
LECTure LAB INDEPENDent Study – Check (x)
Practicum: 40 Seminar:

d. Course Title: Clinical Experience in Phlebotomy

III. PROPOSED CHANGES: Complete only those boxes that represent proposed changes identified in Section I. Leave all other spaces blank.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEPENDent Study – Check (x)
Practicum: Seminar:

d. Course Title: (Limit to 30 characters/spaces.)

e. College Code: AH f. Department Code: CRHA

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable Fixed h. Maximum Credit Hours i. Minimum Credit Hours

j. May Be Repeated for Added Credit: Check (x) Yes No

k. Levels: Check (x) Undergraduate Graduate Professional

l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

m. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces. CCHS 101, 102 with a grade of C or better; MRIS 102 with a grade of C or better; CLLS 122, 123 with a grade of C or better; enrollment in the Phlebotomy Certificate Program.

UCS Chair Signature/Date: [Signature] 4/9/08

Academic Affairs Approval Signature/Date: [Signature] 4/10/08

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code
 Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___