

PROPOSAL SUMMARY AND ROUTING FORM

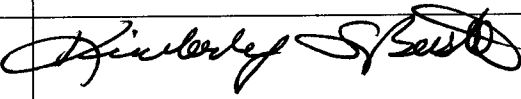
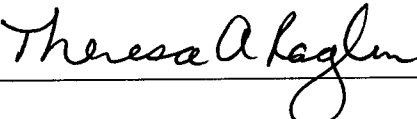

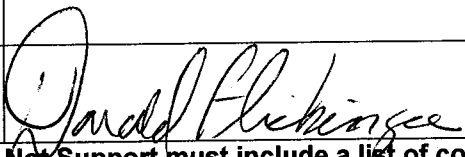
Proposal Title: Dental Hygiene Internship

Initiating Unit or Individual: DHMI/Dental Hygiene

Contact Person's Name: Theresa Raglin e-mail: raglint@ferris.edu phone: X-2312

Date or Semester of Proposal Implementation: Spring 2008

- Group I - A – New degree/major or major, or redirection of a current offering
- 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		10/17/07	<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Faculty			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Head		10-16-07	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Faculty			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean		10/17/07	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		10/19/07	<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 concerns.

To be completed by Academic Affairs		
President (Date Approved)	Board of Trustees (Date Approved)	President's Council (Date Approved)

REC'D OCT 17 2007

1. Proposal Summary

The Dental Hygiene Program seeks to expand the clinical offerings and opportunities available for students by adding DHYG 290 Dental Hygiene Clinical Internship. This experimental course will be an elective available each semester including summer.

As off-campus clinical opportunities continue to increase for the dental hygiene students it makes sense to offer and add a clinical internship to the second year of the dental hygiene curriculum. The Commission on Dental Accreditation encourages programs to continually seek opportunities to further enhance and enrich the clinical experiences of their students. A clinical internship would provide the students the opportunity to treat a variety of difficult patients typically not seen at the dental hygiene clinic located on campus. Students would practice at off campus settings such as Headstart or early childhood development centers, elementary schools, public health dental clinics, state prisons, native american dental centers and other public health facilities.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:

Prefix	Number	Title
DHYG	290	Dental Hygiene Clinical Internship

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
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d. Addition of existing FSU courses to program
Prefix Number Title

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

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

NEW COURSE INFORMATION FORM*See Sample: Limit to One Page.***Course Identification:**

Prefix:	Number	Title
DHYG	290	Dental Hygiene Clinical Internship

Course Description:

During this clinical internship students will expand their knowledge by treating more difficult and varied patient case types typically not seen in the dental hygiene clinic located on campus. Students will practice dental hygiene care at off campus settings such as Headstart or early childhood development centers, elementary schools, public health dental clinics, state prisons, native american dental centers and other public health facilities as identified.

Course Outcomes:

1. Provide students the opportunity to practice dental hygiene at off campus settings.
2. Facilitate and manage difficult and varied patient case types utilizing the Dental Hygiene Process of Care.
3. Facilitate and manage the increased efficiency of the delivery of care in an off campus clinical setting.

Course Outline including Time Allocation:

1-2 Credits = 36-72 internship hours per semester.

Students will spend 36-72 hours over the semester in the clinical internship setting demonstrating advanced clinical skills treating a variety of difficult patient case types.

ASSESSMENT

Outcomes Assessment: Students will demonstrate completion of course outcomes by treating a pre-determined number of dental hygiene patients(number dependent on internship location), completing one comprehensive dental hygiene care plan for a difficult patient case type and maintaining a portfolio of all procedures, processes and patients completed at the internship site.

Course Assessment: At least 90% of students will pass the course with a grade of "C" or better.

CREATE A NEW COURSE

FORM F
Create Course
rev. 9/23/02

Course Date Entry Form

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Note: If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective: Semester Spring Year 2008 See instructions.

II. PROPOSED FOR NEW COURSE: Complete all sections of this part through Prerequisites. See instructions in manual for further clarification.

Course Prefix DHYG Number 290 Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: 36-72 Seminar:

Full Course Title: Dental Hygiene Clinical Internship
Abbreviated Course Title: DHYG Clinical Internship.
(Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)
Semester(s) Offered: F, Sp, Su (See instructions for listing.) Max. Section Enrollment: 60

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

Type: Variable Fixed Maximum Credit Hours 2 Minimum Credit Hours 1

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

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

Levels: Check (x) Undergraduate Graduate Professional

Does proposed new course replace an equivalent course? Check (x) Yes No
Equivalent course: Prefix Number See instructions on Replacement courses.

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

During this clinical internship students will expand their knowledge by treating more difficult and varied patient case types typically not seen in the dental hygiene clinic on campus. Students will practice dental hygiene care at off campus settings such as Headstart or early childhood development centers, elementary schools, public health dental clinics, state prisons, native american dental centers and other public health facilities as identified.

Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces. By Permission

UCC Chair Signature/Date: _____
_____ / ____ / ____

Academic Affairs Approval Signature/Date:
Donald P. [Signature] 10/19/07

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 Received: _____ Date Completed: _____ Entered: SIS [125 ____, 1D4 ____]

REC'D OCT 17 2007