

PROPOSAL SUMMARY AND ROUTING FORM

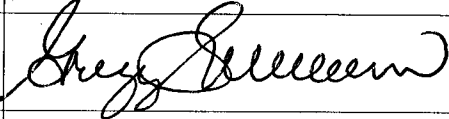

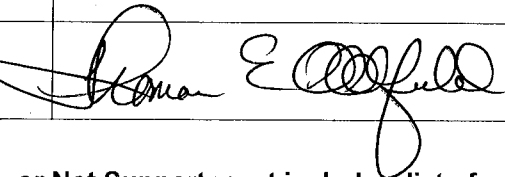
Proposal Title: PHPR 590: Interprofessional Elder Initiative

Initiating Unit or Individual: Peggy de Voest

Contact Person's Name: Peggy de Voest e-mail: devoestm@ferris.edu phone: 616-391-1424

Date or Semester of Proposal Implementation: Fall 2007

- 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 *
College Curriculum Committee		7/5/07	<input checked="" 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		7/5/07	<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		7/12/07	<input 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		
<hr/>	<hr/>	<hr/>
President (Date Approved)	Board of Trustees (Date Approved)	President's Council (Date Approved)

REC'D JUL 12 2007

FORM A CONT.

1. Proposal Summary

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:

Prefix	Number	Title
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PHPR		Interprofessional Elder Initiative
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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
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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.

CREATE A NEW COURSE

FORM F
Create Course
rev. 2/14/05

Course Date Entry Form

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Notes

1. Complete each item in section I and section II.
2. 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: a. Semester Fall b. Year 2007 See instructions.

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

a. Course Prefix PHPR b. Number 590 c. Enter Contact Hours or check Independent Study (X).
LECTure hr/week LAB hr/week INDEPENDent Study
Practicum: 45 hr/semester Seminar: hr/week

d. Full Course Title: Interprofessional Elder Initiative

e. Abbreviated Course Title: (Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

f. Semester(s) Offered: fall and spring (See instructions for listing.) g. Max. Section Enrollment: 10

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

h. Type: Variable Fixed i. Maximum Credit Hours 1 j. Minimum Credit Hours 1

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

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

n. Levels: Check (x) Undergraduate Graduate Professional

o. Does proposed new course replace an equivalent course? Check (x) Yes No

p. Equivalent course: Prefix Number See instructions on Replacement courses.

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

The student is paired with a nursing student to make visits to the older adult home over the course a year. Students will conduct medication histories, make therapeutic recommendations and provide teaching to patients and caregivers as needed.

r. Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces. completion of pharmacy professional year 2.

UCC Chair Signature/Date: _____

Academic Affairs Approval Signature/Date: _____



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 ___ 12R ___, 131 ___]