Course Change Form

Date of Request: October 9, 2008
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Course Addition

<table>
<thead>
<tr>
<th>1. Course Title: Clinical Practice II</th>
<th>Prefix &amp; Num: RESTH 2310</th>
</tr>
</thead>
</table>

2. Pre-requisite(s): Acceptance into the respiratory therapy program is required Co-requisite(s): RESTH 2300 and 2301

   Class Hours/Week:
   - LEC: 0.00
   - LBC w/cr: 0.00
   - LNC w/no cr: 0.00
   Credits: 5.00
   - Clinical: 15.00
   - Practicum: 0.00
   - Independent Study: 0.00

3. Semester to be Implemented: Spring, 2009
   Day ☑
   Extended Day ☐
   Grade type: Regular

4. Cost Code:
   Lab Fee: $0.00
   Additional Fees: $0.00
   Potential WLF: 0.00

5. Is this course designed for a specific group? Yes
   Who? Students enrolled in the respiratory therapy program

6. Catalog Description: ☑ Now in Print, or ☐ Proposed Below:

   Students practice skills associated with selecting the appropriate mode of mechanical ventilation based on patient situations, then initiating, monitoring, assessing and recommending changes to ventilatory support, and weaning from mechanical ventilation. A wide range of ventilation modes and applications is mastered through a case-based format. Concurrent enrollment in RESTH 2300 and RESTH 2310 is required.

7. Course justification (attach sheets if needed):

   New program, integrated course content is required by professional accreditation standards.

8. Are library resources adequate to support this change? Yes
   If not, how are those resources to be acquired?

9. Are technical and other resources available? Yes
   If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No
    If yes, which G.E. area? If it does not fill a G.E. requirement, would the course offer elective credit? Yes

11. Transferability of the course: List comparable courses at other colleges and universities:

<table>
<thead>
<tr>
<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num.</th>
<th>Institution</th>
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</thead>
<tbody>
<tr>
<td>☑</td>
<td>☑</td>
<td>Clinical Applications</td>
<td>3</td>
<td>REST 2720</td>
<td>WSU</td>
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<td>☑</td>
<td>☐</td>
<td>Clinical Applications of Adult Critical Care</td>
<td>4</td>
<td>REST 3770</td>
<td>WSU</td>
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</tbody>
</table>

Approval Signatures:

Dean: ____________________________
Date: 10/20/08

Academic VP: ______________________
Date: __________