Course Addition

1. Course Title: Alternative Site and Subacute Respiratory Care
   Prefix & Num: RESTH 2400
   Instructor permission required: Yes
   Credits: 1.00

2. Pre-requisite(s): Acceptance into the respiratory therapy program is required
   Co-requisite(s):
   - Class Hours/Week: *LEC: 1.00, *LBC w/cr: 0.00, *LNC w/no cr: 0.00
   - Clinical: 0.00, 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:
   Course introduces students to the practice of respiratory care in a home care/DME setting, pulmonary rehabilitation, patient education, smoking cessation, asthma management, and sleep disorders including sleep apnea.

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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<tr>
<td>☐</td>
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<td>Patient Care Continuum/Quality Management</td>
<td>3</td>
<td>REST 3280</td>
<td>WSU</td>
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<pre><code>| ☐        | ☐              |          |               | None...      |
| ☐        | ☐              |          |               | None...      |
</code></pre>

Approval Signatures:

Dean: [Signature]
Date: 10/20/08

Academic VP: __________________________
Date: ___________