Course Change Form

Date of Request: October 9, 2008
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Course Addition

1. Course Title: Clinical Practice III
   Prefix & Num: RESTH 3100
   Instructor permission required: No

2. Pre-requisite(s): Acceptance into and completion of the first three semesters of the respiratory therapy program are required
   Co-requisite(s): RESTH 3020 and 3021
   Class Hours/Week:
   *LEC: 0.00  *LBC w/ cr: 0.00  *LNC w/ no cr: 0.00
   Clinical: 20.00  Practicum: 0.00  Independent Study: 0.00
   Credits: 5.00

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:
   Capstone clinical practice course includes experience in neonatal intensive care as well as demonstrating continuing competency in adult intensive care, emergency care, and general respiratory care. Clinical rotations include experience in the home care setting and sleep laboratory. Concurrent enrollment in RESTH 3020 and 3021 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:

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<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num.</th>
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<td>4</td>
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Approval Signatures:
Dean: [Signature]  Date: 10/20/08
Academic VP: [Signature]  Date: _______