Course Change Form

Date of Request: October 9, 2008

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Course Addition

1. Course Title: Critical Thinking Seminar/NBRC Review
   Prefix & Num: RESTH 3150
   Instructor permission required: No
   Originator: Georgine Bills
   Department: Respiratory Therapy
   Replacement Course ID:
   Credits: 2.00
   *LEC: 2.00
   *LBC w/ cr: 0.00
   *LNC w/ no cr: 0.00
   Clinical: 0.00
   Practicum: 0.00
   Independent Study: 0.00

2. Pre-requisite(s): Acceptance into and completion of the first three semesters of the respiratory therapy program are required
   Co-requisite(s):
   Class Hours/Week: Spring, 2009
   Day □ Extended Day □ Grade type Regular
   Lab Fee: $0.00
   Additional Fees: $0.00
   Potential WLF: 0.00

   Explanation of Fees:

3. Semester to be Implemented: Spring, 2009
4. Cost Code: Lab Fee: $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 utilizes terminal credentialing examinations (C.R.T., R.R.T. Written Exam, and R.R.T. Clinical Simulation Exam) as the basis for a comprehensive curriculum review. Case-based clinical simulations require students to integrate all concepts learned throughout the curriculum and clinical practice courses and apply this knowledge to branching-logic scenarios.

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>Clinical Simulation Seminar</td>
<td>2</td>
<td>REST 3900</td>
<td>WSU</td>
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Approval Signatures:

Dean:

Academic VP:

Date: 10/20/08