Course Change Form

Date of Request: November 11, 2008

Course Revision

Originator: Carole Grady
Department: Nursing
Replacement Course ID:

1. Course Title: Certified Nursing Assistant
   Prefix & Num.: NURS1005

2. Pre-requisite(s): Co-requisite(s):
   Instructor permission required: No
   Class Hours/Week: *LEC: 3.00 *LBC w/cr: 0.00 *LNC w/no cr: 0.50 Credits: 4.00
   Clinical: 1.60 Practicum: 0.00 Independent Study: 0.00

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

4. Cost Code: HEA303
   Lab Fee: 20
   Additional Fees: $0.00 Potential WLF: 0.00

   Explanation of Fees: Cover the cost of lab consumables

5. Is this course designed for a specific group? Yes Who? Students seeking NA certification

6. Catalog Description: ☐ Now in Print, or ☑ Proposed Below:
   Prepares students in the knowledge, skills, and responsibilities required for certification as a nursing assistant by the state of Utah. Fee required. 3 lecture hours and various lab/clinical hours required.

7. Course justification (attach sheets if needed):
   Course description change; fee increase. The cost of consumables in the lab setting has increased in the past year. The current fee is inadequate to cover these increases.

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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Approval Signatures:

Dean: ___________________________ Date: __________

Academic VP: ___________________________ Date: __________