Course Change Form

Date of Request: January 20, 2010
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Course Revision

Course Title: Nursing Assistant Clinical
Prefix & Num: NURS1007

1. Pre-requisite(s):
   Co-requisite(s): NURS1005
   Class Hours/Week: *LEC: 0.00  *LBC w/cr: 0.00  *LEC w/no cr: 24.00
   Clinical: Practicum: 0.00
   Total Credits: 0.00
   Instructor permission required: No

2. Semester to be Implemented:
   Summer, 2010
   Day ☑ Extended Day ☑ Grade type Regular

3. Cost Code: HEA303
   Lab Fee: 0
   Additional Fees: $0.00
   Potential WLF: 0.00

4. Explanation of Fees:

5. Is this course designed for a specific group? No
   Who?

6. Catalog Description: ☐ Now in Print, or ☑ Proposed Below:
   Provides hands on clinical training in the long term care setting to reinforce nurse assistant skills learned in classroom and laboratory.
   24 clinical hours required. Corequisite: NURS 1005

7. Course justification (attach sheets if needed):
   Current course description does not include co-requisite requirement.

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>
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<th>Credits</th>
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Approval Signatures:

Department Chair: [Signature]
Date: 1/20/2010

Associate Dean/Dean: [Signature]
Date: 1/20/2010

Curriculum Chair: [Signature]
Date: ______

Academic VP: [Signature]
Date: ______