Course Change Form

Date of Request: March 3, 2010
Page 1 of 1

Course Addition

<table>
<thead>
<tr>
<th>Course Title: PN Transitions</th>
<th>Prefix &amp; Num: NURS 2590</th>
</tr>
</thead>
</table>

1. Pre-requisite(s): Admission to the Dixie State College Associate Degree in Nursing Program; NURS 2000, 2400, 2450, 2500, 2530, 2550.
   Instructor permission required: Yes
   Co-requisite(s): Clinical: 0.00 Practicum: 0.00 Independent Study: 0.00
   Credits: 1.00

2. Class Hours/Week: *NSC: 1.00 *LBC w/ cr: 0.00 *LNC w/no cr: 6.00

3. Semester to be Implemented: Spring, 2011
   Day [ ] Extended Day [ ] Grade type Regular

4. Cost Code: HEA 303 Lab Fcc: 50 Additional Fees: $0.00 Potential WLF: 1.00
   Explanation of Fees: Cost of lab supplies

5. Is this course designed for a specific group? Yes Who? Students admitted to the ADN program who wish to take the PN licensing exam

6. Catalog Description: [ ] Now in Print, or [ ] Proposed Below:
   Assists the student in transitioning to the practical nurse role and in preparation for the PN licensing exam.

7. Course justification (attach sheets if needed):
   Allows the option for ADN/RN program students to take the PN licensing exam.

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>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>Transition into PN</td>
<td>2</td>
<td>NSG1800</td>
<td>SLCC</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>PN Practice</td>
<td>1</td>
<td>NURS1240</td>
<td>CEU</td>
</tr>
</tbody>
</table>

Approval Signatures:

Department Chair: [Signature]
Date: 3/4/2010

Associate Dean/Dean: [Signature]
Date: 3/4/2010

Curriculum Chair: [Signature]
Date: [ ]

Academic VP: [Signature]
Date: [ ]