Course Change Form

Date of Request: October 5, 2009

Course Addition

1. Course Title: Physical Agents Lab

2. Pre-requisite(s): PTA 1020, 2010, 2210, 2400

   Co-requisite(s): PTA 2200

   Instructor permission required: No

   Prefix & Num: PTA 2201

   Credits: 2.00

   Class Hours/Week:
   *LEC: 0.00
   *LBC w/er: 4.00
   *LNC w/no er: 0.00
   Clinical: 0.00
   Practicum: 0.00
   Independent Study: 0.00

3. Semester to be Implemented: Fall, 2010

   Day ☑

   Extended Day ☐

   Grade type: Regular

4. Cost Code: HEA118

   Lab Fee: $40

   Additional Fees: $0.00

   Potential WLF: 3.00

5. Is this course designed for a specific group? Yes Who? Accepted PTA Program students

6. Catalog Description: ☐ Now in Print, or ☑ Proposed Below:

   This course provides the opportunity for students to develop competence in the application of therapeutic modalities introduced in PTA 2200. Patient and caregiver safety, cultural sensitivity, and best practices are reviewed and practiced. 4 lab hours per week.

7. Course justification (attach sheets if needed):

   A part of the approved curriculum for the limited-entry Physical Therapist Assistant Program.

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>Therapeutic Modalities Lab</td>
<td>2</td>
<td>PTA 2210</td>
<td>SLCC</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td>DSC</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td>DSC</td>
</tr>
</tbody>
</table>

Approval Signatures:

Department Chair: [Signature]

Date: 10/7/09

Associate Dean/Dean: [Signature]

Date: 10/7/09

Curriculum Chair: ____________________________

Date: ________

Academic VP: ____________________________

Date: ________