Course Change Form

Date of Request: October 6, 2009
Page 1 of 1

Course Addition

1. Course Title: Special Clientele Lab
   Prefix & Num.: PTA 2411
   Instructor permission required: No
   Co-requisite(s): PTA 2410 - 2590, 2550, 2530, 2550
   Class Hours/Week: *LEC: 0.00, *LBC w/cr: 2.00, *LNC w/no cr: 0.00
   Clinical: 0.00, Practicum: 0.00, Independent Study: 0.00
   Credits: 1.00

2. Section:
   Semester to be Implemented: Spring, 2011
   Day ☑, Extended Day ☐
   Grade type: Regular

3. Explanation of Fees: Supplies and linen

4. Cost Code: HEA118
   Lab Fee: 20
   Additional Fees: $0.00
   Potential WLF: 1.50

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

6. Catalog Description: □ Now in Print, or ☑ Proposed Below:
   Students review anatomical and physiological aspects of the cardiovascular system and visit a cardiac rehabilitation program. Orthotic and prosthetic devices are presented, rationale for their use, fitting, and adjustments are reviewed. Includes a visit to a prosthetics and orthotics lab. Students will review physical therapy for women's health and age-related pathologies, and practice appropriate techniques for physical therapy care. 2 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>PT for Specific Clientele Lab</td>
<td>1</td>
<td>PTA 2520</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: __________________________ Date: 10/7/09

Associate Dean/Dean: __________________________ Date: 10/7/09

Curriculum Chair: __________________________ Date: __________

Academic VP: __________________________ Date: __________