Course Change Form

Date of Request: October 5, 2009
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Course Addition

<table>
<thead>
<tr>
<th>Course Title: Seminar for Physical Therapist Assistants</th>
<th>Prefix &amp; Num: PTA 2530</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-requisite(s): PTA 1020</td>
<td>Co-requisite(s): PTA 2410</td>
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<tr>
<td>2011 2010 2200 2410 2300</td>
<td>210 250 2550</td>
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Instructor permission required: No

Class Hours/Week: LEC: 3.00 LBC w/ cr: 0.00 LNC w/ no cr: 0.00 Credits: 3.00
Clinical: 0.00 Practicum: 0.00 Independent Study: 0.00

Semester to be Implemented: Spring, 2011 Day ☒ Extended Day ☐ Grade type Regular

Cost Code: HEA118 Lab Fee: 0 Additional Fees: $0.00 Potential WLF: 3.00

Explanation of Fees:

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

Catalog Description: ☐ Now in Print, or ☒ Proposed Below:
This course introduces students to various components of effective administration of physical therapy environments. These include effective management techniques, fiscal considerations, continuous quality assurance, voluntary accrediting agencies, and other relevant topics related to the "business" and delivery of physical therapy care. 3 lecture hours per week.

Course justification (attach sheets if needed):
A part of the approved curriculum for the limited-entry Physical Therapist Assistant Program.

Are library resources adequate to support this change? Yes If not, how are those resources to be acquired?

Are technical and other resources available? Yes If not, how are those resources to be acquired?

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

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>
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<tr>
<td>☐</td>
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<td>Seminar for the PTA</td>
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<td>PTA 2750</td>
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Approval Signatures:

Department Chair: [Signature] Date: 10/7/09

Associate Dean/Dean: [Signature] Date: 10/7/09

Curriculum Chair: [Signature] Date: 

Academic VP: [Signature] Date: 