Course Addition

1. Course Title: Clinical Affiliation I
   - Prefix & Num. PTA 2705
   - Co-requisite(s): PTA 2805
   - Credits: 6.00
   - Clinical: 13.00
   - Practicum: 0.00
   - Independent Study: 0.00
   - LEC: 0.00
   - LBC w/cr: 0.00
   - LNC w/no cr: 0.00

2. Pre-requisite(s): PTA 1020 - 2420, 2410, 2410, 2410, 2410, 2420, 2420, 2420, 2430, 2430, 2430
   - Instructor permission required: No

3. Semester to be Implemented: Fall, 2011
   - Day ☒
   - Extended Day ☐

4. Cost Code: HEA118
   - Lab Fee: 0
   - Additional Fees: $0.00
   - Potential WLF: 4.00

5. Explanation of Fees:

6. Catalog Description: ☑ Now in Print, or ☒ Proposed Below:
   
   This course is a five week, full time clinical instructor-supervised clinical experience. This experience may include acute care, acute rehabilitation, long-term rehabilitation, outpatient, or other clinical environment determined by the Academic Coordinator of Clinical Education. Emphases may include, but not limited to, musculoskeletal, neurological, pediatric, geriatric, or other types of physical therapy care. 40 clinical 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
6. If not, how are those resources to be acquired?

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

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No
7. If yes, which G.E. area?
8. 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>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num.</th>
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<td>Clinical Internship I</td>
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Approval Signatures:

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

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

Curriculum Chair: ____________
Date: ____________

Academic VP: ____________
Date: ____________