Course Change Form

Date of Request: October 6, 2009
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Course Addition

1. Course Title: Clinical Affiliation II
   Prefix & Num: PTA 2805
   Instructor permission required: No
   Replacement Course ID:

2. Pre-requisite(s): PTA 1020 - 210, 2110, 2200, 2210, 2300, 2400, 2410, 2510, 2530, 2655
   Co-requisite(s): PTA 2705

   Class Hours/Week: *LEC: 0.00 *LBC w/cr: 0.00 *LNC w/no cr: 0.00 Credits: 6.00
   Clinical: 13.00 Practicum: 0.00 Independent Study: 0.00

3. Semester to be Implemented: Fall, 2011
   Day ☒ Extended Day ☐ Grade type Regular

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

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 is the second five week, full time, clinical instructor-supervised clinical experience. This course is a continuation of Clinical Affiliation I but in a different facility with a different instructor and may be expanded to emphasize a variety of other physical therapy services. Assignment to clinical sites is determined by the Academic Coordinator of Clinical Education. This is the final course in the PTA curriculum. 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 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>
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<td></td>
<td>Clinical Internship II</td>
<td>6</td>
<td>PTA 2710</td>
<td>SLCC</td>
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</table>

Approval Signatures:

Department Chair: _______________________________ Date: 10/7/09

Associate Dean/Dean: __________________________ Date: 10/11/09

Curriculum Chair: ______________________________ Date: __________

Academic VP: _______________________________ Date: __________