

Proposal Memo

Three years ago documentation was submitted to change the name of the Occupational Therapy Assistant Technology Program at the recommendation of the accrediting agency Accreditation Council for Occupational Therapy Education (ACOTE) from Occupational Therapy Assisting to Occupational Therapy Assistant. The procedures were completed and the name of the program was changed to Occupational Therapy Assistant. At that time the program code was changed from OTAT to OCAT, however the course prefixes were not changed

from OTAT to OCAT

The course prefixes need to be changed in the University catalog, brochures, program requirement sheets and any other publications that utilize these codes.

The courses include:

- 10000 Introduction to Occupational Therapy
- 10001 Therapeutic Media I
- 10002 Therapeutic Techniques I – Psychosocial
- 20000 Therapeutic Techniques II - Physical Dysfunction
- 20001 Occupational Therapy Management Skills
- 20002 Therapeutic Media ~~III~~ II
- 20003 Therapeutic Media III → 20004 Therapeutic Techniques III – Developmental Disabilities
- 20005 Clinical Applications

~~Proposed course:~~

~~20006 Therapeutic Techniques IV – Physical Dysfunction II~~



KENT STATE
UNIVERSITY
EAST LIVERPOOL

September 17, 2007

Dear Dr. Rowan,

It was requested by Dr. Seachrist, and Therese Tillet that the Occupational Therapy Assistant Technology and Physical Therapist Assistant Programs change the course prefixes to reflect the changes to the program codes. Enclosed you will find paperwork carrying out that request for the Occupational Therapy Assistant Technology Program. The course prefixes are being changed from OTAT to OCAT. This change needs to occur in the University catalog, program brochure, and requirement sheets and any other publications.

Please forward this information to the appropriate departments to be approved by EPC. If there are any questions please contact me at 77426 or email hbynum@kent.edu.

Thank you,



Harriett S. Bynum, Program Director
Occupational Therapy Assistant Program

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date 14-Sep-07 Curriculum Bulletin _____
Effective Date Fall 2008 Approved by EPC _____

Department OTAT
College EH - Education, Health and Human Services
Degree AAS - Associate of Applied Science
Program Name **Occupational Therapy Assistant Technology** Program Code OTAT
Concentration(s) Concentration(s) Code(s)
Proposal Revise Program

Description of proposal:

Change the course prefixes from OTAT to OCAT to reflect the changes in the program name.
Changes need to appear in all University publications - catalog, brochure, program requirement sheets, etc.

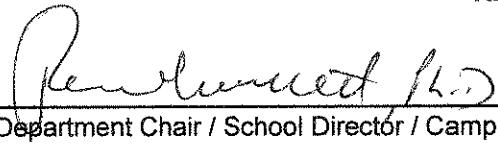
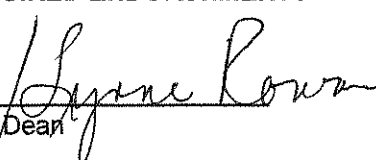
Does proposed revision change program's total credit hours? ☐ Yes ☒ No
If yes, current total credit hours proposed total credit hours

Describe impact on other programs, policies or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites)

There is no impact on other programs.

Units consulted (other departments, programs or campuses affected by this proposal):
OTAT on Ashtabula and East Liverpool Campuses

REQUIRED ENDORSEMENTS

  9/19/07
Department Chair / School Director / Campus Dean 9/19/07

College Dean _____

Executive Dean of Regional Campuses _____

Senior Vice President for Academic Affairs and Provost _____

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **21-Sep-07** Requested Effective Term **Fall 2008**

Course Subject **OCAT** Course Number **10000**

Course Title **Introduction to Occupational Therapy**

Title Abbreviation

NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with Cross-list Banner code
4/5, 4/5/7 or 6/7 NOTE: To be completed by Curriculum Services.

Minimum Credit **03** ☒ to ☐ or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours ☒ Lecture Minimum Hours **03.00** ☐ to ☐ or Maximum Hours **03.00**

Per Week ☐ Laboratory Minimum Hours ☐ to ☐ or Maximum Hours

☐ Other Minimum Hours ☐ to ☐ or Maximum Hours

NOTE: Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
If repeats, course limit OR maximum hours

Course Level **UG - Undergraduate**

Grade Rule **B - Letter**

Schedule Type(s) **LEC - Lecture**

Course Attribute(s) **none**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **None**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s)

Corequisite(s)

Registration is by special approval only ☐ Yes ☒ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code

OBR Subsidy Code

OBR Course Level

CIP Code

Catalog Description **Introduction to the profession of occupational therapy, its place in the health care system and the role and function of the OTR & COTA.**

Complete the following only if applicable:

Previous Title **OTAT 10000 Introduction to Occupational Therapy**

Previous Subject **OTAT** Previous Number **10000**

Term Start Term End NOTE: To be completed by Curriculum Services.

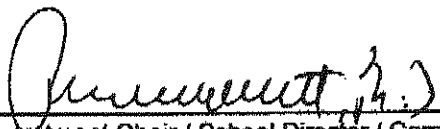
Content Outline (include contact hours for each section)

Contact Hours	Outline
3.00	History & Philosophy of the Profession
3.00	Practice Framework, Theory that Guides Practice, Activity Analysis
6.00	Occupation, The Process, Documentation, Medical Terminology
3.00	Professional Organizations
9.00	Treatment Strategies
3.00	Physical Disabilities
3.00	Geriatrics, Mental Health
3.00	Human Development
6.00	Assistive Technology, Adapted Equipment
3.00	Therapeutic Relationships, Professional Development
3.00	Ethical Issues & Cultural Diversity

45.00 Total Contact Hours

Textbook(s) Used in this Course	Occupational Therpay Assistant: Priniciples, Practice Issues & Techniques
Writing Expectations	Moderate amount for journal articles
Instructor(s) Expected To Teach	OTAT Faculty
Instructor(s) Contributing to Content	OTAT Faculty

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

9/21/07

9/24/07

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **21-Sep-07** Requested Effective Term **Fall 2008**

Course Subject **OCAT** Course Number **10001**

Course Title **Therapeutic Media I**

Title Abbreviation

NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with **_____** Cross-list Banner code **_____**
4/5, 4/5/7 or 8/7 NOTE: To be completed by Curriculum Services.

Minimum Credit **03** ☐ to ☐ or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours ☒ Lecture Minimum Hours **01.00** ☐ to ☐ or Maximum Hours **01.00**

Per Week ☒ Laboratory Minimum Hours **06.00** ☐ to ☐ or Maximum Hours **06.00**

☐ Other Minimum Hours **_____** ☐ to ☐ or Maximum Hours **_____**

NOTE: Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
If repeats, course limit **_____** OR maximum hours **_____**

Course Level **UG - Undergraduate**

Grade Rule **B - Letter**

Schedule Type(s) **LEC - Lecture LAB - Laboratory**

Course Attribute(s) **none**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **Admission into the Program**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) **_____**

Corequisite(s) **_____**

Registration is by special approval only ☒ Yes ☒ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Students in the OCAT Program**

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code **_____**

OBR Subsidy Code **_____**

OBR Course Level **_____**

CIP Code **_____**

Catalog Description **Development of skills in the use of craft media as a basic approach to occupational therapy practice. Includes concept of activity analysis and problem solving.**

Complete the following only if applicable:

Previous Title **OTAT 100002 Therapeutic Media I**

Previous Subject **OTAT** Previous Number **10002**

Term Start **_____** Term End **_____** NOTE: To be completed by Curriculum Services.

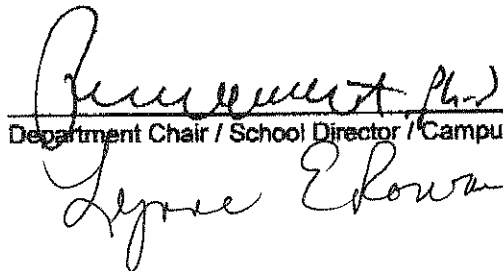
Content Outline (include contact hours for each section)

Contact Hours	Outline
2.00	Lecture on therapeutic use of crafts
1.00	Activity Analysis, Therapeutic Modifications
1.00	Documentation and clinical reasoning
1.00	Crafts from found things
40.00	Completion of craft media

45.00 Total Contact Hours

Textbook(s) Used in this Course	Crafts and Creative Media in Therapy
Writing Expectations	Minimal Completion of Activity Analyses
Instructor(s) Expected To Teach	OCAT Faculty
Instructor(s) Contributing to Content	OCAT Faculty

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

9/21/07
9/24/07

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **21-Sep-07** Requested Effective Term **Fall 2008**

Course Subject **OCAT** Course Number **10002**

Course Title **Therapeutic Techniques I - Psychosocial**

Title Abbreviation

NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with **4/5, 4/5/7 or 6/7** Cross-list Banner code **_____**
NOTE: To be completed by Curriculum Services.

Minimum Credit **05** ☐ to ☐ or Maximum Credit **05** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours ☒ Lecture Minimum Hours **03.00** ☐ to ☐ or Maximum Hours **03.00**

Per Week ☒ Laboratory Minimum Hours **03.00** ☐ to ☐ or Maximum Hours **03.00**

☐ Other Minimum Hours **_____** ☐ to ☐ or Maximum Hours **_____**

NOTE: Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
If repeats, course limit **_____** OR maximum hours **_____**

Course Level **UG - Undergraduate**

Grade Rule **B - Letter**

Schedule Type(s) **LEC - Lecture LAB - Laboratory**

Course Attribute(s) **none**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **Admission into the Program & OTAT 10000**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) **_____**

Corequisite(s) **_____**

Registration is by special approval only ☒ Yes ☒ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **Students in the OCAT Program**

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code **_____**

OBR Subsidy Code **_____**

OBR Course Level **_____**

CIP Code **_____**

Catalog Description **Application of occupational therapy skills and techniques in treatment programs, concerned with psychosocial dysfunction.**

Complete the following only if applicable:

Previous Title **OTAT 100002 Therapeutic Techniques I - Psycsocial**

Previous Subject **OTAT** Previous Number **10002**

Term Start **_____** Term End **_____** NOTE: To be completed by Curriculum Services.


Content Outline (include contact hours for each section)

Contact Hours	Outline
3.00	Syllabus and history and basic concepts, treatment settings
3.00	Human occupation & mental health throughout the lifespan
3.00	Medical and psychosocial models
6.00	Understanding psychosocial diagnoses and OT Treatment
3.00	Responding to symptoms and behavior, safety techniques
9.00	Group concepts, and techniques
6.00	Intervention process and treatment planning
3.00	Leisure skills
3.00	Work Hardening
3.00	Cognitive, sensorimotor skills
3.00	Analyzing, adapting and grading activities

45.00 Total Contact Hours

Textbook(s) Used in this Course	Mental Health Concepts and Techniques for Occupational Therapy Assistant
Writing Expectations	Moderate amount for papers
Instructor(s) Expected To Teach	OCAT Faculty
Instructor(s) Contributing to Content	OCAT Faculty

REQUIRED ENDORSEMENT


 Department Chair / School Director / Campus Dean

9,124,07

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **21-Sep-07** Requested Effective Term **Fall 2008**

Course Subject **OCAT** Course Number **20000**

Course Title **Therapeutic Techniques II - Physical Dysfunction**

Title Abbreviation

NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with **4/5, 4/5/7 or 6/7** Cross-list Banner code **_____**
NOTE: To be completed by Curriculum Services.

Minimum Credit **05** ☒ to ☐ or Maximum Credit **05** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours ☒ Lecture Minimum Hours **03.00** ☐ to ☐ or Maximum Hours **03.00**

Per Week ☐ Laboratory Minimum Hours ☐ to ☐ or Maximum Hours

☐ Other Minimum Hours ☐ to ☐ or Maximum Hours

NOTE: Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
If repeats, course limit **_____** OR maximum hours **_____**

Course Level **UG - Undergraduate**

Grade Rule **B - Letter**

Schedule Type(s) **LEC - Lecture LAB - Laboratory**

Course Attribute(s) **none**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **OTAT 10002**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s)

Corequisite(s) **OTAT 20001 & 20002**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code **_____**

OBR Subsidy Code **_____**

OBR Course Level **_____**

CIP Code **_____**

Catalog Description **Application of occupational therapy skills and techniques in treatment programs, specifically concerned with physical dysfunctions.**

Complete the following only if applicable:

Previous Title **Therapeutic Techniques II - Physical Dysfunction**

Previous Subject **OTAT** Previous Number **20000**

Term Start **_____** Term End **_____** NOTE: To be completed by Curriculum Services.

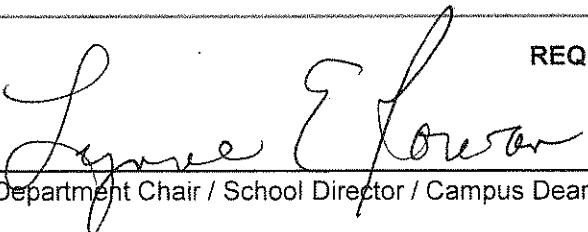
Content Outline (include contact hours for each section)

Contact Hours	Outline
3.00	Occupational Therapy Practice
3.00	OT Process/Treatment Contexts
3.00	Lab: Functional Motion Assessment, Muscle Strength, ROM, Vital Signs, Infectious control
3.00	Evaluations, Intervention Planning, Documentation
3.00	Lab: Evaluations, Sensation, Sensory Kit, Coordination, Grip & Pinch
3.00	Therapeutic Activities, Leisure Activities, Task Kits
3.00	Lab: ADL's, Transfers, Wheelchair Mobility, Ambulation with Devices, Driving
6.00	Pain Management, Back Pain, Body Mechanics Lab: IADL's, Cooking Items
6.00	Arthritis Lab: Arthritis, Joint Protection, Energy Conservation
3.00	Hip Fracture, Hip & Knee Replacements
6.00	Perception and Cognition Lab: Visual Deficits
12.00	CVA, PNF Techniques, NDT Lab: CVA Techniques, clothing, Lab: CVA Intervention
3.00	Lab: Aphasia and Swallowing Problems
6.00	Traumatic Brain Injury, Lab: TBI Intervention
6.00	Spinal Cord Injury
	Lab: SCI Dressing, Transfers, Sexual Issues
3.00	Burns
6.00	Hand Injuries
	Lab: Hand Injuries

75.00 Total Contact Hours

Textbook(s) Used in this Course	Physical Dysfunction Practice Skills for the Occupational Therapy Assistant
Writing Expectations	Activity analysis, Intervention Plan, Resource Notebook
Instructor(s) Expected To Teach	OCAT Faculty
Instructor(s) Contributing to Content	OCAT Faculty

REQUIRED ENDORSEMENT


 Department Chair / School Director / Campus Dean

9,24,07

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **21-Sep-07** Requested Effective Term **Fall 2008**

Course Subject **OCAT** Course Number **20002**

Course Title **Therapeutic Media II**

Title Abbreviation

NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with Cross-list Banner code _____
4/5, 4/5/7 or 6/7 NOTE: To be completed by Curriculum Services.

Minimum Credit **05** ☐ to ☐ or Maximum Credit **05** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours ☒ Lecture Minimum Hours **01.00** ☐ to ☐ or Maximum Hours **01.00**

Per Week ☒ Laboratory Minimum Hours **06.00** ☐ to ☐ or Maximum Hours **06.00**

☐ Other Minimum Hours ☐ to ☐ or Maximum Hours

NOTE: Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
If repeats, course limit OR maximum hours

Course Level **UG - Undergraduate**

Grade Rule **B - Letter**

Schedule Type(s) **LEC - Lecture LAB - Laboratory**

Course Attribute(s) **none**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **OTAT 10001**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s)

Corequisite(s)

Registration is by special approval only ☒ Yes ☒ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **OTAT Students**

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Continued develop of skills in the use of craft media and basic concepts related to occupational therapy.**

Complete the following only if applicable:

Previous Title **OTAT 20002 Therapeutic Media II**

Previous Subject **OTAT** Previous Number **20002**

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.


Content Outline (include contact hours for each section)

Contact Hours	Outline
33.00	woodworking
6.00	Leather work
6.00	Electrical switches

45.00 Total Contact Hours

Textbook(s) Used in this Course	Crafts and Creative Media in Therapy
Writing Expectations	Minimal completion of Activity Analyses
Instructor(s) Expected To Teach	OTAT Faculty
Instructor(s) Contributing to Content	OTAT Faculty

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean



9/20/07
9/24/07

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **21-Sep-07** Requested Effective Term **Fall 2008**

Course Subject **OCAT** Course Number **20003**

Course Title **Therapeutic Media III**

Title Abbreviation

NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with Cross-list Banner code _____
4/5, 4/5/7 or 6/7 NOTE: To be completed by Curriculum Services.

Minimum Credit **03** ☐ to ☐ or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours ☒ Lecture Minimum Hours **01.00** ☐ to ☐ or Maximum Hours **01.00**

Per Week ☒ Laboratory Minimum Hours **06.00** ☐ to ☐ or Maximum Hours **6**

☐ Other Minimum Hours ☐ to ☐ or Maximum Hours

NOTE: Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
If repeats, course limit OR maximum hours

Course Level **UG - Undergraduate**

Grade Rule **B - Letter**

Schedule Type(s) **LEC - Lecture LAB - Laboratory**

Course Attribute(s) **none**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **20002**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s)

Corequisite(s)

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **OCAT Students**

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Development of skills utilized in adapting equipment for patients/clients to carry out activities of daily living**

Complete the following only if applicable:

Previous Title **OTAT 20003 Therapeutic Media III**

Previous Subject **OTAT** Previous Number **20003**

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

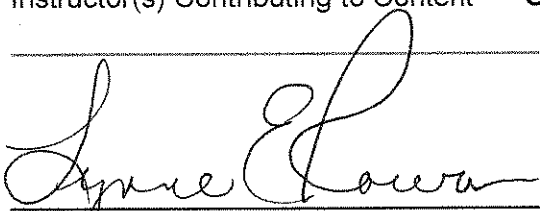
Content Outline (include contact hours for each section)

Contact Hours	Outline
3.00	Introduction, service delivery, funding and legislations
3.00	Low end technology
3.00	Physical modalities
6.00	Assistive technology in school, home & work environments
9.00	Wheelchairs
3.00	Adaptive driving
9.00	Prosthetics & orthotics
3.00	Play & leisure
3.00	Augmentative communication
3.00	Hippotherapy

45.00 Total Contact Hours

Textbook(s) Used in this Course	Clinician's Guide to Assistive Technology
Writing Expectations	Papers and presentations
Instructor(s) Expected To Teach	OCAT Faculty
Instructor(s) Contributing to Content	OCAT Faculty

REQUIRED ENDORSEMENT


 Department Chair / School Director / Campus Dean

9/24/07

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **21-Sep-07** Requested Effective Term **Fall 2008**

Course Subject **OCAT** Course Number **20004**

Course Title **Therapeutic Techniques III**

Title Abbreviation

NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with **4/5, 4/5/7 or 6/7** Cross-list Banner code **_____**
NOTE: To be completed by Curriculum Services.

Minimum Credit **03** ☒ to ☐ or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours ☒ Lecture Minimum Hours **02.00** ☐ to ☐ or Maximum Hours **02.00**

Per Week ☐ Laboratory Minimum Hours **03.00** ☐ to ☐ or Maximum Hours **03.00**

☐ Other Minimum Hours **_____** to **_____** or Maximum Hours **_____**

NOTE: Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
If repeats, course limit **_____** OR maximum hours **_____**

Course Level **UG - Undergraduate**

Grade Rule **B - Letter**

Schedule Type(s) **LEC - Lecture LAB - Laboratory**

Course Attribute(s) **none**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **OTAT 20000**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) **_____**

Corequisite(s) **_____**

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **OCAT Students**

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code **_____**

OBR Subsidy Code **_____**

OBR Course Level **_____**

CIP Code **_____**

Catalog Description **Application of occupational therapy skills and techniques applied to patients/clients with developmental disabilities.**

Complete the following only if applicable:

Previous Title **OTAT 20004 Therapeutic Techniques III - Developmental Disabilities**

Previous Subject **OTAT** Previous Number **20004**

Term Start **_____** Term End **_____** NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
5.00	Occupational therapy with children; Developmental Theories and Process
10.00	Common diagnoses
2.00	Family issues
3.00	Postural Control
5.00	Assessments and Tests
5.00	Sensory Integration
3.00	Feeding, Dysphagia
3.00	Cerebral Palsy, NDT
2.00	Self Care
2.00	NICU, Early Intervention Preschool, School Based OT
5.00	Hand Skills, Writing Skills, Visual Perception

45.00 Total Contact Hours

Textbook(s) Used in this Course	Pediatric Skills for Occupational Therapy Assistants
Writing Expectations	Moderate
Instructor(s) Expected To Teach	OCAT Faculty
Instructor(s) Contributing to Content	OCAT Faculty

REQUIRED ENDORSEMENT


 Department Chair / School Director / Campus Dean

9/21/07

9/24/07

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **21-Sep-07** Requested Effective Term **Fall 2008**

Course Subject **OCAT** Course Number **20005**

Course Title **Clinical Applications**

Title Abbreviation

NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)

Slash Course **/ /** Cross-listed with **4/5, 4/5/7 or 6/7** Cross-list Banner code **_____**
NOTE: To be completed by Curriculum Services.

Minimum Credit **08** ☐ to ☐ or Maximum Credit **08** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours ☐ Lecture Minimum Hours ☐ to ☐ or Maximum Hours
Per Week ☐ Laboratory Minimum Hours ☐ to ☐ or Maximum Hours
☒ Other Minimum Hours **320.00** ☐ to ☐ or Maximum Hours **320.00**

NOTE: Contact hours should be per week.

Repeat Status **RP - Course may be repeated**
If repeats, course limit **_____** OR maximum hours **_____**

Course Level **UG - Undergraduate**

Grade Rule **B - Letter**

Schedule Type(s) **CLN - Clinic CLN - Clinic**

Course Attribute(s) **none**

Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **All OTAT courses except those that are run concurrently**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s)

Corequisite(s)

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration **OTAT Students**

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code **_____**

OBR Subsidy Code **_____**

OBR Course Level **_____**

CIP Code **_____**

Catalog Description **Under the supervision of personnel in selected health care agencies, the student will apply knowledge, skills and techniques acquired in prior and concurrent OTAT courses.**

Complete the following only if applicable:

Previous Title **OTAT 20003 Therapeutic Media III**

Previous Subject **OTAT** Previous Number **20003**

Term Start **_____** Term End **_____** NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact
Hours

Outline

320**2 Level II fieldwork experiences****320.00** Total Contact Hours

Textbook(s) Used in this Course

None

Writing Expectations

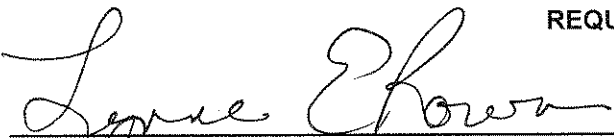
Fieldwork assignments

Instructor(s) Expected To Teach

Clinical faculty

Instructor(s) Contributing to Content

Clinical Faculty

REQUIRED ENDORSEMENT

Department Chair / School Director / Campus Dean9/24/07

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **1-Oct-07**

Curriculum Bulletin _____

Effective Date **Fall 2008**

Approved by EPC _____

Department **Speech Pathology and Audiology**
 College **RC - Regional Campuses**
 Proposal **Revise Course**
 Course Subject **OCAT** Course Number **20001**
 Course Title **Occupational Therapy Management Skills**
 Minimum Credits **02** Maximum Credits **02**

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Fee
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input type="checkbox"/> Schedule Type	<input checked="" type="checkbox"/> Other Omit corequisites from publications

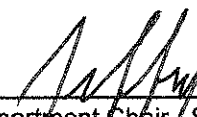
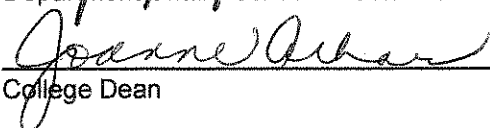
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

Omit the corequisites as listed in the University catalog due to changes in the course sequences for the OCAT Program
This does not impact other programs

Units consulted (other departments, programs or campuses affected by this proposal):

OCAT Programs on East Liverpool and Ashtabula Campuses

REQUIRED ENDORSEMENTS

 Department Chair / School Director / Campus Dean	10/8/07 <u>10/3/07</u>
 College Dean	10/17/07
_____ Executive Dean of Regional Campuses	____/____/____
_____ Senior Vice President for Academic Affairs and Provost	____/____/____

BASIC DATA SHEET

All data entered below should reflect revised information.

Preparation Date **21-Sep-07** Requested Effective Term **Fall 2008**
 Course Subject **OCAT** Course Number **20001**
 Course Title **Occupational Therapy Management Skills**
 Title Abbreviation _____
 NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
 Slash Course **/ /** Cross-listed with _____ Cross-list Banner code _____
 4/5, 4/5/7 or 6/7 NOTE: To be completed by Curriculum Services.
 Minimum Credit **02** ☒ to ☐ or Maximum Credit **02** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
 Contact Hours ☒ Lecture Minimum Hours **02.00** ☐ to ☐ or Maximum Hours **02.00**
 Per Week ☐ Laboratory Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
☐ Other Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
 NOTE: Contact hours should be per week.
 Repeat Status **NR - Course may not be repeated**
 If repeats, course limit _____ OR maximum hours _____
 Course Level **UG - Undergraduate**
 Grade Rule **B - Letter**
 Schedule Type(s) **LEC - Lecture**
 Course Attribute(s) **none**
 Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **OTAT 10002**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) _____

Registration is by special approval only ☒ Yes ☐ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Introduction to skills required for performing administrative tasks in the occupational therapy department. Also includes professional issues.**

Complete the following only if applicable:

Previous Title **Occupational Therapy Management Skills**

Previous Subject **OTAT** Previous Number **20001**

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
1.00	Role in management
2.00	Ethical behavior
2.00	National School backpack day (East Liverpool City Schools
2.00	Evidence Based Practice Research
2.00	Finances
2.00	Reimbursement/Managed Care, Medicare, Medicaid
2.00	Reimbursement/PPS
2.00	Employment Issues
2.00	Personnel Considerations/Roles
2.00	OT Practice Settings
2.00	Quality Assurance & Program Evaluation
2.00	Program Development
2.00	Organizations
2.00	Liability Issues
2.00	Professional Development

30.00 Total Contact Hours

Textbook(s) Used in this Course	Management Skills for the Occupational Therapy Assistant
Writing Expectations	Research Project, Portfolio
Instructor(s) Expected To Teach	OCAT Faculty
Instructor(s) Contributing to Content	OCAT Faculty

REQUIRED ENDORSEMENT

Department Chair / School Director / Campus Dean

Sydney Rowan

10/8/07
10,3,07