KENT STATE
UNIVERSITY
ASHTABULA

Interdepartmental Correspondence

TO: Joanne Arhar, Associate Dean, EHHS

FROM: Mel Anthony May, Assistant Dean

DATE: April 24, 2008

SUBJECT: AAS PTST Curricular Actions

Attached is the proposal to establish two new courses within the Associate of Applied Science in Physical Therapist Assistant Technology.

1. Need, audience and precursors
   The need for these courses comes from the desire of the program director to offer special topic and individual investigation courses as appropriate to programmatic and student need.

2. Effect on current offerings
   The proposed courses have no effect on current offerings.

3. Effect on staffing
   The proposed courses have no effect on current offerings.

4. Effect on other units or programs
   The proposed courses have on effect on other units or programs.

5. Curricular bodies that have reviewed and approve this action
   The proposed courses have been reviewed and approved by the PTST directors at Ashtabula and East Liverpool campuses, and the School of Speech Pathology and Audiology.

If you or the members of the curriculum committee have any questions, please do not hesitate to contact me.

:MAM

c: Lynne Rowan

KENT STATE
UNIVERSITY
ASHTABULA

Interdepartmental Correspondence

TO: Lynne Rowan, Director, School of Speech Pathology and Audiology

FROM: Mel Anthony May, Assistant Dean mel

DATE: March 18, 2008

SUBJECT: AAS PTST Curricular Actions

Attached is the proposal to establish two new courses within the Associate of Applied Science in Physical Therapist Assistant Technology. While working on the Athletic Trainer to PTST transition program, it became apparent that it would be useful to have both a special topics and an individual investigation course in the major. Accordingly, we have created these courses and are forwarding them to you and ask that the School of Speech Pathology and Audiology review and approval them.

If you or the members of the curriculum committee have any questions, please do not hesitate to contact me.

:MAM

c: Michael Blake

4/9/08

Joanne,

The SPA FAC approved these curricular changes on 4/8/08

Lynne

KENT STATE UNIVERSITY
CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **19-Feb-08** Curriculum Bulletin _____

Effective Date **Spring 2008** Approved by EPC _____

Department	**PTST**
College	**EH - Education, Health and Human Services**
Proposal	**Establish Course**
Course Subject	**PTST** Course Number **21095**
Course Title	**Special Topics in Physical Therapist Assistant Technology**
Minimum Credits	**01** Maximum Credits **04**

Checked items are new or revised

☒ Subject	☐ Cross-Listed / Slash
☒ Number	☒ Grade Rule
☒ Title	☒ Credit by Exam
☒ Title Abbreviation	☒ Course Fee
☒ Credit Hours	☐ Liberal Education Requirements (LER)
☒ Prerequisites	☐ Writing-Intensive
☒ Description	☐ Diversity
☒ Schedule Type	☐ Other

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

This proposal has no impact on other policies, programs or procedures.

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

Speech Pathology & Audiology, EHHS, PTAT program at East Liverpool Campus, and the Office of the Executive Dean for Regional Campuses.

REQUIRED ENDORSEMENTS

Department Chair / School Director / Campus Dean — 3/18/08 — 4/9/08

College Dean — 3/30/09

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 **12-Sep-07** Requested Effective Term **Spring 2008**

Course Subject **PTST** Course Number **21095**

Course Title **Special Topics in Physical Therapist Assistant Technology**

Title Abbreviation **Special Topics In PTST**
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 **01** ☒ to ☐ or Maximum Credit **04** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours Per Week
☒ Lecture Minimum Hours **01.00** ☒ to ☐ or Maximum Hours **04.00**
☐ 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)
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 **Special topics in Physical Therapist Assistant Technology; topics announced when scheduled.**

Complete the following only if applicable:
Previous Title

Previous Subject Previous Number

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

Content Outline (include contact hours for each section)

Contact Hours	Outline
	Special topics appropriate to PTST; contact hours determined by credit hours for individual sections of course

Total Contact Hours

Textbook(s) Used in this Course

Writing Expectations	**None**
Instructor(s) Expected To Teach	**PTST Faculty**
Instructor(s) Contributing to Content	**Michael Blake**

REQUIRED ENDORSEMENT

Lynne Rowe 3/18/08 4/9/08

Department Chair / School Director / Campus Dean

KENT STATE UNIVERSITY
CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **19-Feb-08** Curriculum Bulletin _____

Effective Date **Spring 2008** Approved by EPC _____

Department	**PTST**
College	**EH - Education, Health and Human Services**
Proposal	**Establish Course**
Course Subject	**PTST** Course Number **21096**
Course Title	**Individual Investigation in Physical Therapist Assistant Technology**
Minimum Credits	**01** Maximum Credits **04**

Checked items are new or revised

☒ Subject	☐ Cross-Listed / Slash
☒ Number	☒ Grade Rule
☒ Title	☒ Credit by Exam
☒ Title Abbreviation	☒ Course Fee
☒ Credit Hours	☐ Liberal Education Requirements (LER)
☒ Prerequisites	☐ Writing-Intensive
☒ Description	☐ Diversity
☒ Schedule Type	☐ Other

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

This proposal has no impact on other policies, programs or procedures.

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

Speech Pathology & Audiology, EHHS, PTAT program at East Liverpool Campus, and the Office of the Executive Dean for Regional Campuses.

REQUIRED ENDORSEMENTS

Mel Andrew May Lynne Rowan 3/18/08 4/9/08
Department Chair / School Director / Campus Dean

Joanne Arhar 3/30/09
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 **12-Sep-07** Requested Effective Term **Spring 2008**

Course Subject **PTST** Course Number **21096**

Course Title **Individual Investigation in Physical Therapist Assistant Technology**

Title Abbreviation **Individual Invest. in PTST**
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 **01** ☒ to ☐ or Maximum Credit **03** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)

Contact Hours Per Week
☒ Lecture Minimum Hours **01.00** ☒ to ☐ or Maximum Hours **03.00**
☐ 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 **C - Letter or In Progress (IP)**

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)
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 **PTST majors**
(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 **Individual study in Physical Therapist Assistant Technology and related fields; open to PTST majors.**

Complete the following only if applicable:
Previous Title

Previous Subject Previous Number

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

Content Outline (include contact hours for each section)

Contact Hours	Outline
	Individual study appropriate to PTST; contact hours determined by credit hours for individual sections of course

Total Contact Hours

Textbook(s) Used in this Course	
Writing Expectations	**None**
Instructor(s) Expected To Teach	**PTST Faculty**
Instructor(s) Contributing to Content	**Michael Blake**

REQUIRED ENDORSEMENT

Department Chair / School Director / Campus Dean 3/18/08 4/9/08