

Degrees and Certificates Committee Agenda
April 11, 2018
Sylvania CC 233B
2:00pm to 4pm

Old business:

New Business:

Directions for accessing the New Business agenda in Courseleaf: Log into MyPCC, open the "Electronic Approval Queue" link under "Tools" in the Faculty tab. Once you have opened the Electronic Approval Queue, select "Degrees and Certificates Committee Chair" from the Your Role drop-down menu.

Degrees and Certificates:

AAS-HIM: Health Information Management AAS

PREREQ-MLT01: Medical Laboratory Technology Prerequisites

OCCC: Nationally Certified Medical Assistant Less Than One-Year Certificate

Awards:

Asian Studies Focus Award

Policies:

NA

Discussion Items:

General Education: Eriks Puris

DOI Report: Cheryl Scott

EAC Report: Eriks Puris

2018-19 Schedule: Eriks Puris

Style Guide:

Consent Agenda:

Directions for accessing the New Business agenda in Courseleaf: Log into MyPCC, open the "Electronic Approval Queue" link under "Tools" in the Faculty tab. Once you have opened the Electronic Approval Queue, select "Ready to Award-Consent" from the Your Role drop-down menu.

none



**CERTIFICATE
REVISION REQUEST
FORM**

**Directions: Fill out completely and
return electronically to:
dac@pcc.edu**

**Signature pages should be intercampus mailed to:
Curriculum Office DC 4th floor**

SECTION #1 OVERVIEW

Current Title:	Nationally Certified Medical Assistant Certificate	Proposed Title:	Medical Assisting Certificate
Current Credits:	41	Proposed Credits:	41
Overview and rationale for proposed changes:	<p>The Medical Assistant Program is Certified by National Center for Competency Testing (NCCT). NCCT has decided that we cannot use “certified” in our program title as they are the certifying agency and feel the current title can lead to a potential for student confusion.</p> <p>Addition of pre-requisite for MTH competency which was not included in error when the certificate was initially submitted.</p>		
<p>List of specific changes being proposed which may include, addition or deletion of courses, title changes, credit changes, prerequisite changes, outcome changes, course changes etc.</p> <p>Use consistent words – Add, Remove, Increase, Decrease, Change</p>	<ol style="list-style-type: none"> 1. Title change 2. Pre-requisite addition 		
<p>Are you adding or removing a course which is from another discipline? Consider this question for program prerequisites and required courses</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>If yes, have you communicated with the SAC or the dean? Are they aware of the financial and/or schedule impact of this change? Provide details of the conversation including who was contacted.</p>	

SECTION #2 REVISION AREAS

Prerequisites

Current Prerequisites	Does the revision involve changing certificate prerequisites?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Course Number	Course Title or Placement level		
	High School Completion or GED		
	Placement in Writing 121 or completion of WR 115		
	Placement in RD 120 or completion of RD 115 with a C or better		
Proposed Prerequisites			
Course Number	Course Title or Placement level		
	High School Completion or GED Placement in Writing 121 or completion of WR 115 Placement in RD 120 or completion of RD 115 with a C or better Placement in MTH 60 or completion of MTH 20 or higher with a C or better		
Current Outcomes: Required whether or not outcomes are being changed.	Describe what we intend students to be able to do “out there” (in life roles: worker, family member, community citizen, global citizen, and life-long learner), as opposed to a classroom activity “in here”? Good outcomes statements will suggest context to indicate this “out there” and they will describe what students can DO with what they know. The committee will review the outcomes. For guidance on writing good outcome statements.	Does the revision involve changing certificate outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Identify which certificate outcome aligns to individual core outcomes. It is possible that all core outcomes may not be address by the certificate outcomes.			

Certificate Outcome	Core Outcome
Students who complete this certificate should be able to:	
1. Interact in a caring and respectful manner with patients, families, and the health care team.	
2. Establish and manage office procedures and implement medical documentation systems using appropriate medical terminology.	
3. Perform administrative business tasks as required in a medical office.	
4. Assist the physician and other members of the health care team in clinical procedures relate to the examination and treatment of patients.	
5. Comply with quality assurance requirements in performing clinical laboratory procedures.	
6. Perform common diagnostic procedures under a licensed health care provider to ensure patient conform and safety.	
Revised Outcomes: Identify which certificate outcome aligns to individual core outcomes. It is possible that all core outcomes may not be address by the certificate outcomes.	
Certificate Outcome	Core Outcome
Students who complete this certificate should be able to:	
Related Instruction	
Does the revision involve changing or adding Related Instruction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, a template for Related Instruction will need to be filled out. The template can be found at: http://www.pcc.edu/recources/academic/eac/degree/forms.html	
Additional Comments Or Changes	

SECTION #3 COURSE BY COURSE COMPARISON

List all courses (current AND proposed) in the order that they are distributed in the [catalog](#). If listed term by term then identify them in a term by term sequence on this form. If they identified within categories such as CORE, ELECTIVES, etc, then identify them as such.

If you are adding a course place it in the preferred term or category, identify such a course with (add) and bold the text in the line.

If you want to rearrange the order of courses within the term by term sequence do so on this form.

If you are removing a course identify the course with (remove) and bold the text.

If the course title is changed identify the course with (title change) and bold the text.

If the course credits have changed identify the course with (increase or decrease credit) and bold the text.

If you need more lines to accommodate the courses, right click and insert rows.

The information you provide on this form will be reflected in the PCC catalog pages and GRADplan. Please ensure it is correct.

Current Certificate Information			Proposed Certificate Information		
Course Number	Course Title	Credits	Course Number	Course Title	Credits
NCMA 101	Body Structure and Function I	4	NCMA 101	Body Structure and Function I	4
NCMA 102	Medical Assistant Clinical Procedures I	4	NCMA 102	Medical Assistant Clinical Procedures I	4
NCMA 103	Office Skills for the Medical Office	5	NCMA 103	Office Skills for the Medical Office	5
NCMA 111	Body Structure and Function II	4	NCMA 111	Body Structure and Function II	4
NCMA 112	Medical Assistant Clinical Procedures II	4	NCMA 112	Medical Assistant Clinical Procedures II	4
NCMA 113	Medical Assistant Practicum I	4	NCMA 113	Medical Assistant Practicum I	4
NCMA 123	Medical Assistant Practicum II	5	NCMA 123	Medical Assistant Practicum II	5
NCMA 125	Pharmacology for Medical Assistants	3	NCMA 125	Pharmacology for Medical Assistants	3
PSY 101	Psychology and Human Relations	4	PSY 101	Psychology and Human Relations	4
WR 121	English Composition	4	WR 121	English Composition	4
	Credit total	41		Credit total	41

SECTION #4 (Please contact the Curriculum Office for support in filling out this section)			
Is this a Related Certificate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is this a Career Pathway?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what is the base degree?		Will the proposed change affect the Career Pathway or Related Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, how?			
Is this a statewide certificate?		If yes, has the change been approved by the consortium?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Requested Implementation Term (Please refer to Degree/Certificate timeline implementation guidelines)			

Submitted by:	Linda Mollino
Email:	lmollino@oregoncoastcc.org
Phone:	541-867-8513

Next steps:

1. Save the completed Certificate Revision Request Form and submit as an e-mail attachment to dac@pcc.edu
2. If needed, attach the Related Instruction Form to the same e-mail.
3. Download and print the Associate of Applied Science/Certificate Revision Signature Page Form and obtain the appropriate signatures.
4. Staple the signed Associate of Applied Science/Certificate Revision Signature Page Form to a hard copy of the Certificate Revision Request Form (electronic version has already been sent in step one). Send both forms to Curriculum Office, Downtown Center DC 4th floor via campus mail.