

**Degrees and Certificates Agenda**  
**February 8, 2012**  
**CLIMB 304**  
**2pm to 4pm**

**Old Business:**

Review January 18th 2012 Minutes

**New Business:**

**EAC Chair Report**

**RI/AAS (Continued from October)**

Previous Discussion: Accreditation had some concerns about the way we do RI in the AAS. There was interest in alternatives to how we do our Related Instruction. One option is to use Gen Ed. Another is to use some Gen Ed and some other courses.

**Institutional Degree Awarding**– Followup from meeting with CTE Chairs

**Repeat courses/repeat credit:** ART SAC discussion on repeatability of courses.

**300/400 level courses for reverse transfer**

Rebecca Mathern, Registrar, provided committee members with a written proposal for accepting 300/400 level courses at PCC

1. Accept up to 16 credits
2. Accept LDC (UDC), CTE and General Education
3. As for any course evaluation, evaluators review these three things: course title, course description, course outcomes.
4. General standard is to articulate 16 credits for coursework that is an equivalency.
5. CTE coursework will be processed upon request at the time the graduation application is submitted.
6. LDC (UDC) coursework will be articulated upon request and on an as needed basis for graduation.

Discussion occurred over each of the points. Some revisions were suggested

Proposed Standards language:

1. PCC will accept up to 16 credits of 300-400 level transfer coursework, provided it is equivalent to classes offered at PCC. Upper-division transfer coursework will be evaluated at the request of the student, or by
2. Graduation staff if needed to satisfy degree requirements. Only subject areas taught at PCC will be evaluated.

Alisa Schneider, RN faculty and guest, brought an additional discussion item, reverse degrees, where a student transfer from PCC to a four-year institution and earns course credit that may be used to complete the AAS Degree. In Nursing program, a student can leave us prior to the final term of the AAS. They transfer to OHSU and earn a bachelors of science in nursing. In this scenario, PCC doesn't get "credit" for the 5 terms plus that they were with us. Awarding reverse degrees is one method to demonstrate degree completion to accrediting bodies. Committee members asked Alisa if transferring up to 16 credits of 300 and 400 credit work would assist with their situation. Alisa Schneider affirmed that it would.

Committee members discussed whether or not 300 or 400 level courses could be general education. The registrar shared that she does not know how to put the courses in to the equivalency table without placing them on to the General Education list.

It was agreed that Rebecca would take the discussion points and revise the proposal. Committee will continue the discussion in the June meeting. Implementation would occur as soon as it's approved even if there was further discussion needed.

## ASOT-Business

### Recently Approved ASOT Requirements:

ASOT-Business prior to fall 2012	ASOT-Business post fall 2012
12 <i>credits</i> in Arts & Letters	3 <i>courses</i> in Arts & Letters
12 <i>credits</i> Social Science with minimum 8 credits in Micro & Macroeconomics	4 <i>courses</i> in Social Science with minimum of 2 courses in Micro & Macroeconomics
12 <i>credits</i> of laboratory classes	4 <i>courses</i> in Science including 3 <i>courses</i> of laboratory. Required MTH course can "double dip" for 4 <sup>th</sup> course.
	1 course in Cultural Literacy – can apply towards Arts & Letters or Social Science area.
Distribution Requirements	Discipline Studies
General Requirements	Foundational Requirements
All courses except General Education need to pass with C or better.	Every course must be passed with a C or better.
SP 111	Proposal: Match the AAOT speech requirements. Speech 111 or 112 or 113.

**2:30 NEW Criminal Justice: Police Management and Supervision Certificate: Jim Parks:** New certificate.

**2:40 Revision: Nursing AAS: CGCC: Susan Lewis:** Course title changes, prerequisites, outcomes, decrease gen ed, increase electives.

**Revision: Practical Nursing Certificate: CGCC: Susan Lewis:** Course title changes, prerequisites, outcomes, related instruction.

**3:00 Revision: Radiography AAS: Virginia Vanderford:** Outcomes.

**Consent Agenda:**

**Computer Information Systems:** Addition of CIS 135A to CIS Program Electives.

**Computer Information Systems:** Addition of CIS 133W to CIS Program Electives.

**Computer Information Systems:** Addition of CIS 135M to CIS Program Electives.

**Criminal Justice:** Addition of CJA 234 to Criminal Justice Degree Electives.

**Microelectronics Technology AAS:** Increase Gen Ed to 8, increase credit requirement to 96.

**MT Solar Voltaic Manufacturing AAS:** Increase Gen Ed to 8, increase credit requirement to 93.

**Medical Assisting Certificate:** Withdraw the October 2011 revision request which removed BI 122 from the required course of study and included it as a program prerequisite.

**Medical Assisting Program:** Course number change effecting MA 1year certificate, OMT AAS, Alcohol & Drug AAS.

**Health Information Management:** Course title changes for HIM 270, 273, 276.



**NEW CERTIFICATE  
REQUEST FORM**

**Directions: Fill out completely and  
return electronically to:  
[dac@pcc.edu](mailto:dac@pcc.edu)  
Signature pages should be intercampus mailed  
to:  
Curriculum Office DC – 4<sup>th</sup> floor**

**SECTION # 1 OVERVIEW**

<b>Proposed Title:</b>	Police Management and Supervision	<b>Proposed Credits:</b>	<b>12</b>
<b>Reason for new certificate:</b>	Educate and train police managers and supervisors in areas of labor law, communication, supervision, leadership and effective decision making through critical thinking. This certificate is restricted to criminal justice managers and supervisors.		
<b>Impact on other areas of instruction:</b> Have you talked to other area SACs? If yes, explain:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Explain:</b>	<b>Has certificate been validated by the Advisory Committee?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION # 2 PREREQUISITES AND OUTCOMES**

**PROPOSED PREREQUISITES**

Course Number	Course Title or Placement level	Credits
	None – recommended CJA 211 and WR 227 for	

**Is this a limited entry program?** Students must apply, via the department for program entry. The program will not be listed on the drop down menu in PCC web admissions.

**Yes**    **No**

### PROPOSED OUTCOMES

Outcomes statements suggest context to indicate “out there” and they describe what students can DO with what they know. The committee members will review the outcomes. [For guidance on writing outcome](#) statements.

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
<i>Students who complete this certificate should be able to:</i>	
Communicate in daily criminal justice operations using best practices designed to lead to positive outcomes.	Communication Professional competence Self Reflection Community and environmental responsibility
Apply critical analysis to information and data to determine validity and utility for strategic process.	Critical thinking and problem solving
Supervise, manage and lead employees in a criminal justice agency.	Communication Cultural awareness
Evaluate knowledge and proposed actions/solutions with a systems based approach or perspective and incorporate within agency infrastructure	Critical thinking and problems solving Communication

### SECTION # 3 COURSEWORK

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

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

#### PROPOSED CERTIFICATE COURSEWORK

COURSE NUMBER	COURSE TITLE	CREDITS
CJA 251	Personnel Management for Police Supervisors	4
CJA 252	Leadership for Police Supervisors	4
CJA 253	Critical Thinking for Police Supervisors	4





**ASSOCIATE OF APPLIED  
SCIENCE DEGREE  
REVISION REQUEST FORM**

Directions: Fill out completely and return electronically to:  
[dac@pcc.edu](mailto:dac@pcc.edu)  
Signature pages should be intercampus mailed to:  
Curriculum Office DC / 4<sup>th</sup> floor

**SECTION # 1 OVERVIEW**

<b>Current Title:</b>	Nursing	<b>Proposed Title:</b>	no change
<b>Current Credits:</b>	98	<b>Proposed Credits:</b>	no change
<b>Overview and rationale for proposed changes:</b>	CGCC wishes to update degree to reflect revisions listed below. Provide documentation as original degree documents are not available.		
<b>List of specific changes being proposed ( i.e. may include, addition or deletion of courses, title changes, credit changes, prerequisite changes, outcome changes, course changes, etc). Use simple text such as Add, Remove, Change, Revise to inform the reader of the changes desired.</b>	<ol style="list-style-type: none"> <li>1. Change course titles: NUR 110, 111, 112, 210, 211, 212</li> <li>2. Change prerequisite course number: NUR 060 to NUR 60</li> <li>3. Revise degree outcomes</li> <li>4. Decrease Gen Ed requirement</li> <li>5. Increase Elective requirement</li> </ol>		

**SECTION # 2 PREREQUISITES AND OUTCOMES**

All degree/certificate outcomes will be reviewed by the committee regardless of whether or not outcomes have changed.

<b>Current Prerequisites</b>	<b>Does the revision involve changing degree prerequisites?</b>	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Course Number</b>	<b>Course Title or Placement level</b>		
	Admission to Nursing Program		
BI 231	Human Anatomy & Physiology I		
CH 104	Allied Health Chemistry I		
MTH 95	Intermediate Algebra		
<b>NUR 060 (change number)</b>	Nursing Success Strategies		
WR 121	English Composition		

Proposed Prerequisites		
Course Number	Course Title or Placement level	
	Admission to Nursing Program	
BI 231	Human Anatomy & Physiology I	
CH 104	Allied Health Chemistry I	
MTH 95	Intermediate Algebra	
<b>NUR 60 (change number)</b>	Nursing Success Strategies	
WR 121	English Composition	
<b>Current Outcomes: Required whether or not outcomes are being changed.</b>	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 <a href="#">writing good outcome</a> statements.	<b>Does the revision involve changing degree outcomes?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Identify which college AAS degree outcome aligns to individual core outcomes. It is possible that all core outcomes may not be address by the AAS degree outcomes.		
Degree Outcome		Core Outcome
<i>Students who complete this degree should be able to:</i>		
As Provider and Manager of Care: Provide holistic nursing care in rural community-based healthcare settings.		NA This is a CGCC Certificate
As Manager of Care: Manage the healthcare needs for a group of clients/patients and families in the context of the community.		NA This is a CGCC Certificate
As Communicator: Communicate therapeutically with clients/patients and families to promote the achievement of patient outcomes in collaboration with healthcare providers across the continuum of community-based healthcare settings.		NA This is a CGCC Certificate
As Member within the Discipline of Nursing: Maintain professional values and responsibilities defined by the registered nurse scope of practice and ANA standards in the provision of community-based healthcare settings.		NA This is a CGCC Certificate
<b>Revised Outcomes:</b>		
Identify which college AAS degree outcome aligns to individual core outcomes. It is possible that all core outcomes may not be address by the AAS degree outcomes.		
Degree Outcome		Core Outcome
<i>Students who complete this degree should be able to:</i>		
As Provider of Care: Follow the established standards for registered nursing in the holistic care of clients/patients in healthcare settings.		NA This is a CGCC Certificate
As Communicator: Communicate therapeutically with clients/patients and families to promote the achievement of patient		NA This is a



outcomes in collaboration with healthcare providers across a continuum of healthcare settings	CGCC Certificate
As Manager of Care: Manage, at an entry-level, the healthcare needs for a group of clients/patients and families at an acuity level appropriate to individual healthcare settings.	NA This is a CGCC Certificate
As Member within the Discipline of Nursing: Demonstrate professional values and responsibilities defined by the Standards and Scope of Practice for the Registered Nurse and ANA standards.	NA This is a CGCC Certificate

### 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 DEGREE INFORMATION			PROPOSED DEGREE INFORMATION		
COURSE NUMBER	COURSE TITLE	CREDITS	COURSE NUMBER	COURSE TITLE	CREDITS
BI 232	Human Anatomy & Physiology II	4	BI 232	Human Anatomy & Physiology II	4
BI 233	Human Anatomy & Physiology III	4	BI 233	Human Anatomy & Physiology III	4
BI 234	Microbiology	5	BI 234	Microbiology	5
NUR 110	<b>Nursing I (title change)</b>	9	NUR 110	<b>Nursing I: Fundamentals of Nursing (title change)</b>	9
NUR 111	<b>Nursing II (title change)</b>	9	NUR 111	<b>Nursing II: Care Across the Lifespan (title change)</b>	9
NUR 112	<b>Nursing III (title change)</b>	9	NUR 112	<b>Nursing III: Obstetrics &amp; Chronic Healthcare (title change)</b>	9
NUR 210	<b>Nursing IV (title change)</b>	9	NUR 210	<b>Nursing IV: Psychiatric &amp; Complex Acute Care (title change)</b>	9
NUR 211	<b>Nursing V (title change)</b>	9	NUR 211	<b>Nursing V: Emergent Healthcare (title change)</b>	9
NUR 212	<b>Nursing VI (title change)</b>	8	NUR 212	<b>Nursing VI: Preceptorship (title change)</b>	8
PSY 201	Introduction to Psychology	4	PSY 201	Introduction to Psychology	4

PSY 215	Human Development	4	PSY 215	Human Development	4
	<b>General Education Electives (decrease)</b>	<b>12</b>		<b>General Education (decrease)</b>	<b>8</b>
	<b>Social Science Elective (delete)</b>	<b>4</b>		<b>Nursing Program Electives* (add)</b>	<b>16</b>
	<b>Sociology Elective (delete)</b>	<b>4</b>			
	<b>Humanities/Fine Arts/ Communication Elective (delete)</b>	<b>4</b>			
	<b>Credit Total</b>	<b>98</b>		<b>Credit Total</b>	<b>98</b>

\* Nursing Program Electives: any course from the General Education/Discipline Studies List. Minimum of 4 credits in Arts and Letters and 8 credits in Social Science, 4 of which are Sociology.

<b>SECTION # 4 (Please contact the Curriculum Office for support in filling out this section if needed.)</b>			
<b>Is this a statewide degree?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Has the change been approved by the consortium?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is this a degree option?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If yes, name of the base degree:</b>	
<b>Are there any career pathway(s) or related certificates attached to this degree?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, name of career pathway(s) or related certificate</b>	Practical Nursing
<b>Requested Implementation Term (Please refer to <a href="#">Degree/Certificate timeline</a> implementation guidelines)</b>			Fall 2012

<b>Submitted By:</b>	Susan Lewis
<b>Email:</b>	<a href="mailto:slewis@cgcc.cc.or.us">slewis@cgcc.cc.or.us</a>

Next steps:

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



**CERTIFICATE  
REVISION REQUEST  
FORM**

**Directions: Fill out completely and  
return electronically to:  
[dac@pcc.edu](mailto:dac@pcc.edu)**

**Signature pages should be intercampus mailed to:  
Curriculum Office DC 4<sup>th</sup> floor**

**SECTION #1 OVERVIEW**

<b>Current Title:</b>	Practical Nursing	<b>Proposed Title:</b>	no change
<b>Current Credits:</b>	48	<b>Proposed Credits:</b>	no change
<b>Overview and rationale for proposed changes:</b>	CGCC wishes to update certificate to reflect revisions listed below. Provide documentation as original certificate documents are not available.		
<b>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. Use consistent words – Add, Remove, Increase, Decrease, Change</b>	<ol style="list-style-type: none"> <li>1. Change course titles: NUR 110, 111, 112</li> <li>2. Change prerequisite course number: NUR 060 to NUR 60</li> <li>3. Revise certificate outcomes</li> <li>4. Submit related instruction template</li> </ol>		

**SECTION #2 REVISION AREAS**

**Prerequisites**

<b>Current Prerequisites</b>	<b>Does the revision involve changing certificate prerequisites?</b>	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Course Number</b>	<b>Course Title or Placement level</b>		
	Admission to Nursing Program		

BI 231	Human Anatomy & Physiology I	
CH 104	Allied Health Chemistry I	
MTH 95	Intermediate Algebra	
<b>NUR 060 (change number)</b>	Nursing Success Strategies	
WR 121	English Composition	
<b>Proposed Prerequisites</b>		
<b>Course Number</b>	<b>Course Title or Placement level</b>	
	Admission to Nursing Program	
BI 231	Human Anatomy & Physiology I	
CH 104	Allied Health Chemistry I	
MTH 95	Intermediate Algebra	
<b>NUR 60 (change number)</b>	Nursing Success Strategies	
WR 121	English Composition	
<b>Current Outcomes: Required whether or not outcomes are being changed.</b>	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 <a href="#">writing good outcome</a> statements.	<b>Does the revision involve changing certificate outcomes?</b>  <input checked="" type="checkbox"/> Yes <input 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.		
<b>Certificate Outcome</b>	<b>Core Outcome</b>	
Students who complete this certificate should be able to:		
As Provider and Manager of Care: Follow established standards of nursing care while participating in the holistic care of clients/patients in rural community-based healthcare settings.	NA This is a CGCC Certificate	
As Manager of Care: Prioritize and organize components of nursing care for groups of clients/patients and families in the context of the community.	NA This is a CGCC Certificate	
As Communicator: Communicate with clients/patients, families and healthcare providers across the continuum of the community-based healthcare settings.	NA This is a CGCC Certificate	
As Member within the Discipline of Nursing: Maintain professional values and responsibilities defined by the standards for the Licensed Practical Nurse Scope of Practice in the provision of community-based healthcare settings.	NA This is a CGCC Certificate	
<b>Revised Outcomes:</b> 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:		
As Provider of Care: Follow the established standards for practical nursing in the holistic care of clients/patients in healthcare settings.		NA This is a CGCC Certificate
As Communicator: Communicate effectively with clients/patients, families and members of the healthcare team.		NA This is a CGCC Certificate
As Manager of Care: Prioritize and organize components of nursing care for a minimum acuity level of two to three clients/patients and their families.		NA This is a CGCC Certificate
As Member within the Discipline of Nursing: Demonstrate professional values and responsibilities defined by the Standards and Scope of Practice for the Licensed Practical Nurse.		NA This is a CGCC Certificate
<b>Related Instruction</b>		
<b>Does the revision involve changing or adding Related Instruction?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, a template for Related Instruction will need to be filled out. The template can be found at: <a href="http://www.pcc.edu/resources/academic/eac/degree/forms.html">http://www.pcc.edu/resources/academic/eac/degree/forms.html</a>		
<b>Additional Comments Or Changes</b>		

### 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
BI 232	Human Anatomy & Physiology II	4	BI 232	Human Anatomy & Physiology II	4
BI 233	Human Anatomy & Physiology III	4	BI 233	Human Anatomy & Physiology III	4
BI 234	Microbiology	5	BI 234	Microbiology	5
PSY 201	Introduction to Psychology – Part I	4	PSY 201	Introduction to Psychology – Part I	4
PSY 215	Human Development	4	PSY 215	Human Development	4
NUR 110	<b>Nursing I (title change)</b>	9	NUR 110	<b>Nursing I: Fundamentals of Nursing (title change)</b>	9
NUR 111	<b>Nursing II (title change)</b>	9	NUR 111	<b>Nursing II: Care Across the Lifespan (title change)</b>	9
NUR 112	<b>Nursing III (title change)</b>	9	NUR 112	<b>Nursing III: Obstetrics &amp; Chronic Healthcare (title change)</b>	9
<b>Credit total</b>		48	<b>Credit total</b>		48

SECTION #4 (Please contact the Curriculum Office for support in filling out this section)			
Is this a Related Certificate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Career Pathway?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what is the base degree?	Nursing	Will the proposed change affect the Career Pathway or base degree?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how?	Certificate is first year of Nursing degree. Degree revision has also been submitted.		
Is this a statewide certificate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is this a Career Pathway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Implementation Term ( Please refer to <a href="#">Degree/Certificate timeline</a> implementation guidelines)	Fall 2012		

<b>Submitted by:</b>	Susan Lewis
<b>Email:</b>	<a href="mailto:slewis@cgcc.cc.or.us">slewis@cgcc.cc.or.us</a>
<b>Phone:</b>	541-506-6047

Next steps:

1. Save the completed Certificate Revision Request Form and submit as an e-mail attachment to [dac@pcc.edu](mailto: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 4<sup>th</sup> floor via campus mail.

**Template for Related Instruction in Certificates**

<b>45 to 60 credits</b>					<b>Practical Nursing</b>			
Enter course information in light yellow areas (totals will be automatically calculated)					Related instruction Hours in:			
Subject Code	Course Number	Course Title	Credits	Hours	Computation	Communication	Human Relation	Total RI
BKT	101	Basket Weaving Basics	4	120	6	12	8	26
<b>courses used for embedded related instruction</b>								No RI
NUR	110	Nursing I: Nursing Fundamentals	9	270	16.75	22.50		39.25
NUR	111	Nursing II: Care Across the Lifespan	9	270	17.25	18.50		35.75
NUR	112	Nursing III: Obstetrics & Chronic Healthcare	9	270	14.75	22.00		36.75
								No RI
								No RI
								No RI
								No RI
								No RI
<b>courses used for stand-alone related instruction</b>								No RI
PSY	201	Introduction to Psychology	4	120			120.00	120.00
PSY	215	Human Development	4	120			120.00	120.00
BI	232	Human Anatomy & Physiology II	4	120	120.00			120.00
BI	233	Human Anatomy & Physiology III	4	120	120.00			120.00
<b>Totals</b>			<b>43</b>	<b>1290</b>	<b>288.75</b>	<b>63.00</b>	<b>240.00</b>	<b>591.75</b>
<b>Minimum for 1 yr certificate:</b>					<b>48.00</b>	<b>48.00</b>	<b>48.00</b>	<b>240.00</b>
<b>Remaining to meet Min. Requirement:</b>					<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

	YES	NO
All courses identified as embedded related instruction are approved by the curriculum committee for RI?	in process	
<a href="#">Related instruction instructor qualification forms are filed with the VP Academic &amp; Student Affairs?</a>	in process	





**ASSOCIATE OF APPLIED  
SCIENCE DEGREE  
REVISION REQUEST FORM**

Directions: Fill out completely and  
return electronically to:  
[dac@pcc.edu](mailto:dac@pcc.edu)  
Signature pages should be intercampus mailed  
to:  
Curriculum Office DC / 4<sup>th</sup> floor

**SECTION # 1 OVERVIEW**

<b>Current Title:</b>	Radiography	<b>Proposed Title:</b>	
<b>Current Credits:</b>	119	<b>Proposed Credits:</b>	
<b>Overview and rationale for proposed changes:</b>	. Changing the wording of the outcomes and aligning with JRCERT defined goals.		
<b>List of specific changes being proposed ( i.e. may include, addition or deletion of courses, title changes, credit changes, prerequisite changes, outcome changes, course changes, etc). Use simple text such as Add, Remove, Change, Revise to inform the reader of the changes desired.</b>	1. Change outcomes.		

**SECTION # 2 PREREQUISITES AND OUTCOMES**

All degree/certificate outcomes will be reviewed by the committee regardless of whether or not outcomes have changed.

<b>Current Prerequisites</b>	<b>Does the revision involve changing degree prerequisites?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Course Number</b>	<b>Course Title or Placement level</b>		
<b>Proposed Prerequisites</b>			

Course Number	Course Title or Placement level	
<p><b>Current Outcomes: Required whether or not outcomes are being changed.</b></p>	<p>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 <a href="#">writing good outcome</a> statements.</p>	<p><b>Does the revision involve changing degree outcomes?</b></p> <p>xx <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>Identify which college AAS degree outcome aligns to individual core outcomes. It is possible that all core outcomes may not be address by the AAS degree outcomes.</p>		
Degree Outcome	Core Outcome	
<p><i>Students who complete this degree should be able to:</i></p>		
<ul style="list-style-type: none"> <li>Utilizing effective oral and written communication with patients and health care personnel.</li> </ul>	<p>Communication</p>	
<ul style="list-style-type: none"> <li>Providing appropriate patient care.</li> </ul>	<p>Prof Comp</p>	
<ul style="list-style-type: none"> <li>Applying knowledge of anatomy, physiology, and pathology to performing radiographic procedures and producing quality images.</li> </ul>	<p>Prof Comp</p>	
<ul style="list-style-type: none"> <li>Demonstrating problem-solving skills in regard to equipment use and patient condition.</li> </ul>	<p>Critical Thinking and Problem Solving</p>	
<ul style="list-style-type: none"> <li>Exhibiting professional and ethical behaviors in the workplace</li> </ul>	<p>Community and Environmental Responsibility</p>	
<ul style="list-style-type: none"> <li>.Participating in continuing education activities.2.2008</li> </ul>	<p>Self -reflection</p>	
<p><b>Revised Outcomes:</b> Identify which college AAS degree outcome aligns to individual core outcomes. It is possible that all core outcomes may not be address by the AAS degree outcomes.</p>		
Degree Outcome	Core Outcome	
<p><i>Students who complete this degree should be able to:</i></p>		
<p><b>Program Goal: Students will be clinically competent</b></p> <ul style="list-style-type: none"> <li>Successfully complete the national certification examination (ARRT)</li> </ul>	<ul style="list-style-type: none"> <li>Professional Competence</li> <li>Professional Competence</li> </ul>	

<ul style="list-style-type: none"> <li>• Provide appropriate care that ensures the safety, comfort and on-going assessment/response to the patient's condition.</li> <li>• Demonstrate adherence to professional ethics and standards.</li> </ul>	and Self-reflection
<b>Program Goal: Students will demonstrate communication skills</b> <ul style="list-style-type: none"> <li>• Use effective oral and written communication skill in educational and clinical settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication</li> </ul>
<b>Program Goal: Students will develop critical thinking skills</b> <ul style="list-style-type: none"> <li>• Apply problem-solving skills in the clinical setting</li> </ul>	<ul style="list-style-type: none"> <li>• Critical Thinking</li> </ul>
<b>Program Goal: Students will model professionalism</b> <ul style="list-style-type: none"> <li>• Use an understanding of cultural and ethnic differences to reduce the barriers and misunderstandings which may impact providing competent patient care.</li> <li>• Apply/adhere to radiation protection standards. Maintain safety practices for the community, coworkers and self.</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural awareness</li> <li>• Community and Environmental Responsibility</li> </ul>

### 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.

<b>CURRENT DEGREE INFORMATION</b>	<b>PROPOSED DEGREE INFORMATION</b>
-----------------------------------	------------------------------------

COURSE NUMBER	COURSE TITLE	CREDITS	COURSE NUMBER	COURSE TITLE	CREDITS
	Credit			Credit	
<b>Total</b>			<b>Total</b>		
<b>SECTION # 4 (Please contact the Curriculum Office for support in filling out this section if needed.)</b>					
Is this a statewide degree?	<input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No	Has the change been approved by the consortium?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a degree option?	<input type="checkbox"/> Yes x <input type="checkbox"/> No	If yes, name of the base degree:			
Are there any career pathway(s) or related certificates attached to this degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of career pathway(s) or related certificate			
Requested Implementation Term (Please refer to <a href="#">Degree/Certificate timeline</a> implementation guidelines)					

<b>Submitted By:</b>	<b>Virginia Vanderford, Director Medical Imaging, PCC</b>
<b>Email:</b>	<b>vvanderf@pcc.edu</b>

Next steps:

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

	<b>Total</b>	<b>Credit</b>		<b>Total</b>	<b>Credit</b>

**SECTION # 4 (Please contact the Curriculum Office for support in filling out this section if needed.)**

<b>Is this a statewide degree?</b>	<input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No	<b>Has the change been approved by the consortium?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is this a degree option?</b>	<input type="checkbox"/> Yes x <input type="checkbox"/> No	<b>If yes, name of the base degree:</b>	
<b>Are there any career pathway(s) or related certificates attached to this degree?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, name of career pathway(s) or related certificate</b>	
<b>Requested Implementation Term</b> (Please refer to <a href="#">Degree/Certificate timeline</a> implementation guidelines)			

<b>Submitted By:</b>	<b>Virginia Vanderford, Director Medical Imaging, PCC</b>
<b>Email:</b>	<b>vvanderf@pcc.edu</b>

Next steps:

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



## CONSENT AGENDA FORM

This form maybe used instead  
of coming to the Degree and  
Certificate Meeting.

Directions: Fill out completely  
and  
return electronically to:  
[dac@pcc.edu](mailto:dac@pcc.edu)

Consent Agenda form may be used for the  
following:

1. Course title changes
2. Course number changes
3. Addition/Deletion of an elective
4. Change in the number of pass/no  
pass credits other than the default
5. Degree or certificate title changes
6. Change to open admissions

Other changes need to come before the  
Degree and Certificate Committee.

<b>Submitted by:</b>	Dan Dougherty	<b>Email:</b> ddougher@pcc.edu	<b>Phone:</b> 4824
<b>Title of Degree/Certificate:</b>	Computer Information Systems AAS Degree	<b>Requested Implementation Term:</b>	Fall 2012
<b>What type of change are you requesting?</b>	<input type="checkbox"/> Course title change <input checked="" type="checkbox"/> Addition of an elective <input type="checkbox"/> Degree or certificate title change	<input type="checkbox"/> Course number change <input type="checkbox"/> Deletion of an elective <input type="checkbox"/> Other	
<b>Fill in the sections below as applicable. If a section is not applicable, fill in N/A.</b>			
<b>Current Course Title:</b>	N/A	<b>Proposed Course Title:</b>	Development with Agile\Scrum
<b>Current Course Number:</b>	N/A	<b>Proposed Course Number:</b>	CIS 135a
<b>Electives List Title:</b>	Computer Information Systems Program electives		
<b>Explanation of Other:</b>			



## CONSENT AGENDA FORM

This form maybe used instead  
of coming to the Degree and  
Certificate Meeting.

Directions: Fill out completely  
and  
return electronically to:  
[dac@pcc.edu](mailto:dac@pcc.edu)

Consent Agenda form may be used for the  
following:

1. Course title changes
2. Course number changes
3. Addition/Deletion of an elective
4. Change in the number of pass/no  
pass credits other than the default
5. Degree or certificate title changes
6. Change to open admissions

Other changes need to come before the  
Degree and Certificate Committee.

<b>Submitted by:</b>	Dan Dougherty	<b>Email:</b> ddougher@pcc.edu	<b>Phone:</b> 4824
<b>Title of Degree/Certificate:</b>	Computer Information Systems AAS Degree	<b>Requested Implementation Term:</b>	Fall 2012
<b>What type of change are you requesting?</b>	<input type="checkbox"/> Course title change <input checked="" type="checkbox"/> Addition of an elective <input type="checkbox"/> Degree or certificate title change	<input type="checkbox"/> Course number change <input type="checkbox"/> Deletion of an elective <input type="checkbox"/> Other	
<b>Fill in the sections below as applicable. If a section is not applicable, fill in N/A.</b>			
<b>Current Course Title:</b>	N/A	<b>Proposed Course Title:</b>	JavaScript for Web Developers
<b>Current Course Number:</b>	N/A	<b>Proposed Course Number:</b>	CIS 133w
<b>Electives List Title:</b>	Computer Information Systems Program electives		
<b>Explanation of Other:</b>			



## CONSENT AGENDA FORM

This form maybe used instead  
of coming to the Degree and  
Certificate Meeting.

Directions: Fill out completely  
and  
return electronically to:  
[dac@pcc.edu](mailto:dac@pcc.edu)


Consent Agenda form may be used for the  
following:


1. Course title changes
2. Course number changes
3. Addition/Deletion of an elective
4. Change in the number of pass/no  
pass credits other than the default
5. Degree or certificate title changes
6. Change to open admissions


Other changes need to come before the  
Degree and Certificate Committee.


<b>Submitted by:</b>	Dan Dougherty	<b>Email:</b> ddougher@pcc.edu	<b>Phone:</b> 4824
<b>Title of Degree/Certificate:</b>	Computer Information Systems AAS Degree	<b>Requested Implementation Term:</b>	Fall 2012
<b>What type of change are you requesting?</b>	<input type="checkbox"/> Course title change <input checked="" type="checkbox"/> Addition of an elective <input type="checkbox"/> Degree or certificate title change	<input type="checkbox"/> Course number change <input type="checkbox"/> Deletion of an elective <input type="checkbox"/> Other	
<b>Fill in the sections below as applicable. If a section is not applicable, fill in N/A.</b>			
<b>Current Course Title:</b>	N/A	<b>Proposed Course Title:</b>	Mobile Application Programming
<b>Current Course Number:</b>	N/A	<b>Proposed Course Number:</b>	CIS 135m
<b>Electives List Title:</b>	Computer Information Systems Program electives		
<b>Explanation of Other:</b>			





		<b>CONSENT AGENDA FORM</b> This form maybe used instead of coming to the Degree and Certificate Meeting.  Directions: Fill out completely and return electronically to: <a href="mailto:dac@pcc.edu">dac@pcc.edu</a>		Consent Agenda form may be used for the following: 1. Course title changes 2. Course number changes 3. Addition/Deletion of an elective 4. Change in the number of pass/no pass credits other than the default 5. Degree or certificate title changes 6. Change to open admissions  Other changes need to come before the Degree and Certificate Committee.	
		Submitted by:	Jim Parks	Email: <a href="mailto:jparks@pcc.edu">jparks@pcc.edu</a>	Phone: x5236
Title of Degree/Certificate:	AAS Criminal Justice	Requested Implementation Term:	Next Available		
What type of change are you requesting?	<input type="checkbox"/> Course title change <input checked="" type="checkbox"/> Addition of an elective <input type="checkbox"/> Degree or certificate title change		<input type="checkbox"/> Course number change <input type="checkbox"/> Deletion of an elective <input type="checkbox"/> Other		
<b>Fill in the sections below as applicable. If a section is not applicable, fill in N/A.</b>					
Current Course Title:	N/A	Proposed Course Title:	Intelligence Analysis and Security Management		
Current Course Number:	N/A	Proposed Course Number:	CJA 234		
Electives List Title:	Criminal Justice Degree Electives				
Explanation of Other:	N/A				

		<b>CONSENT AGENDA FORM</b> This form maybe used instead of coming to the Degree and Certificate Meeting.  Directions: Fill out completely and return electronically to: <a href="mailto:dac@pcc.edu">dac@pcc.edu</a>		Consent Agenda form may be used for the following: 1. Course title changes 2. Course number changes 3. Addition/Deletion of an elective 4. Change in the number of pass/no pass credits other than the default 5. Degree or certificate title changes 6. Change to open admissions  Other changes need to come before the Degree and Certificate Committee.	
		Submitted by:	Sheldon Fu	Email: <a href="mailto:sfu@pcc.edu">sfu@pcc.edu</a>	Phone: 7620
Title of Degree/Certificate:	MT Solar Voltaic AAS	Requested Implementation Term:	Fa 2012		
What type of change are you requesting?	<input type="checkbox"/> Course title change <input type="checkbox"/> Addition of an elective <input type="checkbox"/> Degree or certificate title change		<input type="checkbox"/> Course number change <input type="checkbox"/> Deletion of an elective <input checked="" type="checkbox"/> Other		
<b>Fill in the sections below as applicable. If a section is not applicable, fill in N/A.</b>					
Explanation of Other:	Increase credit requirement of Gen Ed from 6 to 8 credits Increase AAS credit requirement from 91 to 93				

		<b>CONSENT AGENDA FORM</b> This form maybe used instead of coming to the Degree and Certificate Meeting.  Directions: Fill out completely and return electronically to: <a href="mailto:dac@pcc.edu">dac@pcc.edu</a>		Consent Agenda form may be used for the following: <ol style="list-style-type: none"> <li>1. Course title changes</li> <li>2. Course number changes</li> <li>3. Addition/Deletion of an elective</li> <li>4. Change in the number of pass/no pass credits other than the default</li> <li>5. Degree or certificate title changes</li> <li>6. Change to open admissions</li> </ol> Other changes need to come before the Degree and Certificate Committee.	
		Submitted by:	Sheldon Fu	Email: <a href="mailto:sfu@pcc.edu">sfu@pcc.edu</a>	Phone: 7620
Title of Degree/Certificate:	MT AAS	Requested Implementation Term:	Fa 2012		
What type of change are you requesting?	<input type="checkbox"/> Course title change <input type="checkbox"/> Addition of an elective <input type="checkbox"/> Degree or certificate title change		<input type="checkbox"/> Course number change <input type="checkbox"/> Deletion of an elective <input checked="" type="checkbox"/> Other		
<b>Fill in the sections below as applicable. If a section is not applicable, fill in N/A.</b>					
Explanation of Other:	Increase credit requirement of Gen Ed from 6 to 8 credits Increase AAS credit requirement 94 to 96				

		<b>CONSENT AGENDA FORM</b> This form maybe used instead of coming to the Degree and Certificate Meeting.  Directions: Fill out completely and return electronically to: <a href="mailto:dac@pcc.edu">dac@pcc.edu</a>		Consent Agenda form may be used for the following: 1. Course title changes 2. Course number changes 3. Addition/Deletion of an elective 4. Change in the number of pass/no pass credits other than the default 5. Degree or certificate title changes 6. Change to open admissions  Other changes need to come before the Degree and Certificate Committee.	
		Submitted by:	Jin Kim	Email: jin.kim2@pcc.edu	Phone: 971-722-5664
Title of Degree/Certificate:	Medical Assisting	Requested Implementation Term:	ASAP		
What type of change are you requesting?	<input type="checkbox"/> Course title change <input type="checkbox"/> Addition of an elective <input type="checkbox"/> Degree or certificate title change		<input type="checkbox"/> Course number change <input type="checkbox"/> Deletion of an elective <input checked="" type="checkbox"/> Other		
<b>Fill in the sections below as applicable. If a section is not applicable, fill in N/A.</b>					
Current Course Title:	Medical Assisting Certificate	Proposed Course Title:	n/a		
Current Course Number:	n/a	Proposed Course Number:	n/a		
Electives List Title:	n/a				
Explanation of Other:	<ul style="list-style-type: none"> <li>Withdraw the October 2011 revision request which removed BI 122 from the required course of study and include BI122 as a program prerequisite</li> <li>The withdrawal means that the certificate will increase to 47 credits.</li> <li>This change does not impact related instruction. There is a current related instruction template on posted on the website and the courses identified on the template are still correct and active.</li> </ul>				

		<b>CONSENT AGENDA FORM</b> This form maybe used instead of coming to the Degree and Certificate Meeting.  Directions: Fill out completely and return electronically to: <a href="mailto:dac@pcc.edu">dac@pcc.edu</a>		Consent Agenda form may be used for the following: 1. Course title changes 2. Course number changes 3. Addition/Deletion of an elective 4. Change in the number of pass/no pass credits other than the default 5. Degree or certificate title changes 6. Change to open admissions  Other changes need to come before the Degree and Certificate Committee.	
		Submitted by:	Emily Biskey	Email: <a href="mailto:emily.biskey15@pcc.edu">emily.biskey15@pcc.edu</a>	Phone: 971-722-7717
Title of Degree/Certificate:				Requested Implementation Term:	
What type of change are you requesting?		<input type="checkbox"/> Course title change <input type="checkbox"/> Addition of an elective <input type="checkbox"/> Degree or certificate title change		<input checked="" type="checkbox"/> Course number change <input type="checkbox"/> Deletion of an elective <input type="checkbox"/> Other	
<b>Fill in the sections below as applicable. If a section is not applicable, fill in N/A.</b>					
Current Course Title:	MP 201		Proposed Course Title:	MP 150	
Current Course Number:	Introduction to Electronic Health Records		Proposed Course Number:	Introduction to Electronic Health Records	
Electives List Title:					
Explanation of Other:	Change in numbering affects the following degrees and certificates:  Medical Assisting One Year Certificate Ophthalmic Medical Technology AAS Alcohol and Drug Counselor AAS				

		<b>CONSENT AGENDA FORM</b> This form maybe used instead of coming to the Degree and Certificate Meeting.  Directions: Fill out completely and return electronically to: <a href="mailto:dac@pcc.edu">dac@pcc.edu</a>		Consent Agenda form may be used for the following: <ol style="list-style-type: none"> <li>1. Course title changes</li> <li>2. Course number changes</li> <li>3. Addition/Deletion of an elective</li> <li>4. Change in the number of pass/no pass credits other than the default</li> <li>5. Degree or certificate title changes</li> <li>6. Change to open admissions</li> </ol> Other changes need to come before the Degree and Certificate Committee.	
		Submitted by:	Ann Wenning	Email: awenning@pcc.edu	Phone: 971-722-5075
Title of Degree/Certificate:	AAS, Health Information Management	Requested Implementation Term:	Fall, 2012		
What type of change are you requesting?	<input checked="" type="checkbox"/> Course title change <input type="checkbox"/> Addition of an elective <input type="checkbox"/> Degree or certificate title change		<input type="checkbox"/> Course number change <input type="checkbox"/> Deletion of an elective <input type="checkbox"/> Other		
<b>Fill in the sections below as applicable. If a section is not applicable, fill in N/A.</b>					
Current Course Title:	Classification Systems I Classification Systems II Classification Systems Lab	Proposed Course Title:	ICD-10 –CM Basic Coding Intermediate ICD-10 and PCS Intermediate ICD-10/PCS Lab		
Current Course Number:	HIM 270 HIM 273 HIM 276	Proposed Course Number:	HIM 270 HIM 273 HIM 276		
Electives List Title:	N/A				
Explanation of Other:	N/A				