Degrees and Certificates Agenda
March 10, 2010
Conference Room A 2pm-4pm

Old Business:
Approval of January and February Minutes

New Business:

Discussion: Microelectronics -Open program-Eric Kirschner The Microelectronics program predates all current faculty. The reason for the current open/closed status is unknown. It may be assumed that the original program was closed because it was THE Intel training program, and I believe it was originally taught on the Intel campus, not at PCC and was closed because it was only for Intel employees. The program has evolved to the point where most students are not Intel employees, and I am quite sure Intel would not want the program to be closed. The SAC would prefer that the program (all MT degrees and certificates) be open admission as we do not need to put up barriers to prospective students to be able to self select the MT major when enrolling at PCC. The prerequisite requirements are more than enough of a barrier.

2:30 Computed Tomography Certificate-Virginia Vanderford- Oregon State law requires a structured academic training program for technologists to obtain the additional knowledge and skills needed in order to perform CT procedures. PET (Positron Emission Tomography) utilizes dual imaging methods, combing Nuclear Medicine and CT scanners. Nuclear Medicine technologists must gain the appropriate CT training to meet State Standards. Community partners have approached Portland Community College for assistance in this matter. There are no similar programs in the metropolitan Portland area. Upon completion of this program, students will be qualified to sit for the national certification examination. Certification is now required for hospital compliance with their accreditation organization.

2:45 Automotive Service Technology: ASEP Suspension-Scott Morgan

3:00 Consent Agenda:

* Design for Aging in Place Certificate-Related Instruction
* Early Education and Family Studies-CIP code change
* Library Media Assistant-CIP code change
* Nursing Inactivation
* Paralegal-addition of PL 130 to Paralegal Program Electives list
* Veterinary Technology-Deletion of one credit to bring the general education total in line with college standards.
* Fitness Technology-Healthy Older Adult Fitness

	NEW CERTIFICATE REQUEST FORM	**Directions: Fill out completely and return electronically to:** **dac@pcc.edu** **Signature pages should be intercampus mailed to:** **Curriculum Office RC 5/115**

SECTION # 1 OVERVIEW

Proposed Title:	Computed Tomography		**Proposed Credits:**	**17**
Reason for new certificate:	Oregon State law requires a structured academic training program for technologists to obtain the additional knowledge and skills needed in order to perform CT procedures. PET (Positron Emission Tomography) utilizes dual imaging methods, combing Nuclear Medicine and CT scanners. Nuclear Medicine technologists must gain the appropriate CT training to meet State Standards. Community partners have approached Portland Community College for assistance in this matter. There are no similar programs in the metropolitan Portland area. Upon completion of this program, students will be qualified to sit for the national certification examination. Certification is now required for hospital compliance with their accreditation organization.			
Impact on other areas of instruction: Have you talked to other area SACs? If yes, explain:	☐ Yes ☒ No	Explain: These courses do not impact any other SACs	**Has certificate been validated by the Advisory Committee?**	☒ Yes ☐ No

SECTION # 2 PREREQUISITES AND OUTCOMES

PROPOSED PREREQUISITES

Course Number	Course Title or Placement level	Credits
	Must be certified in Radiography, Nuclear Medicine or Radiation Therapy to apply to CT Program	

PROPOSED OUTCOMES

Upon completion of this program, students will:
1. provide competent health care to the community using the skills and knowledge of a CT and PET professional
2. perform CT and PET procedures safely and effectively in a professional manner meeting health care industry standards
3. abide by professional ethical standards in order to provide the highest quality care to the community

Proposed Certificate addresses the following Core PCC Outcomes: (Check all that apply)	☒ **Communication** ☒ **Community and Environmental Responsibility** ☒ **Critical Thinking and Problem Solving** ☐ **Cultural Awareness** ☒ **Professional Competence** ☐ **Self Reflection**

SECTION # 3 COURSEWORK

PROPOSED CERTIFICATE COURSEWORK

COURSE NUMBER	COURSE TITLE	CREDITS
RAD 251	Cross-Sectional Anatomy-Neck + Thorax	1
RAD 252	Cross-Sectional Anatomy –Abdomen + Pelvis	1
RAD 253	Cross-Sectional Anatomy –Head + Spine	1
RAD 254	CT Physics + Instrumentation	2
RAD 255	CT Protocols, Procedures + Pathology Correlation	2
RAD 270	CT Clinical Education I	5
RAD 271	CT Clinical Education II	5
	Note: Completion of the programs is dependent upon the students ability to complete all clinical requirements in two terms. RAD 271 may be repeated one time if additional time is needed for	

	completion of all required competencies.		
		Credit Total	**17**

SECTION # 4	**(Please contact the Curriculum Office for support in filling out this section if needed.)**				
Is this a Statewide Certificate?	☐ **Yes** ☒ **No**	**Has the certificate been approved by the consortium?**	☐ **Yes** ☐ **No**	**Requested implementation date:**	**Fall Term 2010**
Certificates 45 credits or more require related instruction. Fill out a Template for Related Instruction located at: (http://www.pcc.edu/recources/academic/eac/degree/forms.html					
List any stand alone Related Instruction courses:					
Submitted By:	**Virginia Vanderford, Radiography Program Director**				
Email:	**vvanderf@pcc.edu**				

Next steps:

1. Save the completed New Certificate Request Form and submit as an e-mail attachment to dac@pcc.edu.
2. Download and print the New Certificate Signature Page Form and obtain the appropriate signatures.
3. Staple the signed New Certificate Signature Page Form to a hard copy of the New Certificate Request Form (electronic version has already been sent in step one). Send both forms to Curriculum Office, Rock Creek Campus, Building 5, Room 114 via campus mail.

TO: Degrees and Certificates Committee

FROM: Scott Morgan, GM ASEP Instructor and Advisor

SUBJECT: Degree Suspension: AAS GM ASEP

DATE: February 23, 2010

Rationale: The Automotive Service Technology and the GM ASEP Advisory Board for Portland Community College have determined that it would be in our students' best interest to suspend the GM ASEP AAS Degree.   The primary reason for the suspension is the reduction in workforce demand in the current economic climate. General Motors is just now emerging from bankruptcy. With a large number of dealer closings (including GM, Ford and Chrysler), there are a large number of available technicians looking for work. With such a large pool of technicians and a weak economy, GM dealers are not in a position to support apprentice level technician training. The suspension allows PCC to reinstate the degree within three years should the economy recover in this area. The suspension is effective Fall Term 2010.

Teach-out plan: A teach-out plan, required by the Office of Community Colleges and Workforce Development, has been reviewed and approved with input by the GM ASEP advisory committee. The plan includes:

- No new students will be accepted effective 2010. No students have been accepted since fall 2009.

- Notification in the form of emails to all GM ASEP students, faculty, and advisory board members (industry partners).

- Notification to advise listserv.

- Notification in the college catalog.

- Individual department advising meetings with all current students are being scheduled to outline plans and a timeline for completion of individual's course of study.

- All students currently in the program will be awarded the degree upon completion with final GM ASEP courses scheduled for spring and summer terms 2010.

- Closed enrollment in Web Admissions; enrollment in classes will require department approval.

- Notification of program suspension to International Association of GM ASEP Schools, General Motors and Raytheon Corporation (GM Training Contract Company).

1 Year Certificate		Design for Aging in Place			Related instruction Hours in:			
Enter course information in light yellow areas (totals will be automatically calculated)								
Subject Code	Course Number	Course Title	Credits	Hours	Computation	Communication	Human Relation	Total RI
Example: BKT	101	Basket Weaving Basics	3	90	6	12	8	26
				0				No RI
ID	131	Introduction to Interiors	3	90	5	10	10	25
ID	121	Sustainable Materials	3	90	2	5	5	40
ID	125	Computer Drafting for ID	3	90	15	10	20	10
ID	132	Planning Interiors	3	90	15	10	20	45
ID	133	Space Plannning	3	90	10	5	10	45
ID	138	Intro to Kitchen and Bath	3	90	5		5	25
ID	236	Lighting Design	3	90	10			10
ARCH	110	Intro to Architectural Drawing	3	90				10
GRN	181	Exploring the Field of Aging	2	60		5	20	25
GRN	282	Gerontology Prof. Seminar	1	30		15	10	25
SOC	223	Social Gerontology	4	120		5	40	45
SOC	230	Introduction to Gerontology	4	120		5	40	45
SOC	231	Sociology of Health & Aging	4	120		5	40	45
BCT	100	Overview to the Const. Indust.	3	90		10		10
				0				No RI
Totals			42	1260	72	85	220	377
Minimum for 1 yr certificate:					48	48	48	240
Remaining to meet Min. Requirement:					0	0	0	0

	CONSENT AGENDA FORM	Consent Agenda form may be used for the following:
Portland Community College	This form maybe used instead of coming to the Degree and Certificate Meeting. Directions: Fill out completely and return electronically to: **dac@pcc.edu**	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** **Other changes need to come before the Degree and Certificate Committee.**

Submitted by:	Christyn Dundorf	**Email:cdundorf@pcc.edu**	**Phone:503.977.4028**
Title of Degree/Certificate:	Early Education and Family Studies	**Requested Implementation Term:**	**Fall 2010**
What type of change are you requesting?	☐ Course Title Change ☐ Course number change ☐ Addition/Deletion of an elective ☐ Change in pass/no pass ☐ Degree or certificate title changes ☒ **Other:** Change CIP codes for all ECE and HEC classes with the exception of ECE 234 to 131210. Change CIP code for ECE 234 to 131015.		

Fill in the sections below as applicable. If a section is not applicable, fill in N/A.			
Current Course Title:		**Proposed Course Title:**	
Current Course Number:		**Proposed Course Number:**	
Title of course to be added/deleted to/from the electives list:		**Title of electives list that it will be removed from or added to:**	
Current number of pass/no pass credits allowed:		**Proposed number of pass/no pass credits allowed:**	

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Submitted by:	Amy Alday-Murray	**Email:aaldaymu@pcc.edu**	**Phone: x: 7814**
Title of Degree/Certificate:	Library Media Assistant	**Requested Implementation Term:**	**Summer 2010**

What type of change are you requesting?	☐ Course Title Change ☐ Addition/Deletion of an elective ☐ Degree or certificate title changes	☐ Course number change ☐ Change in pass/no pass X CIP code change to 25.0301

Fill in the sections below as applicable. If a section is not applicable, fill in N/A.			
Current Course Title:	NA	**Proposed Course Title:**	NA
Current Course Number:	NA	**Proposed Course Number:**	NA
Title of course to be added/deleted to/from the electives list:	NA	**Title of electives list that it will be removed from or added to:**	NA
Current number of pass/no pass credits allowed:	NA	**Proposed number of pass/no pass credits allowed:**	NA

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<tr><td rowspan="3">Portland Community College</td><td rowspan="3">CONSENT AGENDA FORM
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Other changes need to come before the Degree and Certificate Committee.</td></tr>
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Submitted by:	Amy Alday-Murray	**Email:aaldaymu@pcc.edu**	**Phone: Ext: 7814**
Title of Degree/Certificate:	AAS Nursing RN	**Requested Implementation Term:**	**Fall 2010**
What type of change are you requesting?	☐ Course Title Change ☐Course number change ☐ Addition/Deletion of an elective ☐ Change in pass/no pass ☐ Degree or certificate title changes ☒Other: Inactivate. Degree replaced with OCNE statewide AAS degree.		

Fill in the sections below as applicable. If a section is not applicable, fill in N/A.			
Current Course Title:		**Proposed Course Title:**	
Current Course Number:		**Proposed Course Number:**	
Title of course to be added/deleted to/from the electives list:		**Title of electives list that it will be removed from or added to:**	
Current number of pass/no pass credits allowed:		**Proposed number of pass/no pass credits allowed:**	

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Submitted by:	Jerry Brask	**Email: jbrask@pcc.edu**	**Phone:**
Title of Degree/Certificate:	Paralegal Program Electives	**Requested Implementation Term:**	Fall 2010

What type of change are you requesting?	☐ Course Title Change ☐ Course number change ☒ Addition of an elective ☐ Change in pass/no pass ☐ Degree or certificate title changes

Fill in the sections below as applicable. If a section is not applicable, fill in N/A.

Course Title: **Legal Software**
Course Number: **PL 130**
Credits   3

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Submitted by:	Brad Krohn/Davonna Livingston	**Email:**	**Phone:**
Title of Degree/Certificate:	Veterinary Technology	**Requested Implementation Term:**	**Fall 2010**

What type of change are you requesting?	☐ Course title change ☐ Course number change ☐ Addition/Deletion of an elective ☐ Change in pass/no pass ☐ Degree or certificate title change ☒ Other-Deletion of one credit

Fill in the sections below as applicable. If a section is not applicable, fill in N/A.

Deleting one credit of General Education to bring the total in line with college standards.

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Submitted by:	Amy Alday-Murray	**Email:aaldaymu@pcc.edu**	**Phone:7814**
Title of Degree/Certificate:	Fitness Technology: Healthy Older Adult Fitness	**Requested Implementation Term:**	**Fall 2010**

What type of change are you requesting?	☐ Course Title Change ☐ Course number change ☐ Addition/Deletion of an elective ☐ Change in pass/no pass ☐ Degree or certificate title changes X Other: Remove PE181B as an option to PE181A on the paperwork as it is not in the degree or one-year certificate.

Fill in the sections below as applicable. If a section is not applicable, fill in N/A.				
Current Course Title:		**Proposed Course Title:**	
Current Course Number:		**Proposed Course Number:**	
Title of course to be added/deleted to/from the electives list:		**Title of electives list that it will be removed from or added to:**	
Current number of pass/no pass credits allowed:		**Proposed number of pass/no pass credits allowed:**	