April 20, 2009

Memorandum

TO: Adrea LaRoche & Sheila Brothers, Senate Council Office

FR: Sharon R. Stewart, Associate Dean for Academic Affairs

RE: Clinical Leadership and Management program change request

Attached please find a program change request for the Clinical Leadership and Management program in the Department of Clinical Sciences, College of Health Sciences. The purpose of the request is to delete the present requirement that students have one year of post-associate degree work experience in a health care setting as a condition for admission. There are several reasons for this request which are highlighted in item #9 of the Request for Change form.

For additional information, please contact: Beth Schulman (3-1100, ext 80565) or Karen Skaff (3-1100, ext 80585).
REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

1. General Information

College: HEALTH SCIENCES  Department: CLINICAL SCIENCES

Current Program Name: CLINICAL LEADERSHIP AND MANAGEMENT  Proposed Program Name:

Current Major Name:  Proposed Major Name:

Current Degree Title: BHS  Proposed Degree Title:

Formal Option: Specialty Field:

Bulletin (yr and pgs): 2008-2009, p. 223  CIP Code:  UK ID #:  HEGIS CODE:

Accrediting Agency (if applicable): n/a  Today's Date: 3-3-09

2. Particular University Studies Requirements or Recommendations for this Program.

I. Mathematics

II. Foreign Language

III. Inference-Logic

IV. Written Communication  ENG 104 or Honors

V. Oral Communication  Suspended through Fall 2009  Suspended through Fall 2009

VI. Natural Sciences

VII. Social Sciences

VIII. Humanities

IX. Cross-Cultural

X. USP Electives (3 must be outside the student's major)

*To the extent that proposed changes in sections 3 through 8 involve courses offered in another program, please submit correspondence with the program(s) pertaining to the availability of such courses to your students.*

3. University Graduation Writing Requirement - select from approved courses.

4. College Depth & Breadth of Study Requirements (if applicable). Include particular courses required/recommended for this program.

Current  Proposed
5. Premajor or Preprofessional Course Requirements (if applicable).

Current

Proposed

6. Credit Hours.

a. Credit Hours Required: Current: Proposed:

b. Total Required for Graduation: Current: Proposed:

c. Required by Level:
   Currently: 100: 200: Proposed: 300: 400-500:
   Proposed: 100: 200: 300: 400-500:

d. Current Premajor or Preprofessional:

d. Proposed Premajor or Preprofessional:

e. Current Field of Concentration:

e. Proposed Field of Concentration:

f. Current Division of Hrs between Major Subject & Related Field:

f. Proposed Division of Hrs between Major Subject & Related Field:

g. Current Hrs Needed for a Specific Option or Specialization:

g. Proposed Hrs Needed for a Specific Option/Specialization:

h. Current Technical or Professional Support Electives:

h. Proposed Technical or Professional Support Electives:

i. Current Minimum Hours of Free or Supportive Electives:

i. Proposed Minimum Hours of Free or Supportive Electives:

7. Major or Professional Course Requirements.

Current

Proposed

8. Minor Requirements (if applicable).

Current

Proposed

9. Rationale for Change(s) – if rationale involves accreditation requirements, please include specific references to those.

Currently, criteria for program admission includes one year of post-associate degree work experience in a health care setting. Program faculty would like to eliminate that admission requirement because: (1) students in health-related associate degree programs have clinical experience/practicums within their core curriculum, and (2) this requirement creates an unnecessary barrier for students interested in the continuity of their higher education goals. Faculty believe they would better serve the needs of their potential applicants by giving students an opportunity to transfer directly and smoothly to UK’s BHS Program in Clinical Leadership and Management upon graduation from a community/technical college. In addition, it is expected that this change will increase student enrollment.
REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

10. List below the typical semester by semester program for a major.

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>Hours</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR 1 - Fall</td>
<td>YEAR 1 - Fall</td>
<td>(i.e. “BIO 103”)</td>
<td>(i.e. “3”)</td>
</tr>
<tr>
<td>Current Total, Year 1 Fall</td>
<td>Proposed Total, Year 1 Fall:</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>YEAR 1 – Spring</td>
<td>YEAR 1 – Spring</td>
<td></td>
<td></td>
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<tr>
<td>Current Total, Year 1 Spring:</td>
<td>Proposed Total, Year 1 Spring:</td>
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<tr>
<td>YEAR 2 - Fall</td>
<td>YEAR 2 – Fall</td>
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<td></td>
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<tr>
<td>Current Total, Year 2 Fall:</td>
<td>Proposed Total, Year 2 Fall:</td>
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<tr>
<td>YEAR 2 - Spring</td>
<td>YEAR 2 – Spring</td>
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<tr>
<td>Current Total, Year 2 Spring:</td>
<td>Proposed Total, Year 2 Spring:</td>
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</table>
10. Semester Plans, continued.

<table>
<thead>
<tr>
<th>Current</th>
<th>Hours</th>
<th>Proposed</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR 3 - Fall</td>
<td></td>
<td>YEAR 3 - Fall</td>
<td></td>
</tr>
</tbody>
</table>

Current Total, Year 3 Fall:  
YEAR 3 - Spring

Proposed Total, Year 3 Fall:  
YEAR 3 - Spring

Current Total, Year 3 Spring:  
YEAR 4 - Fall

Proposed Total, Year 3 Spring:  
YEAR 4 - Fall

Current Total, Year 4 Fall:  
YEAR 4 - Spring

Proposed Total, Year 4 Fall:  
YEAR 4 - Spring

Current Total, Year 4 Spring:  
Proposed Total, Year 4 Spring:

Current Total Hours:  
Proposed Total Hours:
12. Requested effective date for changes (term/year): FALL 2009

13. Within the department, who should be contacted for further information about the proposed program change?
   Name: ELIZABETH D. SCHULMAN Phone: 3-1100, X80565 Email: elizabethschulman@uky.edu

   3/5/09
   DATE of Approval by Department Faculty

   4/30/09
   DATE of Approval by College Faculty

   11/3/2009
   *DATE of Approval by Undergraduate Council

   *DATE of Approval by Graduate Council
   5/19/09

   *DATE of Approval by Health Care Colleges Council (HCCC)

   *DATE of Approval by Senate Council

   *DATE of Approval by the University Senate

*If applicable, as provided by the University Senate Rules

Rev 7/08