Curriculum Development Form
Modify an Existing Program (Academic Award)

Program Name (Academic Award): Phlebotomy

Type of Academic Award: ☐ AA  ☐ AAS  ☐ AFA  ☐ AS  ☐ Diploma  ☐ Certificate

CIP Code: 511009

Current Location:  ■ Faribault  □ North Mankato

Proposed Location:  ■ Faribault  ■ North Mankato

Current Credits: 18  Proposed Credits: 16

Date of Proposal: 1/17/2017  Proposed Implementation Date: 8/1/2017

Contact Person: Stacy Hohenstein

What is the modification being proposed?
Change the Phlebotomy program from a two semester to a one semester program.

What impact will the modification have?
OTECH 1001 and FYE 100 will be removed from the curriculum.

Describe the rationale for this modification:
By making this change we will appeal to more students and help our industry partners by providing qualified phlebotomists for their increasing needs.

Attach additional material if necessary

As Faculty Developer, by signing this Modify an Existing Program form, the Curriculum Committee is assured of the following (check marks required):

Prior to Preparing Documentation
☐ Initiation — idea was submitted to Department Chair(s) and Academic Dean/Director for discussion and support
☐ Explored existing program offerings to identify potential duplication
☐ Completed Intention Form

Continue the Curriculum Development Process
☐ Completed the comparison template outlining old program plan vs. new program plan, noting changes between the old and new
☐ Completed the WIDS Program Project, which includes outlining scope and sequence of program
  Please Note: If courses do not already exist, the shell of each course must be created in WIDS before the WIDS Program Project can be completed
☐ Identified prerequisites (if any) for admission to the program
☐ Created program description in WIDS
☐ Created measurable program student learning outcomes in WIDS
☐ Proofread documentation for correct content
☐ Proofread documentation for grammatical and typographical errors
☐ For technical programs, the change was discussed at Advisory Committee meeting (upload meeting minutes)
☐ Uploaded additional documentation to WIDS (comparison template, etc.)

[Signature]
Faculty Developer Signature

[Date]
1-17-17
As Primary Department Chair, by signing this Modify an Existing Program form, the Curriculum Committee is assured of the following (check marks required):

☐ Documentation through email and department meetings made available for other faculty and programs to provide feedback
☐ Proofread documentation for correct content and proper structure
☐ Proofread documentation for grammatical and typographical errors
☐ For LAS programs, signature of all LAS Department Chairs included

☒ I support this program plan ☐ I do not support this program plan — please provide reason(s):

[Signature]
Primary Department Chair Signature

[Date]
Date

For all modified program, if Primary Department Chair does not support the modified program proposal, faculty developer can elevate the proposal to AASC for resolution.

For AA, AFA and AS Degrees Only — As a LAS Department Chair, by signing this Modify an Existing Program form, the Curriculum Committee is assured of the following (check marks required):

☐ Documentation through email and department meetings made available for other faculty and programs to provide feedback

☐ I support this program plan ☐ I do not support this program plan — please provide reason(s):

[Signature]
LAS Department Chair Signature

[Date]
Date

☐ I support this program plan ☐ I do not support this program plan — please provide reason(s):

[Signature]
LAS Department Chair Signature

[Date]
Date

☐ I support this program plan ☐ I do not support this program plan — please provide reason(s):

[Signature]
LAS Department Chair Signature

[Date]
Date

If all four LAS Department Chairs do not support the modified program proposal, faculty developer can elevate the proposal to AASC for resolution.
As Academic Dean/Director, by signing this Modify an Existing Program form, the Curriculum Committee is assured of the following (check marks required):

☐ Identified potential opportunities and impacts of the change on other programs/departments (request DARS search from Registrar's Office)
☐ Provided supporting documentation to populate Program Navigator

☐ I support this program plan   ☐ I do not support this program plan — please provide reason(s):

[Signature]
Academic Dean/Director Signature

[Date]

[Signature]
Curriculum Committee Chair Signature

[Date]

[Signature]
Vice President of Student and Academic Affairs Signature

[Date]

[Signature]
President Signature

[Date]

If Academic Dean/Director does not support the modified program proposal, faculty developer can elevate the proposal to AASC for resolution.

Upload this signed form as a PDF to WIDS Shared Document folder — Curriculum Committee. Place signed original forms in Curriculum Committee mailbox.

Following Curriculum Committee support, this form is completed with final signatures.

The following steps are possible post-approval steps

Modify an Existing Program
— Credit length change
Upload to MnSCU Program Navigator
• Curriculum Committee Chair electronic approval
• Vice President of Student and Academic Affairs electronic approval
• President electronic approval
• Vice President of Student and Academic Affairs electronic approval (2nd)
• MnSCU reviews for final approval
• MnSCU grants approval

Student Affairs
• ISRS; DARS; eCatalog

Scope and Sequence for Perkins Programs of Study
Federal Dept. of Education review
Higher Learning Commissions (HLC) review

Modify an Existing Program
— No credit length change
Student Affairs (documentation posted on CC website)
• ISRS; DARS; eCatalog
Scope and Sequence for Perkins Programs of Study
<table>
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<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Action</th>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
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<td>Laboratory Techniques &amp; Orientation</td>
<td>3</td>
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<td>PHLE 1400</td>
<td>Introduction to Phlebotomy</td>
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<td>Anatomy &amp; Physiology</td>
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<td>PHLE 1450</td>
<td>Phlebotomy Skills</td>
<td>3</td>
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<td>Legal/Ethical Issues</td>
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<td>PHLE 1500</td>
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<td>Multiskilling for Phlebotomists</td>
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<td>Public Speaking Interpersonal Skills</td>
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