Code # Enter text…

**Program, Minor, or Emphasis Deletion Proposal Form**

**[ ] Undergraduate Curriculum Council**

**[X] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

Email completed proposals to [curriculum@astate.edu](mailto:curriculum@astate.edu) for inclusion in curriculum committee agenda.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Kristie Vinson | 9/6/2017 |   **Department Curriculum Committee Chair** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **COPE Chair (if applicable)** |
| |  |  | | --- | --- | | Shawn Drake | 10/5/2017 |   **Department Chair:** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Head of Unit (If applicable)** |
| |  |  | | --- | --- | | Deanna Barymon | 10/5/2017 |   **College Curriculum Committee Chair** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Undergraduate Curriculum Council Chair** |
| |  |  | | --- | --- | | Susan Hanrahan | 10/6/2017 |   **College Dean** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Graduate Curriculum Committee Chair** |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **General Education Committee Chair (If applicable)** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Vice Chancellor for Academic Affairs** |

**1. Title of Program, Minor, or Emphasis**

Transitional Doctor of Physical Therapy

**2. Contact Person** (Name, Email Address, Phone Number)

Kristie Vinson, [kvinson@astate.edu](mailto:kvinson@astate.edu) 972-3236

**3. Last semester program/minor/emphasis will be offered**

Fall 2017

Please clarify by selecting one of the following:

1. [X ] Remove Program from bulletin for Fall of 2017
2. [ ] Other - Please clarify - Click here to enter text.

**4. Student Population**

a. The Program / Minor / Emphasis was initially created for what student population?

Working physical therapists with a bachelor’s or master’s degree wishing to earn an entry-level doctoral degree in physical therapy. This program was created knowing that it would only run for a few years to allow previous graduates to “level-up” their degrees.

b. How will deletion of this program affect those students?

Working PTs will have to consider other options for a transitional DPT degree.

**College, Departmental, or Program Changes**

**5.** a. How will this affect the college, department, and/or program?

The deletion of this program will not adversely impact the Department of Physical Therapy. The tDPT courses had very small enrollments and no faculty were specifically designated to the tDPT program. The PT Dept. nor the College of Nursing and Health Professions will be negatively impacted.

b. Does this program/minor/emphasis affect another department? No

If yes, please provide contact information from the Dean, Department Head, and/ or Program Director whose area this affects.

Enter text...

c. Please provide a short justification for why this program/minor/emphasis is being deleted from program.

Diminishing student interest; set-up as a temporary program, and it has now run its course.

**6. Is there currently a program/minor/emphasis** **listed in the bulletin which is equivalent to this one?** No

If yes, which program/minor/emphasis(s)?

Enter text...

**7. Will this current program/minor/emphasis be equivalent to a new program/minor/emphasis?** No

If yes, what program/minor/emphasis?

n/a

**Bulletin Changes**

|  |
| --- |
| **Instructions** |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Follow the following guidelines for indicating necessary changes.**  **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.**  - Deleted courses/credit hours should be marked with a red strike-through (~~red strikethrough~~)  - New credit hours and text changes should be listed in blue using enlarged font (blue using enlarged font).  - Any new courses should be listed in blue bold italics using enlarged font (***blue bold italics using enlarged font***)  *You can easily apply any of these changes by selecting the example text in the instructions above, double-clicking the ‘format painter’ icon 🡪 , and selecting the text you would like to apply the change to.*  *Please visit* [*https://youtu.be/yjdL2n4lZm4*](https://youtu.be/yjdL2n4lZm4) *for more detailed instructions.* |

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**GRADUATE DEGREE PROGRAMS**

Arkansas State University offers work leading to the following graduate degrees with major fields of emphasis as indicated:

**DOCTORAL DEGREES**

Doctor of Philosophy (Ph.D.)

|  |
| --- |
| Environmental Sciences |
| Heritage Studies |
| Molecular Biosciences  **Doctor of Education (Ed.D)**   |  | | --- | | Educational Leadership |   **Doctor of Nursing Practice (DNP)**  **Doctor of Occupational Therapy (OTD)**  **Doctor of Physical Therapy (DPT)**  **~~Transitional Doctor of Physical Therapy (tDPT)~~** |

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**College of Nursing and Health Professions**

The College of Nursing and Health Professions offers a number of graduate level programs: the Master of Athletic Training (M.A.T.), the Master of Communication Disorders (M.C.D.), the Graduate Certificate in Healthcare Emergency Management, the Master of Science in Disaster Preparedness and Emergency Management (M.S.), the Master of Science in Health Sciences (M.S.H.S.), the Graduate Certificate in Addiction Studies, the Graduate Certificate in Aging Studies, the Graduate Certificate in Health Care Management, the Graduate Certificate in Health Sciences Education, the Graduate Certificate in Nurse Educator, the Master of Science in Nursing (M.S.N.), the Master of Science in Nursing in Nurse Anesthesia (M.S.N.), the Master of Science in Nursing in Family Nurse Practitioner (M.S.N.), the Doctor of Nursing Practice (D.N.P.), the Doctor of Occupational Therapy (O.T.D.), the Doctor of Physical Therapy (D.P.T.), ~~the Transitional Doctor of Physical Therapy (t.D.T.P.),~~ and the Master of Social Work (M.S.W.).

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~~Program of Study for the Transitional Doctor of Physical Therapy~~

~~The transitional Doctor of Physical Therapy degree (tDPT) provides a program of study that bridges the educational gap between bachelors and masters degree entry-level practitioners in physi­cal therapy and Doctor of Physical Therapy entry-level graduates. The Doctor of Physical Therapy (DPT) is the preferred degree by the Commission on Accreditation in Physical Therapy Education (CAPTE) and the American Physical Therapy Association’s (APTA) and it reflects the current level of study that is required to meet the latest standards for physical therapy education. The tDPT program is designed specifically for practicing physical therapy professionals who earned their entry level profes­sional degree at the masters or bachelor degree level. The primary purpose of A-State’s tDPT program is to serve our Physical Therapy alumni interested in attaining the doctor of physical therapy degree. Masters and bachelors level physical therapists from other programs may also apply for admission.~~

**~~ADMISSION REQUIREMENTS~~**

~~Earned Master of Physical Therapy degree; currently licensed and practicing as a physical therapist; physical therapy license history must not include licensure revocations or other disciplinary sanctions. Applicants with earned Bachelor of Physical Therapy degree will be considered for admis­sion but additional clinical experience and/or graduate coursework will be required for tDPT graduation.~~

**~~APPLICATION DEADLINES~~**

~~Application deadline is May 1. Students may acquire detailed information about the application process by contacting the Department of Physical Therapy at 870-972-3591 or by visiting the depart­ment’s website at http://www.astate.edu/conhp/pt.~~

**~~THE D.P.T. DEGREE AND PHYSICAL THERAPY LICENSURE~~**

~~Licensure to practice physical therapy is granted by the individual states and issued on scores obtained on the National Licensing Examination administered by the Federation of State Boards of Physical Therapy. Graduation from an accredited physical therapist educational program with a doctor­ate, master’s or bachelor’s degree is a prerequisite to sit for the licensing exam. Students enrolled in the tDPT program are expected to hold and maintain an active physical therapy license in good stand­ing and to continue to practice throughout the course of the program.~~

**~~COURSE REQUIREMENTS~~**

~~The tDPT consists of 28 semester credits for students with an earned Master of Physical Ther­apy degree. Additional semester credits are required for students who earned the Bachelor of Physical Therapy degree. The courses are a mixture of didactic and clinically applied learning experiences. The descriptions of required courses appear below. 215~~

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~~The bulletin can be accessed at http://www.astate.edu/a/registrar/students/~~

~~Physical Therapy~~

~~Transitional Doctor of Physical Therapy~~

|  |  |
| --- | --- |
| **~~University Requirements:~~** | |
| ~~See Graduate Degree Policies for additional information (p. 35)~~ | |
| **~~Program Requirements:~~**  ~~tDPT students enroll in two sections of PT 8573, for a total of six credits.~~  ~~tDPT students enroll in three sections of PT 818V, for a total of three credits.~~ | |
| ~~Fall, Year 1~~ | ~~Sem. Hrs.~~ |
| ~~PT 7512, Professional Issues I~~ | ~~2~~ |
| ~~PT 7612, Methods of Instruction and Consultation~~ | ~~2~~ |
| ~~Sub-total~~ | ~~4~~ |
| ~~Spring, Year 1~~ | ~~Sem. Hrs.~~ |
| ~~PT 7123, Introduction to Research and Evidence Based Practice~~ | ~~3~~ |
| ~~Summer, Year 1~~ | ~~Sem. Hrs.~~ |
| ~~PT 7413 Pathophysiology and Differential Diagnosis~~ | ~~3~~ |
| ~~Fall, Year 2~~ | ~~Sem. Hrs.~~ |
| ~~PT 8573, Special Topics in Physical Therapy~~ | ~~3~~ |
| ~~Spring, Year 2~~ | ~~Sem. Hrs.~~ |
| ~~PT 7252, Psychosocial Issues in Physical Therapy~~ | ~~2~~ |
| ~~Summer, Year 2~~ | ~~Sem. Hrs.~~ |
| ~~PT 7323, Imaging and Pharmacology~~ | ~~3~~ |
| ~~Fall, Year 3~~ | ~~Sem. Hrs.~~ |
| ~~PT 8872, Clinical Decision Making~~ | ~~2~~ |
| ~~PT 8573, Special Topics in Physical Therapy~~ | ~~3~~ |
| ~~Sub-total~~ | ~~5~~ |
| ~~Spring, Year 3~~ | ~~Sem. Hrs.~~ |
| ~~PT 818V, Independent Study and Cumulating Experience~~ | ~~3~~ |
| **~~Total Required Hours:~~** | ~~26~~ |

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LETTER OF NOTIFICATION – 5

DELETION

(Certificate, Degree, Option/Emphasis/Concentration, Organizational Unit)

1. Institution submitting request: *Arkansas State University - Jonesboro*

2. Contact person/title: *Kristie Vinson, Assistant Professor of Physical Therapy, College of Nursing & Health Professions*

3. Phone number/e-mail address:*870-972-3236,* [*kvinson@astate.edu*](mailto:kvinson@astate.edu)

4. Proposed effective date:*Immediately*

5. Title of certificate, degree program, option/emphasis/concentration, or organizational unit:

*Transitional Doctor of Physical Therapy*

6. CIP Code: 51.2308

7. Degree Code: 7440

8. Reason for deletion: *Diminishing student interest; program was initiated on a temporary bases and it has now run its course.*

9. Number of students still enrolled in program: *0*

10. Expected graduation date of last student: *n/a*

11. Name of courses that will be deleted as a result of this action:

*PT 7512, Professional Issues I*

*PT 7323, Imaging and Pharmacology*

12. How will students in the deleted program be accommodated? *n/a*

13. Provide documentation of written notification to students currently enrolled in program. *n/a*

14. Indicate the amount of program funds available for reallocation: *No funding was specifically tied to this program.*

15. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date: Click here to enter a date.

Board of Trustees Notification Date: Click here to enter a date.

Chief Academic officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Enter date.

Name (printed): Click here to enter text.