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| For Academic Affairs and Research Use Only |  |
| Proposal Number                            |  |
| CIP Code:                                  |  |
| Degree Code:                               |  |

## NEW OR MODIFIED COURSE PROPOSAL FORM

Undergraduate Curriculum Council

Graduate Council

New Course,  Experimental Course (1-time offering), or  Modified Course (Check one box)

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

Mark Foster 3/28/2023  
**Department Curriculum Committee Chair**

|                                   |               |
|-----------------------------------|---------------|
|                                   | ENTER DATE... |
| <b>COPE Chair (if applicable)</b> |               |

Mark Foster 3/28/2023  
**Department Chair**

|                                     |               |
|-------------------------------------|---------------|
|                                     | ENTER DATE... |
| <b>Head of Unit (if applicable)</b> |               |

Amy Hyman 03/29/2023  
**College Curriculum Committee Chair**

|   |               |
|---|---------------|
|   | ENTER DATE... |
| <b>Undergraduate Curriculum Council Chair</b> |               |

**Office of Assessment (new courses only)**

|   |        |
|---|--------|
| Len Frey                                    | 5/1/23 |
| <b>Vice Chancellor for Academic Affairs</b> |        |

Scott E. Gordon 3-29-23  
**College Dean**

|  |               |
|--|---------------|
|  | ENTER DATE... |
| <b>General Education Committee Chair (if applicable)</b> |               |

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

Dr. Jordan Johnson  
[jojohnson@astate.edu](mailto:jojohnson@astate.edu)  
8709723231

**2. Proposed starting term and Bulletin year for new course or modification to take effect**

Fall 2023, 2023-2024 Bulletin

**Instructions:**

Please complete all sections unless otherwise noted. For course modifications, sections with a "Modification requested?" prompt need not be completed if the answer is "No."

3.

|   | Current (Course Modifications Only)   | Proposed (New or Modified)<br><i>(Indicate "N/A" if no modification)</i>   |
|---|---|--|
| <b>Prefix</b>   | NURS  | NA   |
| <b>Number*</b>  | 625V  | NA   |
| <b>Title</b><br>(include a short title that's 30 characters or fewer) | AGACNP Seminar 5  | NA   |
| <b>Description**</b>  | Focuses on research-based complex care for specialization of Adult/Gerontology Acute Care Nurse Practitioner. Particular attention given to neurological disorders, shock/trauma, palliative care and special procedures. Prerequisites, <b>NURS 623V, NURS 624V, NURS 6003, NURS 6013, NURS 6023</b> | Focuses on research-based complex care for specialization of Adult/Gerontology Acute Care Nurse Practitioner. Particular attention given to neurological disorders, shock/trauma, palliative care and special procedures. Prerequisites, NURS 6003, NURS 6013, NURS 6023 Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/PMC program |

\* Confirm with the Registrar's Office that number chosen has not been used before and is available for use. For variable credit courses, indicate variable range. *Proposed number for experimental course is 9.*

\*\*Forty words or fewer (excepting prerequisites and other restrictions) as it should appear in the Bulletin.

**4. Proposed prerequisites and major restrictions [Modification requested? Yes**

(Indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).

- a. Yes Are there any prerequisites?
  - a. If yes, which ones?  
Yes, NURS 6003, NURS 6013, NURS 6023
  - b. Why or why not?  
The change request is a prerequisite modification. The foundational courses including physiology, pharmacology and advanced health assessment need to be taken prior to specialty courses.
- b. Yes Is this course restricted to a specific major?

- a. If yes, which major? Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/PMC

**5. Proposed course frequency** [Modification requested? No]

(e.g. Fall, Spring, Summer; if irregularly offered, please indicate, "irregular.") *Not applicable to Graduate courses.*

Not applicable

**6. Proposed course type** [Modification requested? No]

Will this course be lecture only, lab only, lecture and lab, activity (e.g., physical education), dissertation/thesis, capstone, independent study, internship/practicum, seminar, special topics, or studio? Please choose one.  
Practicum

**7. Proposed grade type** [Modification requested? No]

What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])  
Standard letter

**8. No** Is this course dual-listed (undergraduate/graduate)?

**9. No** Is this course cross-listed?

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross-listed course.)*

- a. - If yes, please list the prefix and course number of the cross-listed course.

Enter text...

- b. - **Yes / No** Can the cross-listed course be used to satisfy the prerequisite or degree requirements this course satisfies?

Enter text...

**10. No** Is this course in support of a new program?

- a. If yes, what program?

Enter text...

**11. No** Will this course be a one-to-one equivalent to a deleted course or previous version of this course (please check with the Registrar if unsure)?

- a. If yes, which course?

Enter text...

## Course Details

**12. Proposed outline** [Modification requested? No]

(The course outline should be topical by weeks and should be sufficient in detail to allow for judgment of the content of the course.)

**13. Proposed special features** [Modification requested? No]  
(e.g. labs, exhibits, site visitations, etc.)  
Site Visitation

**14. Department staffing and classroom/lab resources**

- a. Will this require additional faculty, supplies, etc.?  
No

**15. No** Does this course require course fees?

*If yes: please attach the New Program Tuition and Fees form, which is available from the UCC website.*

## Justification

### Modification Justification (Course Modifications Only)

#### 16. Justification for Modification(s)

The change request is a prerequisites modification. The students need to complete the didactic courses prior to the second practicum course.

### New Course Justification (New Courses Only)

#### 17. Justification for course. Must include:

- a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

## Assessment

### Assessment Plan Modifications (Course Modifications Only)

#### 18. **No** Do the proposed modifications result in a change to the assessment plan?

*If yes, please complete the Assessment section of the proposal*

### **Relationship with Current Program-Level Assessment Process (Course modifications skip this section unless the answer to #18 is "Yes")**

#### 19. What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

#### 20. Considering the indicated program-level learning outcome/s (from question #19), please fill out the following table to show how and where this course fits into the program's continuous improvement assessment process.

*For further assistance, please see the 'Expanded Instructions' document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

## Bulletin Changes

### Instructions

**Please visit <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. Please include a before (with changed areas highlighted) and after of all affected sections.**

**\*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.**

[https://catalog.astate.edu/preview\\_program.php?catoid=4&poid=999&returnto=113](https://catalog.astate.edu/preview_program.php?catoid=4&poid=999&returnto=113)

Before

Nurs 625 V AGACNP Seminar 5

Focuses on research-based complex care for specialization of Adult/Gerontology Acute Care Nurse Practitioner. Particular attention given to neurological disorders, shock/trauma, palliative care and special procedures. Prerequisites: ~~NURS 623V, NURS 624V~~ NURS 6003, NURS 6013, NURS 6023

After

Nurs 625 V AGACNP Seminar 5r

Focuses on research-based complex care for specialization of Adult/Gerontology Acute Care Nurse Practitioner. Particular attention given to neurological disorders, shock/trauma, palliative care and special procedures. Prerequisites NURS 6003, NURS 6013, NURS 6023 Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/PMC program