Submit originals and one copy and electronic copy to Governance/Faculty Senate Office (email electronic copy to jbharvie@alaska.edu)

PROGRAM/DEGREE REQUIREMENT CHANGE (MAJOR)				
SUBMITTED BY:				
Department	Allied Health	College/School	UAF Community and Technical College	
Prepared by	Cathy Winfree	Phone	907-455-2876	
Email Contact	cmwinfree@alaska.edu	Faculty Contact	Cathy Winfree	
See http://ww complete desc	w.uaf.edu/uafgov/faculty-sena ription of the rules governin	te/curriculum/cours ng curriculum & cour	se-degree-procedures-/ for a rse changes.	
PROGRAM IDE	INTIFICATION:			
DEGREE PROGI	RAW	Health Care Reimbursen	nent	
Degree Level: (i.e., Certificate, A. B.S., M.A., M.S., Ph.D.)		A.A.S., B.A.,	Certificate	
A. CHANGE IN objectives)	DEGREE REQUIREMENTS: (Brief	statement of progr	ram/degree changes and	
Minimum requirement for Certificate is 30 credits. Added Health Classes as the Preferred requirements.				
Certificate, F Minimum Re Students must Course List Code Title Credits General Unit Complete the Certificate R Complete the Program Res ENGL F111 or ABUS F2 HLTH F100 HLTH F110 HLTH F130 or CIOS F15 HLTH F234 HLTH F234 HLTH F234	X Introduction to Academic Writing 3 171 Business Communications Medical Terminology 3 Professional Skills for the Workplace Mathematics in Health Care 3 Medical Office Technology 1-3 Computer Business Applications Administrative Procedures 1 2 Human Diseases 3 Administrative Procedures II 4 Medical Coding 4 Outpatient Health Care Reimbursement	2		

C. PROPOSED REQUIREMENTS AS IT WILL APPEAR IN THE CATALOG WITH THESE CHANGES: (Underline new wording strike-through old wording and use complete catalog format)

Minimum Requirements for Certificate: 30 credits Students must earn a C- or better in each course. Course List

Code

Title: Health Care Reimbursement Certificate

Certificate, Health Care Reimbursement

Credits

General University Requirements

Complete the general university requirements.

(As part of the certificate requirements, the communication and human relations content are embedded in the major required courses for this program.)

Certificate Requirements

Complete the certificate requirements.

Program Requirements

ENGL F111X Introduction to Academic Writing 3

or ABUS F271 Business Communications 3

HLTH F100 Medical Terminology 3

HLTH F110 Professional Skills for the Workplace 2

HLTH F116 Mathematics in Health Care 3

HLTH F130 Medical Office Technology 1-3 (Preferred)

or CIOS F150 Computer Business Applications 3

HLTH F132 Administrative Procedures I 2

HLTH F208 Human Diseases 3

HLTH F234 Administrative Procedures II 4

HLTH F235 Medical Coding 4

HLTH F236 Outpatient Kealth Care Reimbursement 3

Total Credits 28-30

D. BSTINATED IMPACT

WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY, ETC.

No impact.

E. IMPACTS ON PROGRAMS/DEPTS:

What programs/departments will be affected by this proposed action? Include information on the Programs/Departments contacted (e.g., email, memo) No impact.

F. IF MAJOR CHANGE - ASSESSMENT OF THE PROGRAM:

Description of the student learning outcomes assessment process.)

Change to minimum requirement for Certificate Program.

JUSTIFICATION FOR ACTION REQUESTED

The purpose of the department and campus-wide curriculum committees is to scrutinize program/degree change applications to make sure that the quality of UAF education is not lowered as a result of the proposed change. Please address this in your response. This section needs to be self-explanatory. If you drop a course, is it because the material is covered elsewhere? Use as much space as needed to fully justify the proposed change and explain what has been done to ensure that the quality of the program is not compromised as a result.

Number of credits clarified and added preferred in HLTH F130, and minimum 30 defined.

APPROVALS: SIGNATURES MUST BE OBTAINED	D PRIOR TO SUBMISSION TO THE GOVERNANCE OFFICE		
Cottin Ulandace	Date 10/6/16		
Signature/ Chair, Program/Department of:	Allea Health		
Que Cude	Date 10/7/16		
Signature, Chair, College/School	Collined Renal Community Deil		
Curriculum Council for:	Colliged Keral Commenty Deit		
MichelStatae	Date 10/1/16		
Signature, Dean, College/School of:	CT C		
CHAIR SIGNATURE OBTAINED FOLLOWING APPROVAL BY FACULTY SENATE COMMITTEE			
	Date		
Signature, Chair, UAF Faculty Se Curriculum Review Committee	enate		

Graduate Academic and Advisory Committee