

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: SOP Dept/Division: Pharmacy Current Alpha Designator/Number: PHAR 501
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: Pharm Cont Prof Dev

Alpha Designator/Number:

P	H	A	R		5	0	1		
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Title Abbreviation:

P	h	a	r	m		C	o	n	t		P	r	o	f		D	e	v					
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u><i>Craig Kimble, PharmD, MBA, MS, BA, DTC</i></u>	Date <u>2-29-24</u>
Registrar <u><i>Suzanne Jones</i></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u><i>Cynthia B. Jones</i></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u><i>D. S. Davis</i></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: SOP

Department: Pharmacy (PharmD)

Course Number/Title PHAR 501 Pharm Cont Prof Dev 1

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE

Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE

Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 501 Pharm Cont Prof Dev 1

Rationale: Updated course description to reflect new curriculum updates. A more generic description was used for the course sequence initially.

Course Description (old): Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.

Course Description(new): Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Catalog Description (New):

PHAR 501 Pharm Cont Prof Dev 1 0 Credit hours

Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Grade Mode: Pass/Fail Grading Mode

COURSE TITLE CHANGE

Department: School of Pharmacy

Current Course Number/Title: PHAR 501 - Pharm Cont Prof Dev

New Course Title: PHAR 501 - Pharm Cont Prof Dev 1

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: SOP

Department: Pharmacy (PharmD)

Course Number/Title PHAR 502 Pharm Cont Prof Dev 2

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

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COURSE DESCRIPTION CHANGE

Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE

Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE

Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 502 Pharm Cont Prof Dev 2

Rationale: Updated course description to reflect new curriculum updates. A more generic description was used for the course sequence initially.

Course Description (old): Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.

Course Description(new): Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Catalog Description (New):

PHAR 502 Pharm Cont Prof Dev 2 0 Credit hours

Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Grade Mode: Pass/Fail Grading Mode

COURSE TITLE CHANGE

Department: School of Pharmacy

Current Course Number/Title: PHAR 502 - Pharm Cont Prof Dev

New Course Title: PHAR 502 - Pharm Cont Prof Dev 2

Request for Graduate Course Change

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2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. *The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.*

College: SOP Dept/Division: Pharmacy Current Alpha Designator/Number: PHAR 503
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: Pharm Cont Prof Dev

Alpha Designator/Number:

P	H	A	R		5	0	3			
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Title Abbreviation:

P	h	a	r	m		C	o	n	t		P	r	o	f		D	e	v						
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Signatures: If disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u>[Signature]</u>	Date <u>2-29-24</u>
Registrar <u>[Signature]</u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u>[Signature]</u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: SOP

Department: Pharmacy (PharmD)

Course Number/Title PHAR 503 Pharm Cont Prof Dev 3

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

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COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description (new)

Catalog Description:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 503 Pharm Cont Prof Dev 3

Rationale: Updated course description to reflect new curriculum updates. A more generic description was used for the course sequence initially.

Course Description (old): Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.

Course Description(new): Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Catalog Description (New):

PHAR 503 Pharm Cont Prof Dev 3 0 Credit hours

Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Grade Mode: Pass/Fail Grading Mode

COURSE TITLE CHANGE

Department: School of Pharmacy

Current Course Number/Title: PHAR 503 - Pharm Cont Prof Dev

New Course Title: PHAR 503 - Pharm Cont Prof Dev 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: SOP Dept/Division: Pharmacy Current Alpha Designator/Number: PHAR 504
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: Pharm Cont Prof Dev

Alpha Designator/Number:

P	H	A	R		5	0	4				
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Title Abbreviation:

P	h	a	r	m		C	o	n	t		P	r	o	f		D	e	v				
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Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u><i>[Signature]</i></u>	Date <u>7-29-24</u>
Registrar <u><i>[Signature]</i></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u><i>[Signature]</i></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u><i>[Signature]</i></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: SOP

Department: Pharmacy (PharmD)

Course Number/Title PHAR 504 Pharm Cont Prof Dev 4

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter **NOT APPLICABLE** if not applicable.

No

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter **NOT APPLICABLE** if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter **NOT APPLICABLE** if not applicable.)

N/A

Request for Graduate Course Change - Page 5

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COURSE DESCRIPTION CHANGE

Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE

Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE

Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 504 Pharm Cont Prof Dev 4

Rationale: Updated course description to reflect new curriculum updates. A more generic description was used for the course sequence initially.

Course Description (old): Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.

Course Description(new): Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Catalog Description (New):

PHAR 504 Pharm Cont Prof Dev 4 0 Credit hours

Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Grade Mode: Pass/Fail Grading Mode

COURSE TITLE CHANGE

Department: School of Pharmacy

Current Course Number/Title: PHAR 504 - Pharm Cont Prof Dev

New Course Title: PHAR 504 - Pharm Cont Prof Dev 4

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: SOP

Department: Pharmacy (PharmD)

Course Number/Title PHAR 505 Pharm Cont Prof Dev 5

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Request for Graduate Course Change - Page 5

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COURSE DESCRIPTION CHANGE

Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE

Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE

Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 505 Pharm Cont Prof Dev 5

Rationale: Updated course description to reflect new curriculum updates. A more generic description was used for the course sequence initially.

Course Description (old): Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.

Course Description(new): Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Catalog Description (New):

PHAR 505 Pharm Cont Prof Dev 5 0 Credit hours

Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Grade Mode: Pass/Fail Grading Mode

COURSE TITLE CHANGE

Department: School of Pharmacy

Current Course Number/Title: PHAR 505 - Pharm Cont Prof Dev

New Course Title: PHAR 505 - Pharm Cont Prof Dev 5

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. *The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.*

College: SOP Dept/Division: Pharmacy Current Alpha Designator/Number: PHAR 524
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: Drug Info & Comm Skills

Alpha Designator/Number:

P	H	A	R		5	2	4		
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Title Abbreviation:

D	r	u	g		I	n	f	o		&		C	o	m	m		S	k	i	l	l	s		
---	---	---	---	--	---	---	---	---	--	---	--	---	---	---	---	--	---	---	---	---	---	---	--	--

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
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5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u>Craig Kimble, PharmD</u>	Date <u>2-29-24</u>
Registrar <u>Songui Songui</u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u>D. S. L. Jones</u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy Department/Division: Pharmacy Alpha Designator/Number: PHAR 524

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From (limited to 30 characters and spaces)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: To: YES NO

If Yes, Rationale

Change in COURSE NUMBER: YES NO

From: To:

If Yes, Rationale

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From Topics covered include basic skills in obtaining and utilizing drug information references, and foundational skills required in patient counseling, such as the Indian Health method of counseling.

To Topics covered include skills in obtaining and utilizing drug information references and foundational skills required in patient counseling.

If Yes Rationale Updated to be consistent with current contemporary pharmacy practice requirements and terminology.

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: SOP

Department: Pharmacy (PharmD)

Course Number/Title PHAR 524 Drug Info & Comm Skills

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

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COURSE DESCRIPTION CHANGE

Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE

Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE

Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 524 Drug Info & Comm Skills

Rationale: Updated to be consistent with current contemporary pharmacy practice requirements and terminology.

Course Description (old): Topics covered include basic skills in obtaining and utilizing drug information references, and foundational skills required in patient counseling, such as the Indian Health method of counseling.

Grade Mode: Normal Grading Mode

Course Description(new): Topics covered include skills in obtaining and utilizing drug information references and foundational skills required in patient counseling.

Catalog Description (New):

PHAR 524 Drug Info & Comm Skills 2 Credit hours

Topics covered include skills in obtaining and utilizing drug information references and foundational skills required in patient counseling.

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

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College: SOP Dept/Division: Pharmacy Current Alpha Designator/Number: PHAR 533
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: Introduction to Pharmacy 1Alpha Designator/Number:


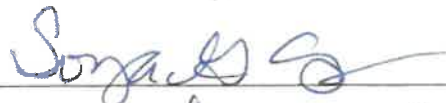

P	H	A	R		5	3	3		
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Title Abbreviation:

I	n	t	r	o	d	u	c	t	i	o	n		t	o		P	h	a	r	m	a	c	y	1
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Dept. Chair/Division Head		Date	<u>2-29-24</u>
Registrar		Date	<u>3-11-2024</u>
College Curriculum Chair	<u>Cynthia B. Jones</u>	Date	<u>2/29/2024</u>
Graduate Council Chair		Date	<u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: SOP

Department: Pharmacy (PharmD)

Course Number/Title PHAR 506 Pharm Cont Prof Dev 6

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter **NOT APPLICABLE** if not applicable.

No

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter **NOT APPLICABLE** if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter **NOT APPLICABLE** if not applicable.

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE

Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE

Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D)
Course Number and Title: PHAR 533 Introduction to Pharmacy 1
Rationale: Removal of pre-requisite course. Course no longer exists (in old curriculum).

Course Description (old):

PHAR 533 Introduction to Pharmacy 1 3 Credit hours
Continued professional development of the pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.
Pre-req: PHAR 541 with a minimum grade of C.
Grade Mode: Normal Grading Mode

Course Description(new):

Continued professional development of the pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

Catalog Description (New):

PHAR 533 Introduction to Pharmacy 1 3 Credit hours
Continued professional development of the pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title



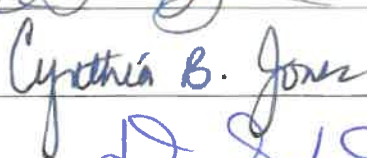
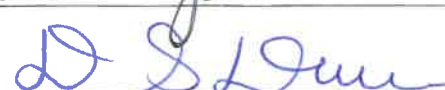
Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:
Course Number and Title:
Rationale for deletion:
Final Term Offered:
Courses added (*if any*):

Department: Pharmacy (PharmD)
Course Number and Title: PHAR 612 Therapeutic Drug Dosing
Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Course material was integrated in PHAR 537.
Final Term Offered: Spring 2022.
Courses added (if any): Change in curriculum.
(added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title

Rationale for Course Deletion

Has been replaced with PHAR 537 Pharmacokinetics in the new curriculum.

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head	<i>Craig Kimble, PharmD, MEd, MS, PharmD, FLS</i>	Date	<i>7-29-24</i>
Registrar	<i>Sara G. [Signature]</i>	Date	<i>3-11-2024</i>
College Curriculum Chair	<i>Cynthia B. Jones</i>	Date	<i>2/21/2024</i>
Graduate Council Chair	<i>D. S. [Signature]</i>	Date	<i>5-6-24</i>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Rationale for deletion:

Final Term Offered:

Courses added (*if any*):

Department: Pharmacy (PharmD)

Course Number and Title: PHAR 631 - Pharmacometrics

Rationale for deletion: **Has been replaced with PHAR 537 Pharmacokinetics in the new curriculum.**

Final Term Offered: Spring 2022.

Courses added (*if any*):

(added previously; already exists in catalog; Plan of study is correct in catalog)

PHAR 537 Pharmacokinetics 3 Credit hours

An introductory course emphasizing basic principles in pharmacokinetics.

Grade Mode: Normal Grading Mode

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept./Div.

Contact Person Phone

Current Course Number and Title

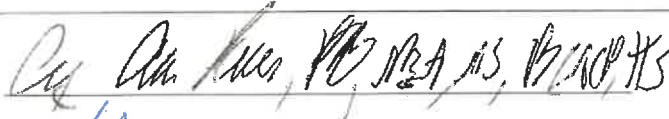
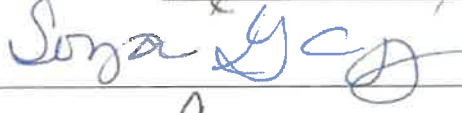
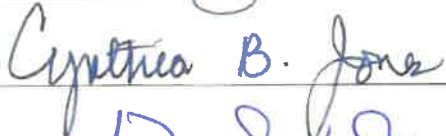

Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Rationale for deletion:

Final Term Offered:

Courses added (*if any*):

Department: Pharmacy (PharmD)

Course Number and Title: PHAR 632 PPM Leadership

Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Course material was integrated in PHAR 662 Pharmacy Administration Module.

Final Term Offered: Spring 2022.

Courses added (if any): Change in curriculum.

(added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept./Div.

Contact Person Phone

Current Course Number and Title



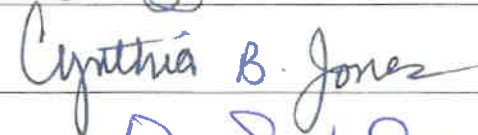

Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:
Course Number and Title:
Rationale for deletion:
Final Term Offered:
Courses added (if any):

Department: Pharmacy (PharmD)
Course Number and Title: PHAR 633 Patient Care Skills Lab
Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Course material was integrated in pharmacy practice lab series.
Final Term Offered: Spring 2022.
Courses added (if any): Change in curriculum.
(added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 644
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: PHAR 644 Therapeutics 4 Endocrine

Alpha Designator/Number:

P	H	A	R		6	4	4		
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Title Abbreviation:

T	h	e	r	a	p	e	u	t	i	c	s		4		E	n	d	o	c	r	i	n	e		
---	---	---	---	---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	---	---	--	--

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u>[Signature]</u>	Date <u>2-29-24</u>
Registrar <u>[Signature]</u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u>[Signature]</u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy (SOP) Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 644

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

T	h	e	r	a	p	e	u	t	i	c	s		4		E	n	d	o	c	r	i	n	e				
---	---	---	---	---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--

 (limited to 30 characters and spaces)

To

T	h	e	r	a	p	e	u	t	i	c	s		4	-	E	n	d	o	c	r	i	n	e				
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

If Yes, Rationale

All therapeutics modules have been adjusted in the new curriculum and should be descriptive of the content. Added content for clarity and updated sequencing. Now taught in spring of p2 year replacing PHAR 741 which was taught previously in fall of P3 year.

Change in COURSE ALPHA DESIGNATOR:

From:

--	--	--	--

 To

--	--	--	--

 YES NO

If Yes, Rationale

Change in COURSE NUMBER: YES NO

From:

--	--	--	--

 To:

--	--	--	--

If Yes, Rationale

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

To

If Yes
Rationale

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 644 Therapeutics 4 Endocrine

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy (PharmD)

Course Number and Title: PHAR 644 Therapeutics 4 Endocrine

Rationale: Updated title for sequencing and descriptors. Update to plan of study; Replaces PHAR 741 and is now taught in spring of 2nd year instead of fall of 3rd year. New course.

Course Description (old)

PHAR 644 Therapeutics 4 Endocrine 4 Credit hours

Students will learn about therapeutic and prophylactic treatments for diseases of the endocrine, genitourinary and reproductive systems. Use of medication and non-medication interventions will be emphasized as deemed appropriate. This course will emphasize performance of the activities of the pharmacist as health care provider.

Grade Mode: Normal Grading Mode

Course Description: (new)

PHAR 644 Therapeutics 4 - Endocrine 4 Credit hours

Students will learn about therapeutic and prophylactic treatments for diseases of the endocrine, genitourinary and reproductive systems. Use of medication and non-medication interventions will be emphasized as deemed appropriate. This course will emphasize performance of the activities of the pharmacist as health care provider.

Grade Mode: Normal Grading Mode

Catalog Description:

Students will learn about therapeutic and prophylactic treatments for diseases of the endocrine,

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept./Div.

Contact Person Phone

Current Course Number and Title



Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair	<u>Cyethun B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair	_____	Date _____

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Rationale for deletion:

Final Term Offered:

Courses added (*if any*):

Department: Pharmacy (PharmD)

Course Number and Title: PHAR 671 Therapeutics III

Rationale for deletion: Course was deleted in new curriculum revision (Replaced with PHAR 652 and material integrated to some other therapeutics courses). Last offered spring 2022.

No plans to further offer this course.

Final Term Offered: Spring 2022.

Courses added (if any): PHAR 652 Therapeutics 2-Cardiology replaces this course (added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title

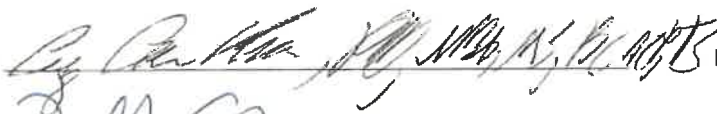

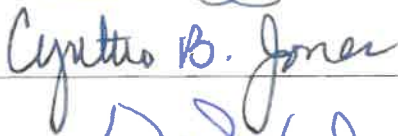

Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Rationale for deletion:

Final Term Offered:

Courses added (if any):

Department: Pharmacy (PharmD)

Course Number and Title: PHAR 712 Capstone Diabetes Care

Rationale for deletion: Course was deleted in new curriculum revision and moved into the pharmacy practice lab p3 sequence. Last offered spring 2023. No plans to further offer this course.

Final Term Offered: Spring 2023.

Courses added (if any): Change in curriculum. Moved into pharmacy practice lab sequence. (added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title

Rationale for Course Deletion	Course was deleted in new curriculum revision and moved into PHAR 723 - Therapeutics 7-Special Populations as a module.
<p>Final term and year this course is to be offered: Fall 20 <input type="checkbox"/> Spring 20 <input checked="" type="checkbox"/> 23 Summer 20 <input type="checkbox"/></p> <p>Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.</p> <p>Course Number and Title <input type="text" value="Course no longer required"/> Credit Hrs. <input type="text" value="2"/></p>	

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-28-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:
Course Number and Title:
Rationale for deletion:
Final Term Offered:
Courses added (*if any*):

Department: Pharmacy (PharmD)
Course Number and Title: PHAR 721 Therapeutics 7
Rationale for deletion: Course was deleted in new curriculum revision and moved into PHAR 723 - Therapeutics 7-Special Populations as a module.
Final Term Offered: Spring 2023.
Courses added (*if any*): Course was deleted in new curriculum revision and moved into PHAR 723 - Therapeutics 7-Special Populations as a module.

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title

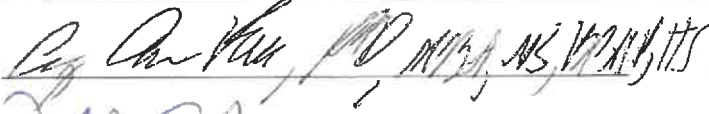

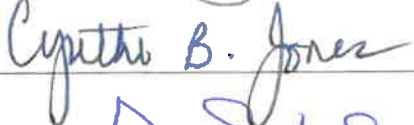

Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:
Course Number and Title:
Rationale for deletion:
Final Term Offered:
Courses added (*if any*):

Department: School of Pharmacy (PharmD)
Course Number and Title: PHAR 622 - Patient Safety
Rationale for deletion: Course was in old curriculum and was last taught in Fall 2022. Course was replaced by P2 course PHAR 623 Patient Safety.
Final Term Offered: Fall 2022
Courses added (*if any*): This course was previously replaced with PHAR 623 which is already listed in the course catalog and in MU Bert. Plan of study is correct in MU graduate catalog.

PHAR 623 Patient Safety 2 Credit hours
Further professional development in the management of patient safety policies and procedures. Areas covered: medication reconciliation, discharge planning, risk management, and other methods of improving patient safety.
Grade Mode: Normal Grading Mode

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept./Div.

Contact Person Phone

Current Course Number and Title



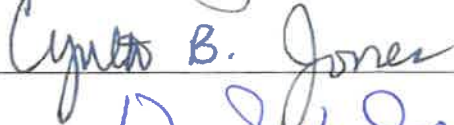

Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:
Course Number and Title:
Rationale for deletion:
Final Term Offered:
Courses added (*if any*):

Department: Pharmacy (PharmD)
Course Number and Title: PHAR 731 Case Studies
Rationale for deletion: Course was deleted from the new curriculum. Material was moved into the pharmacy practice labs. Course was last taught in 2022. No plans to further teach this course.

Final Term Offered: Fall 2022.

Courses added (if any): Content was integrated into the pharmacy practice lab series; (added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 735
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: PHAR 735 Pharmacy Law & Ethics

Alpha Designator/Number:

P	H	A	R		7	3	5		
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Title Abbreviation:

P	h	a	r	m	a	c	y		L	a	w		&		E	t	h	i	c	s			
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u>[Signature]</u>	Date <u>7-29-24</u>
Registrar <u>[Signature]</u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u>[Signature]</u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy (SOP) Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 735

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From (limited to 30 characters and spaces)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: To: YES NO

If Yes, Rationale

Change in COURSE NUMBER: YES NO

From: To:

If Yes, Rationale

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

To

If Yes Rationale

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From **2 SCH on plan of study and 3 SCH on GC listing Page 437 and Page 323**

To **3 SCH on grad catalog and on plan of study; Page 437 and Page 323**

Change in COURSE CONTENT: YES NO

From

To

Rationale **N/A**

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 735 Pharmacy Law & Ethics

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy (PharmD)

Course Number and Title: PHAR 735 Pharmacy Law & Ethics

Rationale: 2 SCH on plan of study and 3 SCH on GC listing Page 437 and Page 323

Course Description (old)

PHAR 735 Pharmacy Law & Ethics 3 Credit hours

An applied analysis of federal and West Virginia state law and ethical standards in the practice of Pharmacy and Pharmaceutical Care.

Grade Mode: Normal Grading Mode

Course Description: (new)

PHAR 735 Pharmacy Law & Ethics 3 Credit hours

An applied analysis of federal and West Virginia state law and ethical standards in the practice of Pharmacy and Pharmaceutical Care.

Grade Mode: Normal Grading Mode

Catalog Description:

An applied analysis of federal and West Virginia state law and ethical standards in the practice of Pharmacy and Pharmaceutical Care.

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title

Rationale for Course Deletion



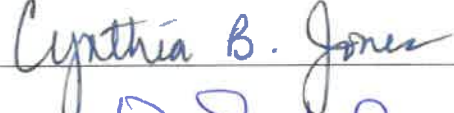

Course was deleted from the new curriculum. Material was moved into the PHAR 644 Therapeutics 4-Endocrine. Course was last taught in Fall of 2022. New content is in spring of P2 year (PHAR 644), No plans to further teach this course.

Final term and year this course is to be offered: Fall 20 22 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Rationale for deletion:

Final Term Offered:

Courses added (if any):

Department: Pharmacy (PharmD)

Course Number and Title:

PHAR 741 Ther-Endocrine 4 Credit hours

Students will learn about the therapeutic use of medication and non-medication interventions for reproduction, and treatment and prevention of endocrine and genitourinary diseases.

Grade Mode: Normal Grading Mode

Rationale for deletion: the PHAR 644 Therapeutics 4-Endocrine. Course was last taught in 2022. No plans to further teach this course.

Final Term Offered: Fall 2022.

Courses added (if any): Content was moved into new module in new curriculum - PHAR 644 Therapeutics 4-Endocrine. Was in Fall of P3 and now in spring of P2 year (PHAR 644). (added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept./Div.

Contact Person Phone

Current Course Number and Title

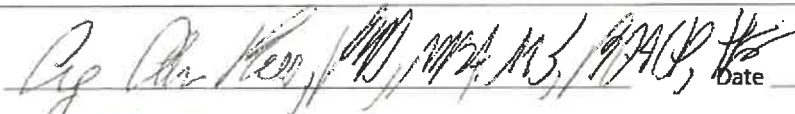
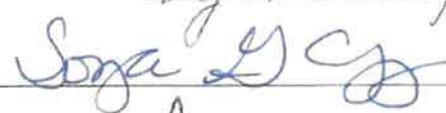
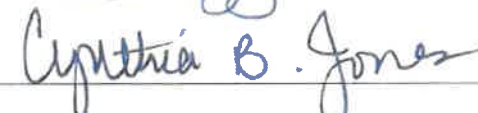
Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 23 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/21/2024</u>
Graduate Council Chair	_____	Date _____

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Rationale for deletion:

Final Term Offered:

Courses added (if any):

Department: Pharmacy (PharmD)

Course Number and Title:

PHAR 742 HemeOnc Nutrition Hepa MS 4 Credit hours

Students will learn treatment/prevention of heme-onc, nutrition, hepatic and musculoskeletal diseases including the pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a health care provider.

Grade Mode: Normal Grading Mode

Rationale for deletion: Course was deleted from the new curriculum. Material was divided into 2 courses - (1) PHAR 743-Therapeutics 9-Hematology-Oncology and (2) PHAR 730 Therapeutics 8-Derm/Ophthal/Musc Dis. Course was last taught in spring 2023.

Final Term Offered: Spring 2023.

Courses added (if any): Course was deleted from the new curriculum. Material was divided into 2 courses - (1) PHAR 743-Therapeutics 9-Hematology-Oncology and (2) PHAR 730

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 743
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: PHAR 743 Therapeutics 9 Hem Onc

Alpha Designator/Number:

P	H	A	R		7	4	3		
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Title Abbreviation:

T	h	e	r	a	p	e	u	t	i	c	s		9	-	H	e	m	/	O	n	c	o	l	
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u>[Signature]</u>	Date <u>2-29-24</u>
Registrar <u>[Signature]</u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u>[Signature]</u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy (SOP)

Department/Division: Pharmacy (PharmD)

Alpha Designator/Number: PHAR 743

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

T	H	E	R	A	P	E	U	T	I	C	S	9	H	E	M	O	N	C						
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 (limited to 30 characters and spaces)

To

T	H	E	R	A	P	E	U	T	I	C	S	9	-	H	E	M	/	O	N	C	O	L	O	G	Y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

If Yes, Rationale

All therapeutics modules have been adjusted in the new curriculum and should be descriptive of the content. Added content for clarity and updated sequencing. 4 SCH.
--

Change in COURSE ALPHA DESIGNATOR:

From:

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 To

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 YES NO

If Yes, Rationale

--

Change in COURSE NUMBER: YES NO

From:

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 To:

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If Yes, Rationale

--

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

--

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

--

To

--

If Yes
Rationale

--

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale **N/A**

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 743 Therapeutics 9 Hem Onc

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE

Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE

Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy (PharmD)
Course Number and Title: PHAR 743 Therapeutics 9 Hem Onc
Rationale: Updated title for sequencing and descriptors. Was updated with new curriculum into module format.
30 letter Title: Therapeutics 9-Hem/Oncology
Full Title: PHAR 743 Therapeutics 9-Hematology/Oncology

Course Description (old)

PHAR 743 Therapeutics 9 Hem Onc 4 Credit hours
Students will learn treatment/prevention of heme-onc diseases including physiology, pathophysiology, pharmacology and therapy. Activities emphasized include patient assessment, consultation monitoring, communication, and drug effectiveness (safety, interactions, and adverse events).
Grade Mode: Normal Grading Mode

Course Description: (new)

PHAR 743 Therapeutics 9-Hem/Oncology 4 Credit hours
Students will learn treatment/prevention of heme-onc diseases including physiology, pathophysiology, pharmacology and therapy. Activities emphasized include patient assessment, consultation monitoring, communication, and drug effectiveness (safety, interactions, and adverse events).
Grade Mode: Normal Grading Mode

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title

Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Rationale for deletion:

Final Term Offered:

Courses added (if any):

Department: Pharmacy (PharmD)

Course Number and Title:

PHAR 751 Neuro & Psychiatric Dis 5 Credit hours

Students will learn treatment and prevention of neurological and psychiatric diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a health care provider.

Grade Mode: Normal Grading Mode

Rationale for deletion: Course was deleted from the new curriculum. Material was moved into the PHAR 752 - Therapeutics 6-Neurology. Course was last taught in Fall of 2022. No plans to further teach this course.

Final Term Offered: Fall 2022.

Courses added (if any): Course was deleted from the new curriculum. Material was moved into the PHAR 752 - Therapeutics 6-Neurology. Course was last taught in Fall of 2022. No plans to further teach this course.

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title



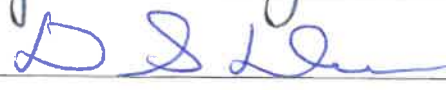
Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 19 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-29-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair	<u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:
Course Number and Title:
Rationale for deletion:
Final Term Offered:
Courses added (if any):

Department: Pharmacy (PharmD)
Course Number and Title: PHAR 812 Pharm Prac Exp II (IPPE II)
Rationale for deletion: PHAR 812 and PHAR 814 were merged into a new course two curriculum changes ago which is now PHAR 821. These two courses have not been offered in a number of years and need deleted.
Final Term Offered: Spring 2019.
Courses added (if any):
(added previously; already exists in catalog; Plan of study is correct in catalog)
PHAR 821 IPPE Institutional 2 Credit hours
The Introductory Pharmacy Practice Experience in Institutions is designed to allow the student to demonstrate knowledge and skill learned in the classroom while concurrently gaining understanding to the systems and function of the pharmacy in an institutional setting.
Grade Mode: Normal Grading Mode.

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 813
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 813 IPPE 3 Community 2

Alpha Designator/Number:


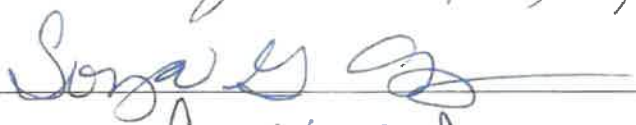

P	H	A	R	8	1	3			
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Title Abbreviation:

I	P	P	E	3	C	o	m	m	u	n	i	t	y	2				
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>2-7-2024</u>
Registrar <u></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy

Department/Division: Pharmacy (PharmD)

Alpha Designator/Number: PHAR 813

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

P	H	A	R		8	1	3		I	P	P	E		3		C	o	m	m	u	n	i	t	y		2	
---	---	---	---	--	---	---	---	--	---	---	---	---	--	---	--	---	---	---	---	---	---	---	---	---	--	---	--

 (limited to 30 characters and spaces)

To

I	P	P	E		-		C	o	m	m	u	n	i	t	y		P	h	a	r	m	a	c	y		2			
---	---	---	---	--	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	--	--	--

If Yes, Rationale

Updated title to reflect the experiences to aid in student registration. Full title: PHAR 813 IPPE-Community Pharmacy 2 IPPE = Introductory Pharmacy Practice Experience
--

Change in COURSE ALPHA DESIGNATOR:

From:

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 To

--	--	--	--

 YES NO

If Yes, Rationale

N/A

Change in COURSE NUMBER: YES NO

From:

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 To:

--	--	--	--

If Yes, Rationale

N/A

Change in COURSE GRADING

From

--

 Grade To

--

 Credit/No Credit

Rationale

N/A

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

PHAR 813 IPPE 3 Community 2 1 Credit hour Builds on the foundation of the Community Pharmacy 1 experience. The student will demonstrate critical thinking and problem solving skills, topical compounding skills, and professional attitude and behaviors.

To

PHAR 813 IPPE-Community Pharmacy 2 1 Credit hour Builds on the foundation of the Community Pharmacy 1 experience. The student will demonstrate critical thinking and problem solving skills, topical compounding skills, and professional attitude and behaviors.
--

If Yes Rationale

updated for sequential listing in catalog

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 813 IPPE-Community Pharmacy 2

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter **NOT APPLICABLE** if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter **NOT APPLICABLE** if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter **NOT APPLICABLE** if not applicable.

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

COURSE TITLE CHANGE

Department: School of Pharmacy; PharmD

Current Course Number/Title: PHAR 813 IPPE 3 Community 2

New Course Title: PHAR 813 IPPE-Community Pharmacy 2

30 Character version: PHAR 813 IPPE Community Pharmacy 2

Rationale:

Updated for sequential course catalog listing.

Full title: PHAR 813 IPPE-Community Pharmacy 2

IPPE = Introductory Pharmacy Practice Experience

Catalog Description:

Current:

PHAR 813 IPPE 3 Community 2 1 Credit hour

Builds on the foundation of the Community Pharmacy 1 experience. The student will demonstrate critical thinking and problem solving skills, topical compounding skills, and professional attitude and behaviors.

Grade Mode: Normal Grading Mode

Proposed:

PHAR 813 IPPE-Community Pharmacy 2 1 Credit hour

Builds on the foundation of the Community Pharmacy 1 experience. The student will demonstrate critical thinking and problem solving skills, topical compounding skills, and professional attitude and behaviors.

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title

Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 19 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date <u>2-24-24</u>
Registrar		Date <u>3-11-2024</u>
College Curriculum Chair		Date <u>2/29/2024</u>
Graduate Council Chair		Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Rationale for deletion:

Final Term Offered:

Courses added (if any):

Department: Pharmacy (PharmD)

Course Number and Title: PHAR 814 Intro Phar Institutions 2

Rationale for deletion: PHAR 812 and PHAR 814 were merged into a new course two curriculum changes ago which is now PHAR 821. These two courses have not been offered in a number of years and need deleted.

Final Term Offered: Spring 2019.

Courses added (if any):

(added previously; already exists in catalog; Plan of study is correct in catalog)

PHAR 821 IPPE Institutional 2 Credit hours

The Introductory Pharmacy Practice Experience in Institutions is designed to allow the student to demonstrate knowledge and skill learned in the classroom while concurrently gaining understanding to the systems and function of the pharmacy in an institutional setting.

Grade Mode: Normal Grading Mode.

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 815
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 815 Phar Prac Exp 5 IPPE 5

Alpha Designator/Number:

P	H	A	R	8	1	5			
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Title Abbreviation:

P	h	a	r		P	r	a	c		E	x	p		5		I	P	P	E		5			
---	---	---	---	--	---	---	---	---	--	---	---	---	--	---	--	---	---	---	---	--	---	--	--	--

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u>[Signature]</u>	Date <u>2-29-24</u>
Registrar <u>[Signature]</u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u>[Signature]</u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 815 IPPE-Outpatient Clinical Skills

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE

Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE

Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE TITLE CHANGE

Department: School of Pharmacy; PharmD
Current Course Number/Title: PHAR 815 Phar Prac Exp 5 IPPE 5
New Course Title: PHAR 815 IPPE-Outpatient Clinical Skills
30 Character version: PHAR 815 IPPE-Outpat Clinical Skills
Rationale:
Updated for sequential course catalog listing.
Full title: PHAR 815 IPPE-Outpatient Clinical Skills
IPPE = Introductory Pharmacy Practice Experience

Catalog Description:

Current:

PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour
Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.
Grade Mode: Normal Grading Mode

Proposed:

PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour
Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.
Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. *The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.*

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 816
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 816 Inpatient Clinical Skills

Alpha Designator/Number:



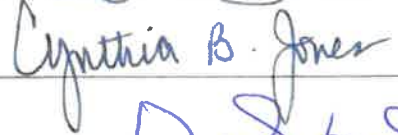

P	H	A	R	8	1	6			
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Title Abbreviation:

I	P	P	E	-	I	n	p	a	t	C	l	i	n	S	k	i	l	l	s		
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>2-29-24</u>
Registrar <u></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 816

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

I	n	p	a	t	e	n	t	C	l	i	n	i	c	a	l	S	k	i	l	s		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

 (limited to 30 characters and spaces)

To

I	P	P	E	-	I	n	p	a	t	C	l	i	n	i	c	a	l	S	k	i	l	s	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

If Yes, Rationale

Updated title to reflect the experiences to aid in student registration. Full title: PHAR 816 IPPE-Inpatient Clinical Skills IPPE = Introductory Pharmacy Practice Experience

Change in COURSE ALPHA DESIGNATOR:

From:

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 To

--	--	--	--

 YES NO

If Yes, Rationale

N/A

Change in COURSE NUMBER: YES NO

From:

--	--	--	--

 To:

--	--	--	--

If Yes, Rationale

N/A

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

N/A

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

PHAR 816 Inpatient Clinical Skills 1 Credit hour Introduces the pharmacy student to the clinical skills in an institutional setting needed to be successful. Student will demonstrate appropriate drug dosing and drug selection based on patient characteristics.

To

PHAR 816 IPPE-Inpatient Clinical Skills 1 Credit hour Introduces the pharmacy student to the clinical skills in an institutional setting needed to be successful. Student will demonstrate appropriate drug dosing and drug selection based on patient characteristics.
--

If Yes Rationale

updated for sequential listing in catalog

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title: PHAR 816 IPPE-Inpatient Clinical Skills

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter **NOT APPLICABLE** if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter **NOT APPLICABLE** if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter **NOT APPLICABLE** if not applicable.

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE

Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE

Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE TITLE CHANGE

Department: School of Pharmacy; PharmD
Current Course Number/Title: PHAR 816 Inpatient Clinical Skills
New Course Title: PHAR 816 IPPE-Inpatient Clinical Skills
30 Character version: PHAR 816 IPPE-Inpat Clinical Skills
Rationale:
Updated for sequential course catalog listing.
Full title: PHAR 816 IPPE-Inpatient Clinical Skills
IPPE = Introductory Pharmacy Practice Experience

Catalog Description:

Current:
PHAR 816 Inpatient Clinical Skills 1 Credit hour
Introduces the pharmacy student to the clinical skills in an institutional setting needed to be successful. Student will demonstrate appropriate drug dosing and drug selection based on patient characteristics.
Grade Mode: Normal Grading Mode

Proposed:

PHAR 816 IPPE-Inpatient Clinical Skills 1 Credit hour
Introduces the pharmacy student to the clinical skills in an institutional setting needed to be successful. Student will demonstrate appropriate drug dosing and drug selection based on patient characteristics.
Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 817
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 817 Intro Phar Prac Exp IPPE 7

Alpha Designator/Number:




P	H	A	R	8	1	7			
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Title Abbreviation:

I	n	t	r	o		P	h	a	r		P	r	a	c		E	x	p		I	P	P	E	7
---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	--	---	---	---	--	---	---	---	---	---

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>2-29-24</u>
Registrar <u></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 817

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

I	n	t	r	o		P	h	a	r		P	r	a	c		E	x	p		I	P	P	E		7			
---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	--	---	---	---	--	---	---	---	---	--	---	--	--	--

 (limited to 30 characters and spaces)

To

I	P	P	E		P	h	a	r		M	a	n	a	g	e	m	e	n	t										
---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

If Yes, Rationale

Updated title to reflect the experiences to aid in student registration. Full title: PHAR 817 IPPE-Pharmacy Management IPPE = Introductory Pharmacy Practice Experience

Change in COURSE ALPHA DESIGNATOR:

From:

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 To

--	--	--	--

 YES NO

If Yes, Rationale

N/A

Change in COURSE NUMBER: YES NO

From:

--	--	--	--

 To:

--	--	--	--

If Yes, Rationale

N/A

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

N/A

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

PHAR 817 Intro Phar Prac Exp IPPE 7 1 Credit hour Students are exposed to the role and responsibilities of a pharmacy team leader, manager, or director and the application of management strategy, tools, and responsibilities. Grade Mode: Normal Grading Mode
--

To

PHAR 817 IPPE-Pharmacy Management 1 Credit hour Students are exposed to the role and responsibilities of a pharmacy team leader, manager, or director and the application of management strategy, tools, and responsibilities. Grade Mode: Normal Grading Mode
--

If Yes Rationale

updated for sequential listing in catalog

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 817 IPPE-Pharmacy Management

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter **NOT APPLICABLE** if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter **NOT APPLICABLE** if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter **NOT APPLICABLE** if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

COURSE TITLE CHANGE

Department: School of Pharmacy; PharmD

Current Course Number/Title: PHAR 817 Intro Phar Prac Exp IPPE 7

New Course Title: PHAR 817 IPPE-Pharmacy Management

30 Character version: PHAR 817 IPPE-Pharmacy Management

Rationale:

Updated for sequential course catalog listing.

Full title: PHAR 817 IPPE-Pharmacy Management

IPPE = Introductory Pharmacy Practice Experience

Catalog Description:

Current:

PHAR 817 Intro Phar Prac Exp IPPE 7 1 Credit hour

Students are exposed to the role and responsibilities of a pharmacy team leader, manager, or director and the application of management strategy, tools, and responsibilities.

Grade Mode: Normal Grading Mode

Proposed:

PHAR 817 IPPE-Pharmacy Management 1 Credit hour

Students are exposed to the role and responsibilities of a pharmacy team leader, manager, or director and the application of management strategy, tools, and responsibilities.

Grade Mode: Normal Grading Mode

Request for Graduate Course Deletion

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title

Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: If disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head *Craig Kimble, PharmD* Date *2-29-24*

Registrar *Song D. Song* Date *3-11-2024*

College Curriculum Chair *Cynthia B. Jones* Date *2/21/2024*

Graduate Council Chair *D. S. Deen* Date *5-6-24*

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:
Course Number and Title:
Rationale for deletion:
Final Term Offered:
Courses added (*if any*):

Department: Pharmacy (PharmD)
Course Number and Title: PHAR 818 Education IPPE 8
Rationale for deletion: Course was eliminated 2 curricular revisions ago and has not been offered in a number of years and needs deleted.

Final Term Offered: Spring 2015.

Courses added (if any): Change in curriculum.
(added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title

Rationale for Course Deletion	Course was deleted in new curriculum revision. Last offered spring 2023. No plans to further offer this course. Was tied to VA records access and access to remote records process has changed.
<p>Final term and year this course is to be offered: Fall 20 <input type="checkbox"/> Spring 20 <input checked="" type="checkbox"/> 23 Summer 20 <input type="checkbox"/></p> <p>Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.</p> <p>Course Number and Title <input type="text" value="Course no longer required"/> Credit Hrs. <input type="text" value="1"/></p>	

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date	<u>2-29-24</u>
Registrar		Date	<u>3-1-2024</u>
College Curriculum Chair		Date	<u>2/29/2024</u>
Graduate Council Chair		Date	<u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:
Course Number and Title:
Rationale for deletion:
Final Term Offered:
Courses added (if any):

Department: Pharmacy (PharmD)
Course Number and Title: PHAR 819 Long Care of Patient
Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2023. No plans to further offer this course. Was tied to VA records access and access to remote records process has changed.

Final Term Offered: Spring 2023.

Courses added (if any): Change in curriculum.
(added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 652
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: PHAR 652 Therapeutics 2 Cardiology

Alpha Designator/Number:



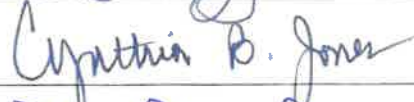

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Title Abbreviation:

T	h	e	r	a	p	e	u	t	i	c	s		2		C	a	r	d	i	o	l	o	g	y
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
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5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>7-29-24</u>
Registrar <u></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy (SOP)

Department/Division: Pharmacy (PharmD)

Alpha Designator/Number: PHAR 652

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From (limited to 30 characters and spaces)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: To YES NO

If Yes, Rationale

Change in COURSE NUMBER: YES NO

From: To:

If Yes, Rationale

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

To

If Yes Rationale

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From 4 SCH

To 5 SCH

Change in COURSE CONTENT: YES NO

From

To

Rationale

In one place in the course catalog lists as 4 SCH(POS; Page 323); In another it lists as 5 SCH. This is a 5 SCH course.

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 652 Therapeutics 2 Cardiology

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description: (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE TITLE CHANGE

Department: School of Pharmacy (PharmD)

Current Course Number and Title: PHAR 652 Therapeutics 2 Cardiology

New Course Title: PHAR 652 Therapeutics 2-Cardiology

Rationale: Updated title for sequencing and descriptors. Update to plan of study; Updated SCH listing to 5 hours so will be updated in multiple places in course catalog. Was updated with new curriculum.

Course Description (old)

PHAR 652 Therapeutics 2 Cardiology 5 Credit hours

Students will learn about the therapeutic interventions for the treatment and prevention of cardiovascular and pulmonary diseases. Exploration of normal human physiology, disease pathophysiology, and the pharmacologic and chemical properties of medications will precede discussions of therapeutic use. This course will emphasize performance of the activities of the pharmacist as a health care provider.

Grade Mode: Normal Grading Mode

Course Description: (new)

PHAR 652 Therapeutics 2-Cardiology 5 Credit hours

Students learn about therapeutic interventions for treatment and prevention of cardiovascular and pulmonary diseases. Exploration of human physiology, disease pathophysiology, and medications pharmacologic and chemical properties precede therapeutic use discussions.

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 730
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: PHAR 730 Derm/Ophthalmic/Musc Dis

Alpha Designator/Number:





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Title Abbreviation:

D	e	r	m	/	O	p	h	t	h	a	l	m	i	c	/	M	u	s	c		D	i	s	
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4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>2-29-24</u>
Registrar <u></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy (SOP) Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 730

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

D	e	r	m	/	O	p	h	t	h	a	l	m	i	c	/	M	u	s	c	l	e	s		
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 (limited to 30 characters and spaces)

To

T	h	e	r	a	p	e	u	t	i	c	s		8	-	D	e	r	m	/	O	p	h	t	/	M	U	S
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If Yes, Rationale

All therapeutics modules have been adjusted in the new curriculum and should be descriptive of the content. Added content for clarity and updated sequencing. 3 SCH. Shold be spring of P3 year. Appears in GC but not listed in POS. OK in banner (for sping CRN 4325).
--

Change in COURSE ALPHA DESIGNATOR:

From:

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 To

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 YES NO

If Yes, Rationale

--

Change in COURSE NUMBER: YES NO

From:

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 To:

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If Yes, Rationale

--

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

--

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

Students will learn treatment/prevention of ophthalmic, otic, dermatologic, and musculoskeletal diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a healthcare provider.

To

Students will learn treatment/prevention of ophthalmic, otic, dermatologic, and musculoskeletal diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a healthcare provider.

If Yes Rationale

Trunctuated to fit in 30 word max description

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale **N/A**

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 730 Derm/Ophthalmic/Musc Dis

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy (PharmD)

Course Number and Title: PHAR 730 Derm/Ophthalmic/Musc Dis

Rationale: Updated title for sequencing and descriptors. Update to plan of study (needs placed in the P3 spring; new course in new curriculum); Was updated with new curriculum into module format.

30 letter Title: PHAR 730 Therapeutics 8-Derm/Opht/MD

Full Title: PHAR 730 Therapeutics 8- Dermatological/Ophthalmic/Musculoskeletal Disorders

Course Description (old)

PHAR 730 Derm/Ophthalmic/Musc Dis 3 Credit hours

Students will learn treatment/prevention of ophthalmic, otic, dermatologic, and musculoskeletal diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a healthcare provider.

Grade Mode: Normal Grading Mode

Course Description: (new)

PHAR 730 Therapeutics 8-Derm/Opht/MD 3 Credit hours

Students will learn treatment/prevention of ophthalmic, otic, dermatologic, and musculoskeletal diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a healthcare provider.

Grade Mode: Normal Grading Mode

Catalog Description:

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 821
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 821 IPPE Institutional

Alpha Designator/Number:

P	H	A	R	8	2	1			
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Title Abbreviation:

I	P	P	E		I	n	s	t	i	t	u	t	i	o	n	a	l						
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2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
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4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u><i>Craig Kimble</i></u>	Date <u>2-29-24</u>
Registrar <u><i>Soye Goo</i></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u><i>Cynthia B. Jones</i></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u><i>D S Jones</i></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 821 IPPE-Institutional

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE TITLE CHANGE
 Department: School of Pharmacy; PharmD
 Current Course Number/Title: PHAR 821 IPPE Institutional
 New Course Title: PHAR 821 APPE-Institutional
 30 Character version: PHAR 821 IPPE-Institutional
 Rationale:
 Updated title to reflect sequencing of the IPPEs/APPEs.
 Full title: PHAR 821 APPE-Institutional
 IPPE = Introductory Pharmacy Practice Experience

Catalog Description: Strictly small change in name for sequencing
 Current:
 PHAR 821 IPPE Institutional 2 Credit hours
 The Introductory Pharmacy Practice Experience in Institutions is designed to allow the student to demonstrate knowledge and skill learned in the classroom while concurrently gaining understanding to the systems and function of the pharmacy in an institutional setting.
 Grade Mode: Normal Grading Mode
 Proposed:
 PHAR 821 IPPE-Institutional 2 Credit hours
 The Introductory Pharmacy Practice Experience in Institutions is designed to allow the student to demonstrate knowledge and skill learned in the classroom while concurrently gaining understanding to the systems and function of the pharmacy in an institutional setting.
 Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 886
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 886 APPE 6-Diverse Populations

Alpha Designator/Number:




P	H	A	R	8	8	6		
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Title Abbreviation:

A	P	P	E	6	-	D	i	v	e	r	s	e		P	o	p	u	l	a	t	i	o	n	s
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Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>2-29-24</u>
Registrar <u></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 886

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

A	P	P	E	6	.	D	i	v	e	r	s	e	P	o	p	u	l	a	t	i	o	n	s		
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 (limited to 30 characters and spaces)

To

A	P	P	E	.	D	i	v	e	r	s	e	P	o	p	u	l	a	t	i	o	n	s		
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If Yes, Rationale

Courses are not sequenced. Removed #6 as the order is different by the student. Standardized description in course catalog.
--

Change in COURSE ALPHA DESIGNATOR:

From:

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 To

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 YES NO

If Yes, Rationale

N/A

Change in COURSE NUMBER: YES NO

From:

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 To:

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If Yes, Rationale

N/A

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

N/A

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

This is a 5-week required advanced pharmacy practice experience in a community, ambulatory, or other pharmacy setting to a medically under-served population. Students will utilize a variety of skills obtained throughout the curriculum. A focus will be providing care in a culturally sensitive, compassionate, community-oriented, and effective way to a diverse, ethnic, rural, poor, and/or indigent population(s).
--

To

Experience in community, ambulatory, or other setting to medically under-served population. Focus on providing culturally sensitive, compassionate, and effective care to a diverse, ethnic, rural, poor, and/or indigent population(s).
--

If Yes Rationale

Trunctuated to fit within the 30 word max limit

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 886 - APPE-Diverse Populations

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description: (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE TITLE CHANGE

Department: School of Pharmacy; PharmD

Current Course Number/Title: PHAR 886 APPE 6-Diverse Populations

New Course Title: PHAR 886 APPE-Diverse Populations

30 Character version: APPE-Diverse Populations

Rationale: APPEs are assigned in different orders and the #6 is not required and is misleading.

Catalog Description:

Current:

PHAR 886 APPE 6-Diverse Populations 5 Credit hours

This is a 5-week required advanced pharmacy practice experience in a community, ambulatory, or other pharmacy setting to a medically under-served population. Students will utilize a variety of skills obtained throughout the curriculum. A focus will be providing care in a culturally sensitive, compassionate, community-oriented, and effective way to a diverse, ethnic, rural, poor, and/or indigent population(s).

Grade Mode: Normal Grading Mode

Proposed:

PHAR 886 APPE-Diverse Populations 5 Credit hours

Experience in community, ambulatory, or other setting to medically under-served population. Focus on providing culturally sensitive, compassionate, and effective care to a diverse, ethnic, rural, poor, and/or indigent population(s).

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. *The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.*

College: SOP Dept/Division: Pharmacy Current Alpha Designator/Number: PHAR 533
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: Introduction to Pharmacy 1

Alpha Designator/Number:





P	H	A	R		5	3	3		
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Title Abbreviation:

I	n	t	r	o	d	u	c	t	i	o	n		t	o		P	h	a	r	m	a	c	y	1
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
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Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>2-29-24</u>
Registrar <u></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy

Department/Division: Pharmacy

Alpha Designator/Number: PHAR 533

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From (limited to 30 characters and spaces)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: To: YES NO

If Yes, Rationale

Change in COURSE NUMBER: YES NO

From: To:

If Yes, Rationale

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From **PHAR 533 Introduction to Pharmacy 1 3 Credit hours**
Continued professional development of the pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are

To **PHAR 533 Introduction to Pharmacy 1 3 Credit hours**
Continued professional development of pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

If Yes Rationale **Removal of pre-requisite course. Course no longer exists (in old curriculum).**

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: SOP

Department: Pharmacy (PharmD)

Course Number/Title PHAR 506 Pharm Cont Prof Dev 6

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description: (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 533 Introduction to Pharmacy 1

Rationale: Removal of pre-requisite course. Course no longer exists (in old curriculum).

Course Description (old):

PHAR 533 Introduction to Pharmacy 1 3 Credit hours

Continued professional development of the pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

Pre-req: PHAR 541 with a minimum grade of C.

Grade Mode: Normal Grading Mode

Course Description(new):

Continued professional development of pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

Catalog Description (New):

PHAR 533 Introduction to Pharmacy 1 3 Credit hours

Continued professional development of pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept./Div.

Contact Person Phone

Current Course Number and Title


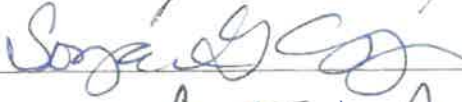
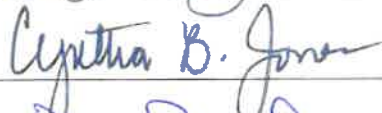
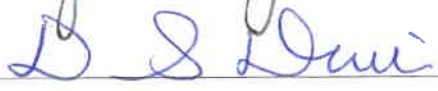
Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: If disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>7-29-24</u>
Registrar <u></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Rationale for deletion:

Final Term Offered:

Courses added (if any):

Department: Pharmacy (PharmD)

Course Number and Title: PHAR 611 Integrated Laboratory II

Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Course material was integrated in new practice lab series.

Final Term Offered: Spring 2022.

Courses added (if any): Change in curriculum.

(added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.**
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College Dept/Div.

Contact Person Phone

Current Course Number and Title

Rationale for Course Deletion

Final term and year this course is to be offered: Fall 20 Spring 20 Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title Credit Hrs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date	<u>2-29-24</u>
Registrar		Date	<u>3-11-2024</u>
College Curriculum Chair		Date	<u>2/29/2024</u>
Graduate Council Chair		Date	<u>5-6-24</u>

Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Rationale for deletion:

Final Term Offered:

Courses added (*if any*):

Department: Pharmacy (PharmD)

Course Number and Title: PHAR 634 Pharmacy Practice Management II - Finance

Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Course material was integrated in PHAR 662 Pharmacy Administration Module.

Final Term Offered: Spring 2022.

Courses added (if any): Change in curriculum.

(added previously; already exists in catalog; Plan of study is correct in catalog)

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 641
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: PHAR 641 Therapeutics I

Alpha Designator/Number:

P	H	A	R		6	4	1			
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Title Abbreviation:

T	h	e	r	a	p	e	u	t	i	c	s	I								
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>7-19-24</u>
Registrar <u></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 541 Therapeutics I

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description: (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE TITLE CHANGE

Department: School of Pharmacy (PharmD)
Current Course Number and Title: PHAR 641 Therapeutics I

New Course Title: PHAR 641 Therapeutics 1-OTC/Self-Care
Rationale: Change in curriculum sequencing and descriptor added to describe content of module.

Catalog Course Description (old)
PHAR 641 Therapeutics I 4 Credit hours
Students will learn about the therapeutic use, human physiology, pharmacologic and chemical properties of over-the-counter medication and non-medication interventions for both treatment and prevention of disease.
Grade Mode: Normal Grading Mode

New Catalog Course Description:
PHAR 641 Therapeutics 1 - OTC/Self-Care 4 Credit hours
Students will learn about the therapeutic use, human physiology, pharmacologic and chemical properties of over-the-counter medication and non-medication interventions for both treatment and prevention of disease.
Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 723
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: PHAR 652 Therapeutics 7 Special Populations

Alpha Designator/Number:

P	H	A	R		7	2	3		
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Title Abbreviation:

S	p	e	c	i	a	l		P	o	p	u	l	a	t	i	o	n	s				
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u><i>[Signature]</i></u>	Date <u>2-29-24</u>
Registrar <u><i>[Signature]</i></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u><i>Cynthia B. Jones</i></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u><i>[Signature]</i></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in **COURSE CREDIT HOURS**: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in **COURSE CONTENT**: YES NO

From

To

Rationale **N/A**

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 723 Therapeutics 7-Special Populations

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

COURSE TITLE CHANGE

Department: School of Pharmacy (PharmD)

Current Course Number and Title: PHAR 723 Special Populations

New Course Title: PHAR 723 Therapeutics 7-Special Populations

Rationale: Updated title for sequencing and descriptors. Update to plan of study (it only shows therapeutics VII); Was updated with new curriculum into module format.

Catalog Description (old)

PHAR 723 Special Populations 2 Credit hours

This course will emphasize the unique needs and differences in therapeutic recommendations for patients at the extremes of ages, diverse cultural backgrounds, and those with co-morbidities and other health conditions.

Grade Mode: Normal Grading Mode

Catalog Description: (new)

PHAR 723 Therapeutics 7-Special Populations 2 Credit hours

This course will emphasize the unique needs and differences in therapeutic recommendations for patients at the extremes of ages, diverse cultural backgrounds, and those with co-morbidities and other health conditions.

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 752
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: PHAR 752 Neuro & Psychiatric Dis

Alpha Designator/Number:

P	H	A	R		7	5	2		
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Title Abbreviation:

N	e	u	r	o		&		P	s	y	c	h	i	a	t	r	i	c		D	i	s		
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u><i>Craig Kimble</i></u>	Date <u>2-29-24</u>
Registrar <u><i>Suzanne</i></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u><i>Cynthia B. Jones</i></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u><i>D. S. Davis</i></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale N/A

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 752 Neuro & Psychiatric Dis

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description: (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE TITLE CHANGE

Department: School of Pharmacy (PharmD)
Current Course Number and Title: PHAR 752 Neuro & Psychiatric Dis
30 letter Title: PHAR 752 Therapeutics 6-Neuro/Psych
Full Title: PHAR 752 Therapeutics 6-Neurology/Psychiatric Disorders

Rationale: Updated title for sequencing and descriptors. Was updated with new curriculum into module format.

Current Course Catalog Description (old)

PHAR 752 Neuro & Psychiatric Dis 5 Credit hours

Students will learn treatment and prevention of neurological and psychiatric diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a health care provider.

Grade Mode: Normal Grading Mode

New Course Description: (new)

PHAR 752 Therapeutics 6-Neuro/Psych 5 Credit hours

Students will learn treatment and prevention of neurological and psychiatric diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a health care provider.

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 761
 Contact Person: Craig Kimble, PharmD Phone: 304-696-6014

CURRENT COURSE DATA:

Course Title: PHAR 761 Infectious Disease

Alpha Designator/Number:




P	H	A	R		7	6	1		
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Title Abbreviation:

I	n	f	e	c	t	i	o	u	s		D	i	s	e	a	s	e				
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>2-29-24</u>
Registrar <u></u>	Date <u>3-1-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale **N/A**

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 761 Infectious Disease

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

COURSE TITLE CHANGE

Department: School of Pharmacy (PharmD)

Current Course Number and Title: PHAR 761 Infectious Disease

New Course Number and Title: PHAR 761 Therapeutics V-Infect Dis

Full Title of Course: PHAR 761 Therapeutics V-Infectious Disease

Rationale: Updated title for sequencing and descriptors. Was updated with new curriculum into module format.

Course Catalg Description (old)

PHAR 761 Infectious Disease 6 Credit hours

This course discusses clinical microbiology and principles of anti-infective therapy as well as the pathophysiology, associated pharmacology, and therapeutic approaches to infectious diseases. Successful completion of PHAR 542 is a prerequisite.

Grade Mode: Normal Grading Mode

New Course Catalog Description: (new)

PHAR 761 Therapeutics 5-Infectious Disease 6 Credit hours

This course discusses clinical microbiology and principles of anti-infective therapy as well as the pathophysiology, associated pharmacology, and therapeutic approaches to infectious diseases. Successful completion of PHAR 542 is a prerequisite.

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 811
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 811 Pharm Prac Exp I (IPPE 1)

Alpha Designator/Number:

P	H	A	R	8	1	1			
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Title Abbreviation:

P	h	a	r	m		P	r	a	c		E	x	p		I		(I	P	P	E)	1)
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1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
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4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u><i>[Signature]</i></u>	Date <u>2-27-24</u>
Registrar <u><i>[Signature]</i></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u><i>Cynthia B. Jones</i></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u><i>[Signature]</i></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy

Department/Division: Pharmacy (PharmD)

Alpha Designator/Number: PHAR 811

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

P	h	a	r	m		P	r	a	c		E	x	p		I		(I	P	P	E		1)			
---	---	---	---	---	--	---	---	---	---	--	---	---	---	--	---	--	---	---	---	---	---	--	---	---	--	--	--

 (limited to 30 characters and spaces)

To

I	P	P	E		-	C	O	M	M	U	N	I	T	Y		P	H	A	R	M	A	C	Y		I			
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	--	--	--

If Yes, Rationale

Updated title to reflect the experiences to aid in student registration. Full title: PHAR 811 IPPE-Community Pharmacy 1 IPPE = Introductory Pharmacy Practice Experience
--

Change in COURSE ALPHA DESIGNATOR:

From:

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 To:

--	--	--	--

 YES NO

If Yes, Rationale

N/A

Change in COURSE NUMBER: YES NO

From:

--	--	--	--

 To:

--	--	--	--

If Yes, Rationale

N/A

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

N/A

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

No description in graduate catalog or MUBERT. Here is what it shows: PHAR 811 Pharm Prac Exp I (IPPE :1) Grade Mode: Normal Grading Mode
--

To

Introduction to community pharmacy practice in a supervised setting. Students are exposed to the roles and responsibilities of the community pharmacist

If Yes Rationale

Course description omitted in MU BERT and course catalog.

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 811 IPPE-Community Pharmacy 1

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description: (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE TITLE / DESCRIPTION CHANGE

Department: School of Pharmacy; PharmD
Current Course Number/Title: PHAR 811 Pharm Prac Exp I (IPPE 1)
New Course Title: PHAR 811 IPPE-Community Pharmacy 1
30 Character version: PHAR 811 IPPE-Community Pharmacy 1
Rationale:
Updated title to reflect the experiences to aid in student registration.
Full title: PHAR 811 IPPE-Community Pharmacy 1
IPPE = Introductory Pharmacy Practice Experience

Catalog Description: None currently in catalog or MU Bert
Current:

PHAR 811 Pharm Prac Exp I (IPPE 1) 1 Credit hour
Grade Mode: Normal Grading Mode
Proposed (30 WORD):

PHAR 811 IPPE-COMMUN PHAR 1 1 Credit hour
Introduction to community pharmacy practice in a supervised setting. Students are exposed to the roles and responsibilities of the community pharmacist
Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 881
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 881 APPE 1-General Medicine

Alpha Designator/Number:


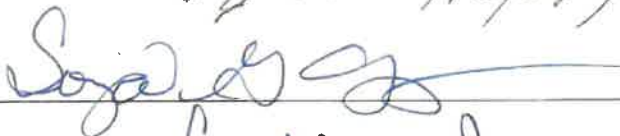

P	H	A	R	8	8	1			
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Title Abbreviation:

A	P	P	E	1	-	G	E	N	E	R	A	L	M	E	D	I	C	I	N	E		
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4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u></u>	Date <u>2-20-24</u>
Registrar <u></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 881 -APPE- Advanced Inpatient Clinical Skills

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

COURSE TITLE/DESCRIPTION CHANGE

Department: School of Pharmacy; PharmD

Current Course Number/Title: PHAR 881 APPE 1-General Medicine

New Course Title: PHAR 881 Advanced Inpatient Clinical Skills APPE

30 Character version: PHAR 881 APPE-Adv Inpat Clin Skills

Rationale: Update in terminology to differentiate from SOM designations. There are a variety of areas a student may round or complete experiential education in this course. Full title is Advanced Inpatient Clinical Skills APPE. Updated to show progression in the curriculum. No sequencing required.

Catalog Description:

Current Course Catalog Description: PHAR 881 APPE 1-General Medicine 5 Credit hours

Provides students pharmacy experience in a clinical, inpatient, acute care and team-based environment. Students will be expected to utilize multiple abilities learned throughout the curriculum in order to collect patient-specific information, evaluate and monitor drug therapy, educate patients and/or caregivers, respond to drug information inquiries and function effectively within a team.

Grade Mode: Normal Grading Mode

Proposed 30 word Course Catalog Description: PHAR 881 APPE-Adv Inpat Clin Skills 5 Credit hours

Provides experience in clinical, acute care/ institutional, team-based environment. With guidance, students are expected to collect patient information, evaluate/monitor drug therapy, educate patients/caregivers, and respond to drug information inquiries.

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

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3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 882
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 882 APPE 2-Amb Care/Prim Care

Alpha Designator/Number:

P	H	A	R	8	8	2			
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Title Abbreviation:

A	P	P	E		2	-	A	m	b		C	a	r	e	/	P	r	i	m		C	a	r	e
---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---

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Dept. Chair/Division Head <u>[Signature]</u>	Date <u>2-20-24</u>
Registrar <u>[Signature]</u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>Cynthia B. Jones</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u>[Signature]</u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 882

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

A	P	P	E	2	A	m	b	C	a	r	e	/	P	r	i	m	C	a	r	e		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

 (limited to 30 characters and spaces)

To

A	P	P	E	A	D	V	O	U	T	P	A	T	C	L	I	N	S	K	L	L	S	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

If Yes, Rationale

Update in terminology to differentiate from SOM designations. There are a variety of areas a student may round or complete experiential education in this course. Full title is Advanced Inpatient Clinical Skills APPE. Updated to show progression in the curriculum.

Change in COURSE ALPHA DESIGNATOR:

From:

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 To

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 YES NO

If Yes, Rationale

N/A

Change in COURSE NUMBER: YES NO

From:

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 To:

--	--	--	--

If Yes, Rationale

N/A

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

N/A

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

The Amb Care / Prim Care APPE provides students experience in an out-patient care clinically focused practice environment. Students will be expected to utilize abilities learned previously throughout the curriculum in order to perform the following tasks: collect patient-specific information, evaluate and monitor drug therapy, educate patients and caregivers, drug information tasks, and other requirements.

To

Proposed Course Catalog Description: PHAR 882 APPE-Adv Outpat Clin Skills 5 Credit hours Provides experience in clinically focused multidisciplinary outpatient environment. Responsibilities include collecting patient-specific information, evaluating and monitoring drug therapy, providing education about medications/MRPs, responding to drug or medication related inquiries.

If Yes Rationale

Updated title, updated description to reflect contemporary changes. Shortened to 30 word max

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 882 - APPE-Advanced Outpatient Clinical Skills

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description: (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE TITLE/DESCRIPTION CHANGE

Department: School of Pharmacy; PharmD

Current Course Number/Title: PHAR 882 APPE 2-Amb Care/Prim Care

New Course Title: PHAR 882 Advanced Outpatient Clinical Skills APPE

30 Character version: APPE-ADV OUTPAT CLIN SKILLS

Rationale: Update in terminology to differentiate from SOM designations. There are a variety of areas a student may round or complete experiential education in this course. Full title is Advanced Outpatient Clinical Skills APPE. Updated to show progression in the curriculum.

Catalog Description:

Current Course Catalog Description: PHAR 882 APPE 2-Amb Care/Prim Care 5 Credit hours

The Amb Care / Prim Care APPE provides students experience in an out-patient care clinically focused practice environment. Students will be expected to utilize abilities learned previously throughout the curriculum in order to perform the following tasks: collect patient-specific information, evaluate and monitor drug therapy, educate patients and caregivers, drug information tasks, and other requirements.

Grade Mode: Normal Grading Mode

Proposed Course Catalog Description: PHAR 882 APPE-Adv Outpat Clin Skills 5 Credit hours

Provides experience in clinically focused multidisciplinary outpatient environment. Responsibilities include collecting patient-specific information, evaluating and monitoring drug therapy, providing education about medications/MRPs, responding to drug or medication related inquiries.

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
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College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 883
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 883 APPE 3-Advanced Community

Alpha Designator/Number:

P	H	A	R	8	8	3		
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Title Abbreviation:

A	P	P	E	3	-	A	d	v	a	n	c	e	d	C	o	m	m	u	n	i	t	y		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

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Dept. Chair/Division Head <u>[Signature]</u>	Date <u>2-20-24</u>
Registrar <u>[Signature]</u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>[Signature]</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u>[Signature]</u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 883

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

A	P	F	E	3	.	A	d	v	a	n	c	e	d	C	o	m	m	u	n	i	t	y		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

 (limited to 30 characters and spaces)

To

A	P	F	E	-	A	d	v	a	n	c	e	d	C	o	m	m	u	n	i	t	y		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

If Yes, Rationale

Courses are not sequenced. Removed # as the order is different by the student. Standardized description in course catalog.
--

Change in COURSE ALPHA DESIGNATOR:

From:

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 To

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 YES NO

If Yes, Rationale

N/A

Change in COURSE NUMBER: YES NO

From:

--	--	--	--

 To:

--	--	--	--

If Yes, Rationale

N/A

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

N/A

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

This is a 5-week advanced pharmacy practice experience in a community pharmacy setting that focuses on enhancing a student's ability to provide patient-centered pharmacy care services such as disease management, medication therapy management, preventative health screening, immunizations, specialty compounding, patient education, or other advanced patient care activities.

To

Experience in community pharmacy setting to provide patient-centered care. Responsibilities include dispensing, OTC/Self-Care, MTM, preventative health screening(s), immunizations, compounding, and patient counseling as part of the health care team.

If Yes Rationale

Shortened course description to comply with 30 word limit

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 883 - APPE-Advanced Community

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description: (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE TITLE/DESCRIPTION CHANGE

Department: School of Pharmacy; PharmD

Current Course Number/Title: PHAR 883 APPE 3-Advanced Community

New Course Title: PHAR 883 APPE-Advanced Community

30 Character version: APPE-Advanced Community

Rationale: APPEs are assigned in different orders and the #3 is not required and is misleading.

Catalog Description:

Current Course Catalog Description/Title: PHAR 883 APPE 3-Advanced Community 5 Credit hours

This is a 5-week advanced pharmacy practice experience in a community pharmacy setting that focuses on enhancing a student's ability to provide patient-centered pharmacy care services such as disease management, medication therapy management, preventative health screening, immunizations, specialty compounding, patient education, or other advanced patient care activities.

Grade Mode: Normal Grading Mode

New Course Catalog Description (30 word): PHAR 883 APPE-Advanced Community 5 Credit hours

Experience in community pharmacy setting to provide patient-centered care. Responsibilities include dispensing, OTC/Self-Care, MTM, preventative health screening(s), immunizations, compounding, and patient counseling as part of the health care team.

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**


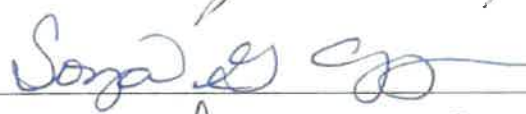

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 884
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title:	<u>PHAR 884 APPE 4-Adv Institutional</u>																								
Alpha Designator/Number:	<table border="1"> <tr> <td>P</td><td>H</td><td>A</td><td>R</td><td>8</td><td>8</td><td>4</td><td></td><td></td><td></td> </tr> </table>	P	H	A	R	8	8	4																	
P	H	A	R	8	8	4																			
Title Abbreviation:	<table border="1"> <tr> <td>A</td><td>P</td><td>P</td><td>E</td><td>4</td><td>-</td><td>A</td><td>d</td><td>v</td><td>I</td><td>n</td><td>s</td><td>t</td><td>i</td><td>t</td><td>i</td><td>t</td><td>i</td><td>o</td><td>n</td><td>a</td><td>l</td><td></td><td></td> </tr> </table>	A	P	P	E	4	-	A	d	v	I	n	s	t	i	t	i	t	i	o	n	a	l		
A	P	P	E	4	-	A	d	v	I	n	s	t	i	t	i	t	i	o	n	a	l				

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head		Date	<u>2-29-24</u>
Registrar		Date	<u>3-11-2024</u>
College Curriculum Chair	<u>Cynthia B. Jones</u>	Date	<u>2/29/2024</u>
Graduate Council Chair		Date	<u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 884 - APPE-Advanced Institutional

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description: (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE TITLE /COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; PharmD

Current Course Number/Title: PHAR 884 APPE 4-Adv Institutional

New Course Title: PHAR 884 APPE-Advanced Institutional

30 Character version: APPE-Adv Institutional

Rationale: APPEs are assigned in different orders and the #4 is not required and is misleading.

Current Course Catalog Description: PHAR 884 APPE 4-Adv Institutional 5 Credit hours

This is a 5-week experiential rotation in an approved health system that prepares the student to function within integrated pharmacy services. Particular emphasis is placed on the preparation, distribution, and control of medications, medication monitoring, and the ability to communicate with other healthcare professionals. This rotation develops competence to function as a staff hospital pharmacist.

Grade Mode: Normal Grading Mode

Proposed Course Catalog Description: PHAR 884 APPE-Adv Institutional 5 Credit hours

Experience within a health-system of integrated pharmacy services. Emphasis is placed on the preparation, distribution, and control of medications, medication monitoring, as part of an integrated healthcare team.

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 885
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 885 APPE 5-Transitions of Care

Alpha Designator/Number:

P	H	A	R	8	8	5			
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Title Abbreviation:

A	P	P	E	5	-	T	r	a	n	s	i	t	i	o	n	s	o	f	C	a	r	e
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2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u>[Signature]</u>	Date <u>2-29-24</u>
Registrar <u>[Signature]</u>	Date <u>3-11-2024</u>
College Curriculum Chair <u>[Signature]</u>	Date <u>2/29/2024</u>
Graduate Council Chair <u>[Signature]</u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 2

College: School of Pharmacy

Department/Division: Pharmacy (PharmD)

Alpha Designator/Number: PHAR 885

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From

A	P	P	E	5	T	r	a	n	s	i	t	i	o	n	s	o	f	C	a	r	e		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

 (limited to 30 characters and spaces)

To

A	P	P	E	-	T	r	a	n	s	i	t	i	o	n	s	o	f	C	a	r	e		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

If Yes, Rationale

Courses are not sequenced. Removed #5 as the order is different by the student. Standardized description in course catalog.
--

Change in COURSE ALPHA DESIGNATOR:

From:

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 To

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 YES NO

If Yes, Rationale

N/A

Change in COURSE NUMBER: YES NO

From:

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 To:

--	--	--	--

If Yes, Rationale

N/A

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

N/A

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From

This is a 5-week experiential rotation that focuses on provision of clinical pharmacy services in a variety of settings with a focus on care to the elderly population. These sites may include community pharmacies, specialty clinics, rehabilitation hospitals, skilled nursing facilities (SNFs), home-based consult services, and assisted living facilities (ALFs). A focus is placed on the interdisciplinary care of the geriatric patient.

To

Students provide pharmacy services across the healthcare system. Students focus on addressing needs of geriatric and complex patients with multiple chronic disease states with members of the health care team.
--

If Yes Rationale

Shortened to less than 30 words

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 885 - APPE-Transitions of Care

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter **NOT APPLICABLE** if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter **NOT APPLICABLE** if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter **NOT APPLICABLE** if not applicable.)

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>	<u>COURSE NUMBER CHANGE</u>	<u>COURSE TITLE CHANGE</u>
<u>Department:</u>	<u>Department:</u>	<u>Department:</u>
<u>Course Number and Title:</u>	<u>Current Course Number/Title:</u>	<u>Current Course Number/Title:</u>
<u>Rationale:</u>	<u>New Course Number:</u>	<u>New Course Title:</u>
<u>Course Description (old)</u>	<u>Rationale:</u>	<u>Rationale:</u>
<u>Course Description: (new)</u>	<u>Catalog Description:</u>	<u>Catalog Description:</u>
<u>Catalog Description:</u>	<u>Credit hours:</u>	

COURSE TITLE /DESCRIPTION CHANGE

Department: School of Pharmacy; PharmD

Current Course Number/Title: PHAR 885 APPE 5-Transitions of Care

New Course Title: PHAR 885 APPE-Transitions of Care

30 Character version: APPE-Transitions of Care

Rationale: APPEs are assigned in different orders and the #5 is not required and is misleading.

Current Course Catalog Description: PHAR 885 APPE 5-Transitions of Care 5 Credit hours

This is a 5-week experiential rotation that focuses on provision of clinical pharmacy services in a variety of settings with a focus on care to the elderly population. These sites may include community pharmacies, speciality clinics, rehabilitation hospitals, skilled nursing facilities (SNFs), home-based consult services, and assisted living facilities (ALFs). A focus is placed on the interdisciplinary care of the geriatric patient.

Grade Mode: Normal Grading Mode

Proposed Course Catalog Description (30 word): PHAR 885 APPE-Transitions of Care 5 Credit hours

Students provide pharmacy services across the healthcare system. Students focus on addressing needs of geriatric and complex patients with multiple chronic disease states with members of the health care team.

Grade Mode: Normal Grading Mode

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 887
 Contact Person: Craig Kimble, PharmD Phone: 3046966014

CURRENT COURSE DATA:

Course Title: PHAR 887 APPE 7 & 8-Electives

Alpha Designator/Number:

P	H	A	R	8	8	7			
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Title Abbreviation:

A	P	P	E	7	&	8	-	E	l	e	c	t	i	v	e	s			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--

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Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head <u><i>Craig Kimble, PharmD</i></u>	Date <u>7-29-24</u>
Registrar <u><i>Sandra G. Coyle</i></u>	Date <u>3-11-2024</u>
College Curriculum Chair <u><i>Cynthia B. Jones</i></u>	Date <u>2/29/2024</u>
Graduate Council Chair <u><i>D. S. Jones</i></u>	Date <u>5-6-24</u>

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

Course Number/Title PHAR 887 - APPE-Elective

1. **REQUIRED COURSE:** If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. **COURSE DELETION:** List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. **ADDITIONAL RESOURCE REQUIREMENTS:** If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

COURSE TITLE/DESCRIPTION CHANGE

Department: School of Pharmacy; PharmD

Current Course Number/Title: PHAR 887 APPE 7 & 8-Electives

New Course Title: PHAR 887 APPE-Elective

30 Character version: APPE-Elective

Rationale: APPEs are assigned in different orders and the #7&8 are not required and is misleading.

Current Catalog Description:

PHAR 887 APPE 7 & 8-Electives 5 Credit hours

The APPE general elective(s) are 5-week experiential rotation(s) that will give the students the opportunity to participate in a variety of pharmacy practice experiences, depending on the rotation site and practice setting, related to direct patient care, supportive patient care, or not related to patient care. Students must complete 2 elective rotations.

Grade Mode: Normal Grading Mode

Proposed:

PHAR 887 APPE-Elective 5 Credit hours

APPE electives take place in a variety of pharmacy practice settings (both patient care and non-patient care). Electives provides the student with highly focused experiences based on the preceptor's specialty.

Grade Mode: Normal Grading Mode

