EDISON STATE COLLEGE

CURRICULUM COMMITTEE
NEW/EXPERIMENTAL COURSE PROPOSAL FORM

TO: **CURRICULUM COMMITTEE**
FROM: Deborah Howard, HIM Program Coordinator
PRESENTER: Deborah Howard, HIM Program Coordinator
DATE: November 10, 2009

Is the course being offered first as an experimental course? ☐ yes   ☐ **no**

Course Name, including prefix and number: HIM2222 Basic ICD-9-CM Coding

Verified with VPAA office? ☐ **yes** ☐ no

Class credits: **Lab credits:**   **Combined lab & class credits:** **4**

Chose one: ☐ **Degree core requirement** ☐ Elective ☐ General education

Repeatable for duplicate credit? (i.e., applied music courses) ☐ yes ☐ **no**

Prerequisites: HSC1531, BSC1084C, HIM1430 or permission of Program Coordinator

Classification: ☐ **AA/AS** ☐ PSV   ☐ PSAV   ☐ BAS   ☐ BS

ICS Code: **Banner Major Code:** HIM

Major Restriction? ☐ yes   ☐ **no**   (meaning only declared majors may take the course)

Indicate all modalities in which the course may be taught: ☐ Class Lecture ☐ Clinical
☐ Laboratory   ☐ **Lecture/Lab Combined** ☐ Accelerated ☐ Internship
☐ Practicum ☐ WebCT Internet ☐ WebCT Class Lecture ☐ WebCT Laboratory
☐ **WebCt Blended Learning** ☐ WebCT Lecture/Lab Combined

Course fee amount, if any: **$50**   (Attach course fee worksheet)

NOTE: Course fees are presented to the District Board of Trustees in November. If approved, fees take effect the following fall term.

JUSTIFICATION FOR CURRICULUM ACTION, OTHER EXPLANATORY INFORMATION:

This course is required to be part of the Associate of Science degree in Health Information Management according to the domains, subdomains and tasks delineated by the Commission on Accreditation of Health Information and Informatics Management Education (CAHIIM).

TERM IN WHICH PROPOSED ACTION WILL TAKE EFFECT: Spring 2010 **(For any term other than fall of the academic year following submission, approval of the Vice President of Academic and Student Affairs is required.)**

_____ **Date** _____
Signature of the Vice President of Academic and Student Affairs (if required)

FACULTY ENDORSEMENTS/COMMMENTS:

DEPARTMENT CHAIR OR PROGRAM COORDINATOR ENDORSEMENT: _____ **DATE:** _____

ASSOCIATE/ACADEMIC DEAN ENDORSEMENT: _____ **DATE:** _____

STUDENT ASSESSMENT COMMITTEE CHAIR: _____ **DATE:**_____

After review and signing this proposal, the District Dean will return this proposal to the Department Chair or Program Coordinator.

DISTRICT DEAN OF INSTRUCTION ENDORSEMENT: _____ **DATE:** _____

The Department Chair/ Program Coordinator will send this proposal along with any other proposals from his/her department being submitted for review by the Curriculum Committee to the office of the Vice President of Academic and Student Affairs by the Friday before the next scheduled Curriculum Committee meeting.