

EDISON STATE COLLEGE

CURRICULUM COMMITTEE  
NEW/EXPERIMENTAL COURSE PROPOSAL FORM

TO: CURRICULUM COMMITTEE  
FROM: Deborah Howard, HIM Program Director  
PRESENTER: Deborah Howard, HIM Program Director  
DATE: February 26, 2010

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

Course Name, including prefix and number: HIM2253 Basic CPT-4 Coding

Verified with VPAA office?  yes  no

Class credits: 3 Lab credits: Combined lab & class credits:

Chose one:  Degree core requirement  Elective  General education

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

Prerequisites: HSC1531 Medical Terminology

BSC1084C Anatomy and Physiology

Classification:  AA  AS  PSV  PSAV  BAS  BS

ICS Code: Banner Major Code:

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: (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 a required component of the Health Information Management degree program.

**TERM IN WHICH PROPOSED ACTION WILL TAKE EFFECT: Summer 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/COMMENTS:**

**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.