

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: HIM2940 Professional Practice Experience III

Verified with VPAA office? yes no

Class credits: 2 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: HIM2214 Healthcare Statistics
HIM2012 Healthcare Law and Ethics
HIM1806 Professional Practice Experience I
HIM2816 Professional Practice Experience II
HIM2283 Advanced Coding and Reimbursement
Permission of HIM Program Director

Co-Requisites: HIM2210 Healthcare Information Systems
HIM2510 Quality Management in Healthcare
MAN2012 Management Principles

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: **Fall 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.