# http://www.ric.edu/webcommunications/images/SealWithText_Small_Black.pngUNDERGRADUATE CURRICULUM COMMITTEE (UCC) PROPOSAL FORM

## Cover page scroll over blue text to see further important [instructions](#instructions): please read.

**N.B. DO NOT USE HIGHLIGHT, please DELETE THE WORDS THAT DO NOT APPLY TO YOUR PROPOSAL**

**ALL numbers in section (A) need to be completed, including the impact ones.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.1. [Course or program](#Proposal) | **dms 430 clinical practice iv** | | | |  |
| [Replacing](#Ifapplicable) |  | | | |
| A.2. [Proposal type](#type) | **Course: revision |** | | | |
| A.3. [Originator](#Originator) | **Eric Hall** | [Home department](#home_dept) | **Biology/Health Sciences** | | |
| A.4. [Context and Rationale](#Rationale) | **The reorganization of the BS in Medical Imaging, Diagnostic Medical Sonography degree requires the shifting of some content into new courses with redistribution of credits. This course is being revised to decrease the credits by 2.5 to more closely reflect actual student time in clinical setting.** | | | | |
| A.5. [Student impact](#student_impact) | **This course represents an effort to spread some of the DMS content over an additional semester. The benefit to the students is more time to adjust to working in the clinical environment.** | | | | |
| A.6. [Impact on other programs](#impact) | **None** | | | | |
| A.7. [Resource impact](#Resource) | [*Faculty PT & FT*](#faculty): | **NA** | | | |
| [*Library*:](#library) | **NA** | | | |
| [*Technology*](#technology) | **NA** | | | |
| [*Facilities*](#facilities): | **NA** | | | |
| A.8. [Semester effective](#Semester_effective) | **Fall 2018** | A.9. [Rationale if sooner than next Fall](#Semester_effective) | |  | |
| A.10. INSTRUCTIONS FOR CATALOG COPY: This single file copy must include ALL relevant pages from the college catalog, and show how the catalog will be revised. (1) Go to the “Forms and Information” page on the UCC website. Scroll down until you see the Word files for the current catalog. (2) Download ALL catalog sections relevant for this proposal, including course descriptions and/or other affected programs. (3) Place ALL relevant catalog copy into a single file. Put page breaks between sections and delete any catalog pages not relevant for this proposal. (4) Using the track changes function, revise the catalog pages to demonstrate what the information should look like in next year’s catalog. (5) Check the revised catalog pages against the proposal form, especially making sure that program totals are correct if adding/deleting course credits. If new copy, indicate where it should go in the catalog. If making related proposals a single catalog copy that includes all is acceptable. Send as a separate file along with this form. | | | | | |

B. [NEW OR REVISED COURSES](#delete_if)  **DO NOT use highlight. Delete this whole page if the proposal does not include a new or revised course.**

|  | Old ([for revisions only](#Revisions)) Only include information that is being revised, otherwise leave blank (delete provided examples that do not apply) | New Examples are provided for guidance, delete the ones that do not apply |
| --- | --- | --- |
| B.1. [Course prefix and number](#cours_title) | **DMS 430** | **DMS 430** |
| B.2. Cross listing number if any |  |  |
| B.3. [Course title](#title) | **Clinical Practice IV** | **Clinical Practice IV** |
| B.4. [Course description](#description) |  |  |
| B.5. [Prerequisite(s)](#prereqs) |  |  |
| B.6. [Offered](#Offered) |  |  |
| B.7. [Contact hours](#contacthours) | **25.5** | **18** |
| B.8. [Credit hours](#credits) | **8.5** | **6** |
| B.9. [Justify differences if any](#differences) | Clinical contact credit for this course is awarded at 1 credit per 4 contact hours. | |
| B.10. [Grading system](#grading) |  | **Graded** |
| B.11. [Instructional methods](#instr_methods) |  | **Practical** |
| B.12.[Categories](#required) |  |  |
| B.13. Is this an Honors course? |  |  |
| B.14. [General Education](#ge)  N.B. Connections must include at least 50% Standard Classroom instruction. |  |  |
| B.15. [How will student performance be evaluated?](#performance) |  | **Competency evaluated by instructor** |
| B.16. [Redundancy statement](#competing) |  |  |
| B. 17. Other changes, if any | end of description: 25.5 contact hours becomes 18 contact hours | |

| B.18**.** [**Course learning outcomes**](#outcomes)**: List each one in a separate row** | [**Professional Org.Standard(s)**](#standards)**, if relevant** | [**How will each outcome be measured**](#measured)**?** |
| --- | --- | --- |
| * No change in objectives |  | Competency testing by instructor |
|  |  | Click Tab from here to add rows |

| B.19. [**Topical outline**](#outline)**: Do NOT insert whole syllabus, we just need a two-tier outline** |
| --- |
|  |

## D. Signatures

* Changes that affect General Education in any way MUST be approved by ALL Deans and COGE Chair.
* Changes that directly impact more than one department/program MUST have the signatures of all relevant department chairs, program directors, and relevant dean (e.g. when creating/revising a program using courses from other departments/programs). Check UCC manual 4.2 for further guidelines on whether the signatures need to be approval or acknowledgement.
* Proposals that do not have appropriate approval signatures will not be considered.
* Type in name of person signing and their position/affiliation.
* Send electronic files of this proposal and accompanying catalog copy to [curriculum@ric.edu](mailto:curriculum@ric.edu) and a printed or electronic signature copy of this form to the current Chair of UCC. Check UCC website for due dates.

##### D.1. Approvals: required from programs/departments/deans who originate the proposal. may include multiple departments, e.g., for joint/interdisciplinary prposals.

| Name | Position/affiliation | [Signature](#_Signature" \o "Insert electronic signature, if available, in this column) | Date |
| --- | --- | --- | --- |
| Eric Hall | Program Director of Medical Imaging |  |  |
| Rebeka Merson | Chair of Biology |  |  |
| Earl Simson | Dean of FAS |  | Tab to add rows |

##### D.2. [Acknowledgements](#acknowledge): REQUIRED from OTHER PROGRAMS/DEPARTMENTS IMPACTED BY THE PROPOSAL. SIGNATURE DOES NOT INDICATE APPROVAL, ONLY AWARENESS THAT THE PROPOSAL IS BEING SUBMITTED. CONCERNS SHOULD BE BROUGHT TO THE UCC COMMITTEE MEETING FOR DISCUSSION

| Name | Position/affiliation | [Signature](#Signature_2) | Date |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  | Tab to add rows |