# 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): [if not working select “COMMents on rollover” in your Word preferences under view] please read these.

**N.B. Please do not use highlight to select choices within a category but simply delete the options that do not apply to your proposal (e.g. in A.2 if this is a course revision proposal, just delete the creation and deletion options and the various program ones, so it reads “course revision”) Do not ever delete any of the numbered categories—if they do not apply leave them blank. ALL numbered categories in section (A) must be completed. If there are no resources impacted it is okay to put “none” in A. 7**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.1. [Course or program](#Proposal) | **Certificate of Undergraduate Study in Vascular Interventional Radiography** | | | |  |
| [Replacing](#Ifapplicable) |  | | | |
| A. 1b. Academic unit | **Faculty of Arts and Sciences** | | | |  |
| A.2. [Proposal type](#type) | **Program:** [**creation**](#creation) | | | |  |
| A.3. [Originator](#Originator) | **Eric Hall** | [Home department](#home_dept) | **Biology/Health Sciences** | | |
| A.4. [Context and Rationale](#Rationale)  Note: Must include additional information in smart tip for all [new programs](#type) | **Vascular Interventional Radiography (VIR) is an imaging modality that requires previous certification in Radiography. The American Registry of Radiologic Technologists offers a national certification exam in Vascular Interventional Radiography. To be eligible to take the exam candidates must meet didactic and clinical competency requirements which exceed the education included in our BS in Medical Imaging, Radiography concentration. The goal of the Vascular Interventional Radiography program is to provide the comprehensive clinical and didactic education for students that will meet the requirements to sit for the national certification exam.**  **This program will provide a mechanism for currently licensed Radiographers to attain certification in VIR.**  **Locally and nationally, there is a need for certified VIR technologists. With reimbursement being linked to the number of technologists being certified, hospitals are in need of more technologists to become certified instead of just cross training. Locally we are seeing an increased need of certified technologist and have been asked by several clinical sites to create this program.**  **The addition of this program has been endorsed by the Lifespan School of Medical Imaging’s Advisory board and has been asked to be created by several clinical affiliates as there is a need for certified technologists.** | | | | |
| A.5. [Student impact](#student_impact)  Must include to explain why this change is being made? | **This program is being created to offer students the opportunity to continue their professional growth within the field of imaging. It will also allow for current certified radiologic technologists to continue their education and obtain an additional certification.**  **This program doesn’t change any current programs, but it will offer current students the opportunity to advance their education.** | | | | |
| A.6. [Impact on other programs](#impact) | **This program allows for students in the Radiography Program to continue with their education and professional advancement.** | | | | |
| A.7. [Resource impact](#Resource) | [*Faculty PT & FT*](#faculty): | **Courses will be taught by LSMI faculty** | | | |
| [*Library*:](#library) |  | | | |
| [*Technology*](#technology) |  | | | |
| [*Facilities*](#facilities): |  | | | |
| A.8. [Semester effective](#Semester_effective) | **Fall 2022** | A.9. [Rationale if sooner than next Fall](#Semester_effective) | |  | |
| A.10. INSTRUCTIONS FOR CATALOG COPY: Use the Word copy versions of the catalog sections found on the UCC Forms and Information page. Cut and paste into a single file **ALL the relevant pages from the college catalog that need to be changed.** Use the tracked changes feature to show how the catalog will be revised as you type in the revisions. If totally new copy, indicate where it should go in the catalog. If making related proposals a single catalog copy that includes all changes is preferred. Send catalog copy as a separate single Word file along with this form. | | | | | |
| A.11. List here (with the relevant urls), any RIC website pages that will need to be updated (to which your department does not have access) if this proposal is approved, with an explanation as to what needs to be revised: | | | | | |

### C. [Program Proposals](#program_proposals) **complete only what is relevant to your proposal if this is a revision, but include the enrollment numbers for all proposals. Delete section C if the proposal is not revising, creating, deleting or suspending any progam.**

|  | [Old (for revisions only)](#old_program) | New/revised |
| --- | --- | --- |
| C.1. [Enrollments](#enrollments)  Must be completed. |  | **4** |
| C.2. [Admission requirements](#admissions) |  | Must hold a current registration in Radiography by the American Registry of Radiologic Technologists (ARRT). |
| C.3. [Retention requirements](#retention) |  | **Must pass all courses with a grade of “C” or better.** |
| C.4. [Course requirements](#course_reqs) for each program option. Show the course requirements for the whole program here. |  | **VIR 300 Principles of Vascular Interventional Radiography 3 credits**  **VIR 302 Procedures II 4 credits**  **VIR 301 Procedures I 3 credits**  **VIR 303 Clinical Education I 3 credits**  **VIR 304 Clinical Education II 4 credits** |
| C.5. [Credit count](#credit_count) for each program option |  | **Total- 17 credits** |
| C.6. Program Accreditation (if relevant) |  | **n/a** |
| C.7. Other changes if any |  |  |
| C.8. [Program goals](file:///C:\Users\sabbotson\Documents\Curriculum\Program%20goals)  Needed for all new programs |  | 1. **Students will be clinically competent to support the healthcare community.** 2. **Students will communicate effectively in the healthcare community** 3. **Students will critically think to problem solve.** 4. **Students will be a professional member of the healthcare community.** |

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 their 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 signature copy of this whole 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. THESE may include multiple departments, e.g., for joint/interdisciplinary proposals.

| Name | Position/affiliation | [Signature](#_Signature" \o "Insert electronic signature, if available, in this column) | Date |
| --- | --- | --- | --- |
| Eric Hall | Program Director of Medical Imaging | \*approved via e-mail | 1/21/2022 |
| Dana Kolibachuk | Chair of Biology | \*approved via e-mail | 1/21/2022 |
| Earl Simson | Dean of FAS | **Earl Simson** | 2/4/2022 |

##### D.2. [Acknowledgements](#acknowledge): REQUIRED from OTHER PROGRAMS/DEPARTMENTS (and their relevant deans if not already included above) that are 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; all faculty are welcome to attend.

| Name | Position/affiliation | [Signature](#Signature_2) | Date |
| --- | --- | --- | --- |
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