# http://www.ric.edu/webcommunications/images/SealWithText_Small_Black.pnggraduate COMMITTEE curriculum PROPOSAL FORM

## Cover page Scroll over blue text to see further [instructions](#instructions)

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| --- | --- | --- |
| A.1. [Course or program](#Proposal) | ***NURS 610 Adult Health/Illness II for CNS******NURS 620 Adult Health/Illness III for CNS*** |  |
| [Replacing](#Ifapplicable)  | NURS 610 Adult/Older Adult Health/Illness IINURS 620 Adult/Older Adult Health Illness III |
| A.2. [Proposal type](#type) | **Course: creation | revision |** [**deletion**](#deletion)**Program**[**: creation**](#creation) **|** [**revision**](#revision)**| deletion |** [**suspension**](#suspension) |
| A.3. [Originator](#Originator) | **Kara Misto** | [Home department](#home_dept) | **Graduate Dept., School of Nursing** |
| A.4. [Rationale](#Rationale)/Context | In separate proposals, the School of Nursing Graduate Department are requesting the creation of two C.G.S. programs, as well as the creation of two additional courses for one of these programs: Adult Gerontology Acute Care for Nurse Practitioner program (AGACNP) C.G.S. The second C.G.S. in *Adult Gerontology Acute Care Clinical Nurse Specialist Post Master’s Certificate (AGACCNS)* will enroll students in two courses currently required by all acute care students. In order to allow graduates who wish to return to Rhode Island College and expand their APRN role we propose a course name change in the following two courses:* Change NURS 610 Adult/Older Adult Health/Illness II to: ***NURS 610 Adult Health/Illness II for CNS.***
* Change NURS 620 Adult/Older Adult Health Illness III to: ***NURS 620 Adult Health/Illness III for CNS.***
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| A.5. [Student impact](#student_impact) | These course title changes will offer nurses who do not have their APRN, but who hold an Master’s degree in Nursing, the opportunity to expand their current role by pursuing a C.G.S. which allows for APRN certification in AGACCNS. |
| A.6. Impact on other programs | **none** |
| A.7. [Resource impact](#Resource) | [*Faculty PT & FT*](#faculty):  | **No impact** |
| [*Library*:](#library) | **No impact**  |
| [*Technology*](#technology) | **No impact** |
| [*Facilities*](#facilities): | **No impact** |
| Promotion/ Marketing needs  | **No impact** |
| A.8. [Semester effective](#Semester_effective) | **Spring, 2020** |  |  |

|  | Old ([for revisions only](#Revisions) – list only information that is being revised) | New |
| --- | --- | --- |
| B.1. [Course prefix and number](#cours_title)  | NURS 610  |  |
| B.2. Cross listing number if any |  |  |
| B.3. [Course title](#title)  | Adult/Older Adult Health/Illness II  | Adult Health/Illness II for CNS  |

|  | Old ([for revisions only](#Revisions) – list only information that is being revised) | New |
| --- | --- | --- |
| B.1. [Course prefix and number](#cours_title)  | NURS 620  |  |
| B.2. Cross listing number if any |  |  |
| B.3. [Course title](#title)  | Adult/Older Adult Health/Illness II  | Adult Health/Illness III for CNS  |

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| **INSTRUCTIONS FOR PREPARING THE CATALOG COPY**: The proposal must include all relevant pages from the college catalog, and must show how the catalog will be revised. (1) Go to the “Forms and Information” page on the Graduate Committee 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.  |

## D. Signatures

* 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).
* 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 graduatecommittee@ric.edu and a printed or electronic signature copy of this form to the current Chair of Graduate Committee. Check Graduate Committee 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) | Date |
| --- | --- | --- | --- |
|  | MSN Program Director |  | 10/9/19 |
|  | Chair of Graduate Dept.; School of Nursing |  | 10/9/19 |
|  | Dean of School of Nursing |  | 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. List all other programs and departments affected by this proposal. Signatures from these departments are required in the signature section. CONCERNS SHOULD BE BROUGHT TO THE GRADUATE COMMITTEE MEETING FOR DISCUSSION.

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