**FORM A**
College of Allied Health Sciences

Revised 05/08/2009

**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title: Delete Unit Clerk Certificate program**

Initiating Unit or Individual: Health Information Technology/Management programs
Contact Person's Name: Paula Hagstrom  e-mail: hagstrom@ferris.edu  phone: 591-2316
Date or Term of Proposal Implementation: Summer 2010
- [ ] Group I - A – New degree/major or major, redirection of a current offering, or elimination of a degree, major or minor
- [ ] Group I - B – New minors or concentrations
- [ ] Group II - A – Minor curriculum clean-up and course changes
- [ ] Group II - B – New Course
- [X] Group III - Certificates
- [ ] Group IV – Off-Campus Programs

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<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
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<tbody>
<tr>
<td>Program Faculty</td>
<td>Paula Hagstrom</td>
<td>3/10/10</td>
<td>4 Support</td>
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<tr>
<td>Department Faculty</td>
<td>McSickled</td>
<td>3/16/10</td>
<td>11 Support</td>
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<td>Department Head</td>
<td>McConnell</td>
<td>3/16/10</td>
<td>7 Support</td>
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<td>College Curriculum Committee</td>
<td>Kermes</td>
<td>4/1/10</td>
<td>3 Support</td>
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<td>College Faculty</td>
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<td>University Curriculum Committee</td>
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<td>9/20/10</td>
<td>7 Support</td>
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<td>Senate</td>
<td>Hagstrom</td>
<td>10/5/10</td>
<td>3 Support</td>
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<tr>
<td>Academic Affairs</td>
<td>Ruhland</td>
<td>5/16/10</td>
<td>3 Support</td>
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</tbody>
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* Support with Concerns or Not Support must include a list of specific concerns. Votes must be shown for faculty groups. Administrators check appropriate action taken.

To be completed by Academic Affairs

President (Date Approved)  Board of Trustees (Date Approved)  President’s Council (Date Approved)

OCT 5 2010

PROVOST
1. Proposal Summary
   There has not been enough interest in the Unit Clerk Certificate program to continue offering it. The certificate was developed for displaced workers. Many displaced workers chose the Health Information Technology program because it is an associate degree program that can be completed in two years and students are able to begin the program fall, spring, or summer semesters. Most unit clerk positions require only a high school diploma.

2. Summary of All Course Action Required*
   a. Newly Created Courses to FSU:
      Prefix   Number   Title

   b. Courses to be Deleted From FSU Catalog:
      Prefix   Number   Title
      MRIS     105      Pharmacology for Medical Records
      MRIS     193      Professional Practice

   c. Existing Course(s) to be Modified:
      Prefix   Number   Title

   d. Addition of existing FSU courses to program
      Prefix   Number   Title

   e. Removal of existing FSU courses from program
      Prefix   Number   Title
3. Summary of All Consultations

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<tr>
<th>Form Sent (B or C)</th>
<th>Date Sent</th>
<th>Responding Dept.</th>
<th>Date Received &amp; by Whom</th>
</tr>
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</table>

4. Will External Accreditation be Sought? (For new programs or certificates only)

__________ Yes ____________ No

If yes, name the organization involved with accreditation for this program.

5. Program Checksheets affected by this proposal.
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term **Summer** Year **2010** See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix  
b. Number  
c. Enter Contact Hours per week in boxes.
   MRIS  
   105  
   LECTure [ ] LAB [ ] I NDependent Study – Check (x) [ ]
   Practicum: [ ] Seminar: [ ]

d. Full Course Title: **Pharmacology for Medical Records**
DELETE COURSE
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Summer Year 2010 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix: MRIS
b. Number: 193
c. Enter Contact Hours per week in boxes.
   LECTure [ ] LAB [ ] INDependent Study – Check (x) [ ]
   Practicum: 40 Seminar: [ ]

d. Full Course Title: Professional Practice

__________________________________________________
UCO Chair Signature/Date:  9/20/10

__________________________________________________
Academic Affairs Approval Signature/Date:  10/6/10

Office of the Registrar use ONLY
Date Rec’d: ___ Date Completed: ___ Entered: SCACRSE __ SCADTL __ SCARRES __ SCAPREQ __