College of Allied Health Sciences  
PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Capstone Course in the Bachelor of Science in Allied Health

Initiating Unit or Individual: DHMI/Allied Health  
Contact Person’s Name: Theresa Raglin  
e-mail: raglint@ferris.edu  
phone: ext 2312

Date or Term of Proposal Implementation: Spring 2012

- 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
- Group III - Certificates
- Group IV - Off-Campus Programs

<table>
<thead>
<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Head</td>
<td>Theresa A. Raglin</td>
<td>7/18/11</td>
<td></td>
</tr>
<tr>
<td>College Curriculum Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dean</td>
<td>Julie A. Cox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Curriculum Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Affairs</td>
<td></td>
<td>Support with Concerns</td>
<td>Not Support</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------</td>
<td>-----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Donald Fink</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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)
1. Proposal Summary

(Summary is generally less than one page. Briefly: state what is proposed with a summary of rationale and highlights. Additional rationale may be attached.)

The Bachelor of Science in Allied Health was approved in Spring 2010. A new course, CAHS 499 Capstone Project, was approved for 8 credits at that time. After implementation of the curriculum last year and while developing the courses, it became apparent that creating a capstone course for 8 credits did not align with the course outcomes or the other capstone courses in the College of Allied Health Sciences. This proposal will add an experimental course CAHS 490 Allied Health Capstone for 3 credits that can be offered during the Spring 2012 semester. This experimental course will meet the needs of the currently enrolled students and allow the program time to complete the process for a major curriculum revision during the Fall semester.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:
Prefix	Number	Title
CAHS	490	Allied Health Capstone

b. Courses to be Deleted From FSU Catalog:
Prefix	Number	Title

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

*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.
NEW COURSE INFORMATION

Course Identification:
Prefix: CAHS  Number: 490  Title: Allied Health Capstone

Course Description:
The capstone project is the final course in the program. During the course, the student will utilize past knowledge to identify a project, investigate possible solutions and make a final proposal for implementation.

Course Outcomes and Assessment Plan:
The course will prepare students to:
1. Conduct investigations to determine need
2. Utilize previously learned information in the development of a solution to an identified need
3. Make a professional presentation

Student learning in the course will be assessed as follows:

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Method</th>
<th>Criteria for success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student will be able to conduct investigations to determine need</td>
<td>Needs assessment</td>
<td>90% of the students will be able to determine a need within their specialty area</td>
</tr>
<tr>
<td></td>
<td>Library Research</td>
<td></td>
</tr>
<tr>
<td>Student will be able to utilize previously learned information in the development of a solution to an identified need</td>
<td>Project proposal</td>
<td>90% of the students will be able to develop a proposal to address identified need</td>
</tr>
<tr>
<td>Student will be able to make a professional presentation</td>
<td>Presentation</td>
<td>90% of the students will be able to make a professional presentation pertaining to their project proposal</td>
</tr>
</tbody>
</table>

Course Outline including Time Allocation:
3 credits = 45 hours = 3 hours X 15 weeks

Needs assessment techniques (surveys, interviews, observations); performance of needs assessment - 18 hours
Proposal Development – 15 hours
Presentation (development, strategies and implementation) - 12 hours
I. ACTION TO BE TAKEN: CREATE A NEW COURSE
Notes
1. Complete each item in Section I and Section II.
2. If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective (6 digit code only): 201201 Examples: 200801(Spring), 200805(Summer), 200808(Fall)
Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. PROPOSED FOR NEW COURSE: Complete all sections a through r. See manual for clarification.

a. Course Prefix: CAHS
b. Number: 490
c. Enter Contact Hours per week in boxes. LECture [3] LAB [ ] INDependent Study – Check (x) □ Practicum: [ ] Seminar: [ ]

d. Course Title: Allied Health Capstone
   (Limit to 30 characters/spaces.)

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: [ ] Variable  [x] Fixed  h. Minimum Credit Hours [3] i. Maximum Credit Hours [3]

j. May Be Repeated for Added Credit: Check (x) [ ] Yes  [x] No

k. Levels: Check (x) [x] Undergraduate  [ ] Graduate  [ ] Professional

l. Grade Method: Check (x) [x] Normal Grading  [ ] Credit/No Credit only (Pass/Fail)

m. Does proposed new course replace an equivalent course? Check (x) [ ] Yes  [x] No

n. Equivalent course: Prefix [ ] Number [ ] See instructions on Replacement courses.

CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.
The capstone project is the final course in the program. During the course, the student will utilize past knowledge to identify a project, investigate possible solutions and make a final proposal for implementation.

p. Term(s) Offered: [Fall, Spring, Summer] (See instructions for listing.)  q. Max. Section Enrollment: [24]
r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces. Departmental permission.

UCC Chair Signature/Date:  ___________________________  1/1  Academic Affairs Approval Signature/Date:  ___________________________  2/12/16

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code □ Basic Skill (BS) □ General Education (GE) □ Occupational Education (OC) □ G.E. Codes

Office of the Registrar use ONLY
Date Rec'd: ____ Date Completed: ____ Entered: SCACRSE _ SCADTL _ SCARRES _ SCAPREQ _