#### GC#7: Course Change

## **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: | SOP           | Dept/Division: | Pharmacy | Current Alpha Designator/Number: | PHAR 501     |
|----------|---------------|----------------|----------|----------------------------------|--------------|
| Contact  | Person: Craig | Kimble,        | PharmD   | Phone:                           | 304-696-6014 |

#### **CURRENT COURSE DATA:**

| Course Title: Pharm Cont Prof Dev       |  |
|---|--|
| Alpha Designator/Number: P H A R 5 0 1  |  |
| Title Abbreviation: Pharm Cont Prof Dev |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head                 | Date 2-29-24    |
|---|-----------------|
| Registrar_Some                            | Date 3-11-2024  |
| College Curriculum Chair Quithia B. Jones | Date 2 29 20 24 |
| Graduate Council Chair DD Dawy            | Date 5-6-24     |

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Α

| Request for Graduate Course Change - Page 2   |
|---|
| College: Department/Division: Alpha Designator/Number: PHAR 501   |
| Provide complete information regarding the course change for each topic listed below.   |
| Change in CATALOG TITLE: YES NO   |
| From P h a r m c p h t P r o f D e v (limited to 30 characters and spaces)  |
| To Pharm ¢ ht Prof Dev 1  |
| If Yes, Rationale This is the first course in a 6 course series in professional development. Add the sequence number to the title.  |
| Change in COURSE ALPHA DESIGNATOR:  |
|   |
| If Yes, Rationale   |
| Change in COURSE NUMBER: YES NO   |
| From: To: To:   |
| If Yes, Rationale   |
| Change in COURSE GRADING  |
| From Grade To Credit/No Credit  |
| Rationale   |
| Change in CATALOG DESCRIPTION:  |
| From Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.                                     |
| To Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years. |
| If Yes<br>Rationale Updated course description to reflect new curriculum updates. A more generic description was<br>used for the course sequence initially.                                       |

| Request for G   | iraduate Course Change - Page 3                              |
|---|--|
| Change in COURSE CREDIT HOURS: YES VIE                  | ) If YES, fill in below:                                     |
| IOTE: If credit hours increase/decrease, please provide | documentation that specifies the adjusted work requirements. |
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| hange in COURSE CONTENT: YES NO                         |  |
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Department: Pharmacy (PharmD)

Course Number/Title PHAR 501 Pharm Cont Prof Dev 1

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE    |
|---------------------------|------------------------------|-----------|
| Department:               | Department:                  | Departm   |
| Course Number and Title:  | Current Course Number/Title: | Current C |
| Rationale:                | New Course Number:           | New Cou   |
| Course Description (old)  | Rationale:                   | Rationale |
| Course Description: (new) | Catalog Description:         | Catalog D |
| Catalog Description:      | Credit hours:                |           |

<u>COURSE TITLE CHANGE</u> Department: <u>Current Course Number/Title:</u> <u>New Course Title:</u> Rationale: <u>Catalog</u> Description:

### COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 501 Pharm Cont Prof Dev 1

Rationale: Updated course description to reflect new curriculum updates. A more generic description was used for the course sequence initially.

Course Description (old): Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.

Course Description(new): Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years. Catalog Description (New):

PHAR 501 Pharm Cont Prof Dev 1 0 Credit hours

Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Grade Mode: Pass/Fail Grading Mode

### **COURSE TITLE CHANGE**

Department: School of Pharmacy

Current Course Number/Title: PHAR 501 - Pharm Cont Prof Dev New Course Title: PHAR 501 - Pharm Cont Prof Dev 1

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair. 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: SOP          | Dept/Division: Pharmacy | Current Alpha Designator/Number: PHAR 502 |
|-----------------------|-------------------------|---|
| Contact Person: Craig | Kimble, PharmD          | Phone: 304-696-6014                       |

#### **CURRENT COURSE DATA:**

| Course Title: Pharm Cont Prof Dev       |  |  |  |  |
|---|--|--|--|--|
| Alpha Designator/Number: P H A R 5 0 2  |  |  |  |  |
| Title Abbreviation: Pharm Cont Prof Dev |  |  |  |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Dept. Chair/Division Head                   | Date 2-29-29   |
|---|----------------|
| Registrar Strange                           | Date 3-17-2024 |
| College Curriculum Chair Cypettura B. Jones | Date 229 2024  |
| Graduate Council Chair                      | Date 5-6-24    |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

|                     | Req  | uest for Graduate Cour   | se Change - Page 2  |
|---------------------|--|--|---|
| College: sa         | hool of Pharmacy   | partment/Division:<br>Phamacy                                      | Alpha Designator/Number: PHAR 502   |
|                     |  | ng the course change for each                                      | topic listed below.   |
| Change in C         | CATALOG TITLE:   | NO   |   |
| From P              | harm Cpnt  | Prof Dev   | (limited to 30 characters and spaces)                                     |
| То Р                | hadm ¢pht  | Prof Dev 2   |   |
| lf Yes, Ratic       | nale This is the second sequence number                    |  | in professional development. Add the                                      |
| Change in C         | COURSE ALPHA DESIGNATOR:                                   |  |   |
| From:               | то   | YES NO   |   |
| lf Yes, Ratio       | onale  |  |   |
| Change in C         |  | NO   |   |
| From:               | To:  |  |   |
| If Yes, Ratio       | onale  |  |   |
| Change in (         | COURSE GRADING   |  |   |
| From                | Grade To Credit/No Credit                                  |  |   |
| Rationale           |  |  |   |
| Change in (         | CATALOG DESCRIPTION:                                       |  | /ES, fill in below:   |
|                     |  | ssional development is a re<br>sional development activitie        | quired course designed to expose students es.                             |
| To Stu<br>OS        | dents will be introduced to<br>CEs, and take part in a sem | additional professionalism top<br>inar series throughout the first | pics, evaluation of clinical skills through the<br>t through third years. |
| lf Yes<br>Rationale | Updated course descrip<br>used for the course sequ         |  | m updates. A more generic description was                                 |
|                     |  |  |   |

| Change in COURSE C   |                                     | O If YES, fill in below:       |                                |        |
|----------------------|-------------------------------------|--------------------------------|--------------------------------|--------|
| OTE: If credit hours | s increase/decrease, please provide | e documentation that specifies | the adjusted work requirement: | 5.     |
| From                 |                                     |                                |                                |        |
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| hange in COURSE C    |                                     |                                |                                |        |
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| College: | SOP |
|----------|-----|
|----------|-----|

Department: Pharmacy (PharmD)

Course Number/Title PHAR 502 Pharm Cont Prof Dev 2

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

### **COURSE DESCRIPTION CHANGE**

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 502 Pharm Cont Prof Dev 2

Rationale: Updated course description to reflect new curriculum updates. A more generic description was used for the course sequence initially.

Course Description (old): Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.

Course Description(new): Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years. Catalog Description (New):

PHAR 502 Pharm Cont Prof Dev 2 0 Credit hours

Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Grade Mode: Pass/Fail Grading Mode

### **COURSE TITLE CHANGE**

Department: School of Pharmacy Current Course Number/Title: PHAR 502 - Pharm Cont Prof Dev New Course Title: PHAR 502 - Pharm Cont Prof Dev 2

#### GC#7: Course Change

## Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: SOP          | Dept/Division: Pharmacy | Current Alpha Designator/Number: PHAR 503 |
|-----------------------|-------------------------|---|
| Contact Person: Craig | Kimble, PharmD          | Phone: 304-696-6014                       |

### **CURRENT COURSE DATA:**

| Course Title: Pharm Cont Prof Dev      |  |
|--|--|
| Alpha Designator/Number: P H A R 5 0 3 |  |
| Title Abbreviation: Pharm ContProfDev  |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Dept. Chair/Division Head                                   | Date 2.29-24   |
|---|----------------|
| Registrar Songe all and | Date 3-11-2024 |
| College Curriculum Chair Ciputria B. Jones                  | Date 2/29 2024 |
| Graduate Council Chair A & L & L & L                        | Date 5-6-24    |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Request for Graduate Course Change - Page 2   |
|---|
| College: School of Pharmacy Department/Division: Pharmacy Alpha Designator/Number: PHAR 503   |
| Provide complete information regarding the course change for each topic listed below.   |
| Change in CATALOG TITLE: YES NO   |
| From Pharm Cont Prof Dev 3 (limited to 30 characters and spaces)  |
| If Yes, Rationale This is the third course in a 6 course series in professional development. Add the sequence number to the title.  |
| Change in COURSE ALPHA DESIGNATOR:  |
|   |
| If Yes, Rationale   |
| Change in COURSE NUMBER: YES NO From: To: To: HILLING   |
| Change in COURSE GRADING<br>From Grade To Credit/No Credit<br>Rationale   |
| Change in CATALOG DESCRIPTION:  |
| From Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.                                     |
| To Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years. |
| If Yes<br>Rationale Updated course description to reflect new curriculum updates. A more generic description was<br>used for the course sequence initially.                                       |
| Form updated 09/2022 Page 2 o   |

| Request for Graduate Course Change - Page 3  |             |  |  |  |
|--|-------------|--|--|--|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:   |             |  |  |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |             |  |  |  |
| From   |             |  |  |  |
| То   |             |  |  |  |
| Change in COURSE CONTENT: YES NO   |             |  |  |  |
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|  | Page 3 of 5 |  |  |  |

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| College: | SOP |
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Department: Pharmacy (PharmD)

Course Number/Title PHAR 503 Pharm Cont Prof Dev 3

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | <u>New Course Number:</u>    | <u>New Course Title:</u>     |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

### **COURSE DESCRIPTION CHANGE**

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 503 Pharm Cont Prof Dev 3

Rationale: Updated course description to reflect new curriculum updates. A more generic description was used for the course sequence initially.

Course Description (old): Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.

Course Description(new): Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years. Catalog Description (New):

PHAR 503 Pharm Cont Prof Dev 3 0 Credit hours

Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Grade Mode: Pass/Fail Grading Mode

### **COURSE TITLE CHANGE**

Department: School of Pharmacy Current Course Number/Title: PHAR 503 - Pharm Cont Prof Dev New Course Title: PHAR 503 - Pharm Cont Prof Dev 3

#### GC#7: Course Change

# **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: SO   | P                     | ept/Division: Pharmacy | Current Alpha Designator/Number: PHAR 504 |
|---------------|-----------------------|------------------------|---|
| Contact Perso | <sup>"</sup> Craig Ki | mble, PharmD           | Phone: 304-696-6014                       |

### **CURRENT COURSE DATA:**

| Course Title: Pharm Cont Prof Dev                   |  |
|---|--|
| Alpha Designator/Number: P H A R 5 0 4              |  |
| Title Abbreviation: P h a r m C o n t P r o f D e v |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Dept. Chair/Division Head                 | Date 7-29-24       |
|---|--------------------|
| Registrar Songe Deg                       | Date 3-11-2024     |
| College Curriculum Chair Uptitua B. Jones | Date 2 29 2024     |
| Graduate Council Chair D D                | Date <u>5-6-24</u> |

### Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

|                     |   | nequest for Graduat                                       | e course chang                                 | je - i uge z                                    |
|---------------------|---|---|--|---|
| College: so         | hool of Pharmacy                                | Department/Division:                                      | у  | Alpha Designator/Number: PHAR 504               |
|                     |   | egarding the course change                                | for each topic listed                          | below.  |
| Change in C         | CATALOG TITLE:                                  | NO  |  |   |
| From P              | harm cpn  | t Prof Dev  |  | (limited to 30 characters and spaces)           |
| То Р                | h a ı m j ¢ p p                                 | t Prof Dev  |  |   |
| lf Yes, Ratic       | This is the fou                                 | rth course in a 6 course<br>aber to the title.            | series in professio                            | onal development. Add the                       |
| Change in C         | COURSE ALPHA DESIGNAT                           | TOR:  |  |   |
| From:               | To  | YES VO  |  |   |
| If Yes, Ratio       | onale   |   |  |   |
| From:               |   | YES NO  |  |   |
| lf Yes, Ratio       | onale   |   |  |   |
| Change in (         | COURSE GRADING                                  |   |  |   |
| From                | Grade To Credit/No                              | Credit  |  |   |
| Rationale           |   |   |  |   |
| Change in (         | CATALOG DESCRIPTION:                            | YES N   | O IF YES, fill in bel                          | DW:   |
|                     |   | professional developmen<br>rofessional developmen         |  | irse designed to expose students                |
| To Stu<br>OS        | dents will be introduc<br>CEs, and take part in | ed to additional profession<br>a seminar series throughou | alism topics, evalua<br>t the first through th | tion of clinical skills through the hird years. |
| lf Yes<br>Rationale | Updated course de<br>used for the course        |   | urriculum updates                              | s. A more generic description was               |
|                     |   |   |  |   |

| Request for Graduate Course Change - Page 3   |            |
|---|------------|
| Change in COURSE CREDIT HOURS:  |            |
| IOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requ | uirements. |
| From  |            |
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| hange in COURSE CONTENT: YES NO   |            |
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| orm updated 09/2022   | Page 3 o   |

| College: | SOP |
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Department: Pharmacy (PharmD)

Course Number/Title PHAR 504 Pharm Cont Prof Dev 4

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

### **COURSE DESCRIPTION CHANGE**

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 504 Pharm Cont Prof Dev 4

Rationale: Updated course description to reflect new curriculum updates. A more generic description was used for the course sequence initially.

Course Description (old): Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.

Course Description(new): Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years. Catalog Description (New):

PHAR 504 Pharm Cont Prof Dev 4 0 Credit hours

Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Grade Mode: Pass/Fail Grading Mode

### **COURSE TITLE CHANGE**

Department: School of Pharmacy Current Course Number/Title: PHAR 504 - Pharm Cont Prof Dev New Course Title: PHAR 504 - Pharm Cont Prof Dev 4

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair. 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: SOP          | Dept/Division: Pharmacy | Current Alpha Designator/Number | PHAR 505     |
|-----------------------|-------------------------|---------------------------------|--------------|
| Contact Person: Craig | Kimble, PharmD          | Phone:                          | 304-696-6014 |
|                       |                         |                                 |              |

#### **CURRENT COURSE DATA:**

| Course Title: Pharm Cont Prof Dev       |  |
|---|--|
| Alpha Designator/Number: P H A R 5 0 5  |  |
| Title Abbreviation: Pharm Cont Prof Dev |  |
|   |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Dept. Chair/Division Head By Charlen- MANA M. CACPTU | Date 2-29-24       |
|--|--------------------|
| Registrar Jonga Dag                                  | Date 3-11 - 2024   |
| College Curriculum Chair Upthia B. Jus               | Date 2/29/2024     |
| Graduate Council Chair                               | Date <u>5-6-24</u> |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Request for Graduate Course Change - Page 2   |
|---|
| College: Department/Division: Pharmacy Alpha Designator/Number: PHAR 505  |
| Provide complete information regarding the course change for each topic listed below.   |
| Change in CATALOG TITLE: YES NO   |
| From Pharm Cont Prof Dev (limited to 30 characters and space)   |
| To Pharm Coht Prof Dev S  |
| If Yes, Rationale This is the fith course in a 6 course series in professional development. Add the sequence number to the title.   |
| Change in COURSE ALPHA DESIGNATOR:  |
|   |
| If Yes, Rationale   |
| Change in COURSE NUMBER: YES VINO   |
|   |
| If Yes, Rationale   |
|   |
| Change in COURSE GRADING  |
| From Grade To Credit/No Credit  |
| Rationale Was entered into graduate catalog incorrectly as normal grading mode. Needs to be change to Pass/Fail grading mode.   |
| Change in CATALOG DESCRIPTION:  |
| From Pharmacy continuing professional development is a required course designed to expose student to various continuing professional development activities.                                      |
| To Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years. |
| If Yes<br>Rationale Updated course description to reflect new curriculum updates. A more generic description was<br>used for the course sequence initially.                                       |
|   |

| Request for Graduate Course Change - Page 3  |                             |  |
|--|-----------------------------|--|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:                             |                             |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the | adjusted work requirements. |  |
| From   |                             |  |
| Го   |                             |  |
| hange in COURSE CONTENT: YES NO  |                             |  |
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| orm updated 09/2022  | Page 3 of 9                 |  |

| College: | SOP |
|----------|-----|
|----------|-----|

Department: Pharmacy (PharmD)

Course Number/Title PHAR 505 Pharm Cont Prof Dev 5

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. COURSE DELETION; List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE |
|---------------------------|
| Department:               |
| Course Number and Title:  |
| Rationale:                |
| Course Description (old)  |
| Course Description: (new) |
| Catalog Description:      |
|                           |

COURSE NUMBER CHANGE Department: Current Course Number/Title: New Course Number: Rationale: Catalog Description: Credit hours:

COURSE TITLE CHANGE Department: Current Course Number/Title: New Course Title: Rationale: Catalog Description:

### COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D)

Course Number and Title: PHAR 505 Pharm Cont Prof Dev 5

Rationale: Updated course description to reflect new curriculum updates. A more generic description was used for the course sequence initially.

Course Description (old): Pharmacy continuing professional development is a required course designed to expose students to various continuing professional development activities.

Course Description(new): Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years. Catalog Description (New):

PHAR 505 Pharm Cont Prof Dev 5 0 Credit hours

Students will be introduced to additional professionalism topics, evaluation of clinical skills through the OSCEs, and take part in a seminar series throughout the first through third years.

Grade Mode: Pass/Fail Grading Mode

### **COURSE TITLE CHANGE**

Department: School of Pharmacy Current Course Number/Title: PHAR 505 - Pharm Cont Prof Dev New Course Title: PHAR 505 - Pharm Cont Prof Dev 5

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: SOP        | Dept/Division: Pharmacy | Current Alpha Designator/Number: PHAR 524 |
|---------------------|-------------------------|---|
| Contact Person: Cra | ig Kimble, PharmD       | Phone: 304-696-6014                       |
|                     |                         |   |

### CURRENT COURSE DATA:

| Course Title: Drug Info & Comm Skills       |  |
|---|--|
| Alpha Designator/Number: P H A R 5 2 4      |  |
| Title Abbreviation: Drug Info & Comm Skills |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Dept. Chair/Division Head       | Date 2-2-9-7.4                  |
|---------------------------------|---------------------------------|
|                                 | Date 3-11-2024<br>Date 229 2024 |
| College Curriculum Chair        | Date                            |
| Graduate Council Chair D.S. Dur | Date <u>5-6-24</u>              |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Form updated 09/2022

Page 1 of 5

| Request for Graduate Course Change - Page 2  |                             |                               |                      |                                       |
|--|-----------------------------|-------------------------------|----------------------|---------------------------------------|
| College: School of Pha   | rmacy                       | Department/Division: Pharmacy |                      | Alpha Designator/Number: PHAR 524     |
|  |                             | garding the course change f   | or each topic listed | below.                                |
| Change in CATALOG TITLE: YES VO  |                             |                               |                      |                                       |
| From   |                             |                               |                      | (limited to 30 characters and spaces) |
| то   |                             |                               |                      |                                       |
| If Yes, Rationale  |                             |                               |                      |                                       |
| ir res, nationale  |                             |                               |                      |                                       |
| Change in COURS  | e alpha designat            | DR:                           |                      |                                       |
| From:  | То                          | YES VO                        |                      |                                       |
| If Yes, Rationale  |                             |                               |                      |                                       |
| Change in COURSI   | E NUMBER:                   | YES NO                        |                      |                                       |
| From:  |                             |                               |                      |                                       |
| If Yes, Rationale  |                             |                               |                      |                                       |
| ا<br>Change in COURS   | E GRADING                   |                               |                      |                                       |
| From Grade   | To Credit/No C              | redit                         |                      |                                       |
| Rationale  |                             |                               |                      |                                       |
| Change in CATALOG DESCRIPTION:   |                             |                               |                      |                                       |
| From Topics covered include basic skills in obtaining and utilizing drug information references, and foundational skills required in patient counseling, such as the Indian Health method of counseling. |                             |                               |                      |                                       |
| To Topics covered include skills in obtaining and utilizing drug information references and foundational skills required in patient counseling.  |                             |                               |                      |                                       |
|  | ated to be cons<br>inology. | stent with current conte      | nporary pharma       | cy practice requirements and          |

| Request for Graduate Course Change - Page 3  |   |
|--|---|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:   |   |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |   |
| From   |   |
| То   |   |
| Change in COURSE CONTENT: YES NO   | ] |
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| Rationale  |   |
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Form updated 09/2022

Page 3 of 5

| College: | SOP |
|----------|-----|
|----------|-----|

Department: Pharmacy (PharmD)

PHAR 524 Drug Info & Comm Skills

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | <u>Credit hours:</u>         |                              |
|                           |                              |                              |

COURSE DESCRIPTION CHANGE Department: School of Pharmacy; Pharmacy (PHARM D) Course Number and Title: PHAR 524 Drug Info & Comm Skills Rationale: Updated to be consistent with current contemporary pharmacy practice requirements and terminology.

Course Description (old): Topics covered include basic skills in obtaining and utilizing drug information references, and foundational skills required in patient counseling, such as the Indian Health method of counseling.

Grade Mode: Normal Grading Mode

Course Description(new): Topics covered include skills in obtaining and utilizing drug information references and foundational skills required in patient counseling.

Catalog Description (New):

PHAR 524 Drug Info & Comm Skills 2 Credit hours

Topics covered include skills in obtaining and utilizing drug information references and foundational skills required in patient counseling.

Grade Mode: Normal Grading Mode

÷
#### GC#7: Course Change

### **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: | SOP           | Dept/Division: Pharmacy | Current Alpha Designator/Number: PHAR 533 |
|----------|---------------|-------------------------|---|
| Contact  | Person: Craig | Kimble, PharmD          | Phone: 304-696-6014                       |

#### **CURRENT COURSE DATA:**

| Course Title: Introduction to Pharmacy 1      |  |
|---|--|
| Alpha Designator/Number: PHAR 533             |  |
| Title Abbreviation: Introduction to Pharmacy1 |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| 1 Da 1/20 CABA M COM               |                 |
|------------------------------------|-----------------|
| Dept. Chair/Division Head          | Date 2-29-24    |
| Registrar_Sonall                   | Date 3-11. 2024 |
|                                    | Date 2 29 2024  |
| Graduate Council Chair D D D D U U | Date 5-6-24     |

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|   |  | Al-h- Design stor (Alexandram         |  |  |  |  |
|---|--|---------------------------------------|--|--|--|--|
| College:<br>School of Pharmacy  | Department/Division:   | Alpha Designator/Number: PHAR 533     |  |  |  |  |
| Provide complete information regarding the course change for each topic listed below. |  |                                       |  |  |  |  |
| Change in CATALOG TITLE:  | ✓ NO   |                                       |  |  |  |  |
| From  |  | (limited to 30 characters and spaces) |  |  |  |  |
| То  |  |                                       |  |  |  |  |
| If Yes, Rationale   |  |                                       |  |  |  |  |
| Change in COURSE ALPHA DESIGNATO  | DR:  |                                       |  |  |  |  |
| From: To  | YES NO   |                                       |  |  |  |  |
| If Yes, Rationale   |  |                                       |  |  |  |  |
| Change in COURSE NUMBER:  | YES 🖌 NO   |                                       |  |  |  |  |
| From: To:   |  |                                       |  |  |  |  |
| Lif Yes, Rationale  |  |                                       |  |  |  |  |
| Change in COURSE GRADING  |  |                                       |  |  |  |  |
| From Grade To Credit/No C   | redit  |                                       |  |  |  |  |
| Rationale   |  |                                       |  |  |  |  |
| Change in CATALOG DESCRIPTION:  | YES NO IF YES, fill in belo  | w:                                    |  |  |  |  |
| Continued professional<br>medications, laboratory                                     | to Pharmacy 1 3 Credit hours<br>development of the pharmacy practitioner<br>values, SOAP notes, documentation, me<br>eling and technology, communication, and  | dication safety applications          |  |  |  |  |
| medications. laboratory   | to Pharmacy 1 3 Credit hours<br>development of the pharmacy practitioner<br>values, SOAP notes, documentation, med<br>eling and technology, communication, and | dication safety applications          |  |  |  |  |
| If Yes<br>Rationale   | isite course. Course no longer exists (in  | old curriculum).                      |  |  |  |  |

# Request for Graduate Course Change - Page 2

| Request for Graduate Course Change - Page 3  |  |  |  |  |
|--|--|--|--|--|
| Change in COURSE CREDIT HOURS: YES KINN If YES, fill in below:   |  |  |  |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |  |  |  |  |
| From   |  |  |  |  |
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| Change in COURSE CONTENT: YES NO   |  |  |  |  |
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### **Request for Graduate Course Change-Page 4**



Department: Pharmacy (PharmD)

Course Number/Title PHAR 506 Pharm Cont Prof Dev 6

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

### **Request for Graduate Course Change - Page 5**

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         |
|---------------------------|------------------------------|
| Department:               | Department:                  |
| Course Number and Title:  | Current Course Number/Title: |
| Rationale:                | New Course Number:           |
| Course Description (old)  | Rationale:                   |
| Course Description: (new) | Catalog Description:         |
| Catalog Description:      | Credit hours:                |

COURSE TITLE CHANGE Department: Current Course Number/Title: New Course Title: Rationale: Catalog Description:

#### COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D) Course Number and Title: PHAR 533 Introduction to Pharmacy 1 Rationale: Removal of pre-requisite course. Course no longer exists (in old curriculum).

Course Description (old):

PHAR 533 Introduction to Pharmacy 1 3 Credit hours

Continued professional development of the pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

Pre-req: PHAR 541 with a minimum grade of C.

Grade Mode: Normal Grading Mode

Course Description(new):

Continued professional development of the pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

Catalog Description (New):

PHAR 533 Introduction to Pharmacy 1 3 Credit hours

Continued professional development of the pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharmacy  |           | Dept/Div.       | Pharmacy (PharmD) |       |                |  |  |
|---|-----------|-----------------|-------------------|-------|----------------|--|--|
| Contact Person Craig Kimble, PharmD   |           |                 |                   | Phone | (304) 696-6014 |  |  |
| Current Course Number and Title PHAR 612 Therapeutic Drug Dosing  |           |                 |                   |       |                |  |  |
| Rationale for Course Deletion Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Replaced by PHAR 537; Correct in plan of study. |           |                 |                   |       |                |  |  |
| Final term and year this course is to be offered: Fall 20 Spring 20 22 Summer 20  |           |                 |                   |       |                |  |  |
| Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.  |           |                 |                   |       |                |  |  |
| Course Number and Title   | Course no | o longer requir | red               |       | Credit Hrs. 1  |  |  |

#### Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head In and Internation Mark MS MARKER I | Date 2-24-24   |
|---|----------------|
| Registrar Ungend O  | Date 3-11-2014 |
| College Curriculum Chair Cyrothia B. Jonn                     | Date 2/24/2024 |
| Graduate Council Chair DSDuu [                                | Date 5-6-24    |

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 612 Therapeutic Drug Dosing Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Course material was integrated in PHAR 537.

Final Term Offered: Spring 2022.

Courses added (if any): Change in curriculum. (added previously; already exists in catalog; Plan of study is correct in catalog)

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharm    | nacy             | Dept/Div.      | Pharmacy (PharmD) |       |                |
|------------------|------------------|----------------|-------------------|-------|----------------|
| Contact Person   | Craig Kimble,    | PharmD         |                   | Phone | (304) 696-6014 |
| Current Course N | Number and Title | PHAR 631 - Pha | rmacometrics      |       |                |

| Rationale for Course Deletion   | Has been replaced with PHAR 537 Pharmacokinetics in the new curriculum.   |  |  |  |  |
|---------------------------------|---|--|--|--|--|
| Final term and year this course | is to be offered: Fall 20 Spring 20 22 Summer 20  |  |  |  |  |
| Course Number and Title         | of this DELETION. NOTE: A course ADDITION request form is also required. placement course already in catalog - PHAR 537 Credit Hrs. |  |  |  |  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head Leg Charlan, Mar Mart | 1/1/10/10 Date 7-29-24 |
|---|------------------------|
| Registrar Some D                                | Date 3-11.2024         |
| College Curriculum Chair Untria B. Jones        | Date 2 21 2024         |
| Graduate Council Chair A Show                   | Date 5-6-24            |
| Form updated 09/2022                            | Page 1                 |

Page 1 of 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added *(if any)*:

Department: Pharmacy (PharmD) Course Number and Title: PHAR 631 - Pharmacometrics Rationale for deletion: **Has been replaced with PHAR 537 Pharmacokinetics in the new curriculum.** Final Term Offered: Spring 2022. Courses added (*if any*): (added previously; already exists in catalog; Plan of study is correct in catalog) PHAR 537 Pharmacokinetics 3 Credit hours An introductory course emphasizing basic principles in pharmacokinetics. Grade Mode: Normal Grading Mode

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharmacy Dept/  | Div. Pharmacy (PharmD) |       |                |  |  |  |
|---|------------------------|-------|----------------|--|--|--|
| Contact Person Craig Kimble, PharmD   |                        | Phone | (304) 696-6014 |  |  |  |
| Current Course Number and Title PHAR 632 PF   | M Leadership           |       |                |  |  |  |
| Rationale for Course Deletion<br>Course was deleted in new curriculum revision. Last offered spring<br>2022. No plans to further offer this course. Integrated into PHAR 662<br>Pharmacy Administration Module; Correct in plan of study. |                        |       |                |  |  |  |
| Final term and year this course is to be offered: Fall 20 Spring 20 22 Summer 20 Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.   |                        |       |                |  |  |  |
| Course Number and Title   |                        |       | Credit Hrs. 3  |  |  |  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head I An Aller M. M.A. M.S. MINOMS   | Date 2.29.24    |
|--|-----------------|
| Registrar Dima D D   | Date 3-11. 2024 |
| Graduate Council Chair D. David D. John S. Joh | Date 5-6-24     |
|  |                 |

Form updated 09/2022

Page 1 of 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added *(if any)*:

Department: Pharmacy (PharmD) Course Number and Title: PHAR 632 PPM Leadership Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Course material was integrated in PHAR 662 Pharmacy Administration Module.

Final Term Offered: Spring 2022.

Courses added (if any): Change in curriculum. (added previously; already exists in catalog; Plan of study is correct in catalog)

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair,
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharm    | nacy             | Dept/Div.       | Pharmacy (PharmD)  |                |
|------------------|------------------|-----------------|--------------------|----------------|
| Contact Person   | Craig Kimble,    | PharmD          | Phone              | (304) 696-6014 |
| Current Course N | lumber and Title | PHAR 633 Patier | nt Care Skills Lab |                |

| Rationale for Course Deletion                                    | Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Integrated into pharmacy practice lab series; Correct in plan of study. |               |  |
|--|---|---------------|--|
| Final term and year this course<br>Course being ADDED in place o | is to be offered: Fall 20 Spring 20 22 Summer 20  |               |  |
| Course Number and Title  | urse no longer required   | Credit Hrs. 1 |  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head  | Date 2-24-24   |
|--|----------------|
| Registrar Songe So | Date 3-11+2020 |
| College Curriculum Chair Unthia B. Jones   | Date 2 21 2294 |
| Graduate Council Chair A A   | Date 5-6-24    |
| Form updated 09/2022   | Page           |

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 633 Patient Care Skills Lab Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Course material was integrated in pharmacy practice lab series.

Final Term Offered: Spring 2022.

Courses added (if any): Change in curriculum. (added previously; already exists in catalog; Plan of study is correct in catalog)

#### GC#7: Course Change

#### **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy (SOP) | Dept/Division:Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 644 |  |
|-----------------------------------|---------------------------------|---|--|
| Contact Person: Craig             | Kimble, PharmD                  | Phone: 304-696-6014                       |  |
|                                   |                                 |   |  |

#### **CURRENT COURSE DATA:**

| Course Title: PHAR 644 Therapeutics 4 Endocrine |  |
|---|--|
| Alpha Designator/Number: PHAR 644               |  |
| Title Abbreviation: Therapeutics 4 Endocrine    |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Dept. Chair/Division Head                | Date 7-2-9-24      |
|--|--------------------|
| Registrar Songe & A                      | Date 3-11-2024     |
| College Curriculum Chair Unthin B. Jones | Date 2/29/2024     |
| Graduate Council Chair DS L9 cm          | Date <u>5-6-24</u> |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Form updated 09/2022

Page 1 of 5

| Request for Graduate Course Change - Page 2  |
|--|
| College: School of Pharmacy (SOP) Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 644   |
| Provide complete information regarding the course change for each topic listed below.  |
| Change in CATALOG TITLE: YES NO  |
| From The rapeutics 4 Enderrhe (limited to 30 characters and spaces)  |
| To [T] h[ e] r] a p e u t [i c  s]  4  -  E  n] d  o  d r] i h e   |
| If Yes, Rationale All therapeutics modules have been adjusted in the new curriculum and should be descriptive of the content. Added content for clarity and updated sequencing. Now taught in spring of p2 year replacing PHAR 741 which was taught previously in fall of P3 year. |
| Change in COURSE ALPHA DESIGNATOR:   |
|  |
| If Yes, Rationale  |
| Change in COURSE NUMBER: YES VO  |
| From: To: To:  |
| If Yes, Rationale  |
| Change in COURSE GRADING   |
| From Grade To Credit/No Credit   |
| Rationale  |
| Change in CATALOG DESCRIPTION:   |
| From   |
|  |
| То   |
|  |
| If Yes   |
| Rationale  |
|  |
|  |

| Request for Graduate Course Change - Page 3   |             |  |
|---|-------------|--|
| Change in COURSE CREDIT HOURS: YES INO If YES, fill in below:   |             |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work re | quirements. |  |
| From  |             |  |
|   |             |  |
| Γο  |             |  |
|   |             |  |
| Change in COURSE CONTENT: YES NO  |             |  |
| From  |             |  |
|   |             |  |
|   |             |  |
|   |             |  |
| ο   |             |  |
|   |             |  |
| ,   |             |  |
|   |             |  |
| lationale   |             |  |
|   |             |  |
|   |             |  |
|   |             |  |
|   |             |  |
| orm updated 09/2022   | Page 3 of   |  |

### **Request for Graduate Course Change-Page 4**

| College | School | of Pharmacy | (SOP) |
|---------|--------|-------------|-------|
|---------|--------|-------------|-------|

Department: Pharmacy (PharmD)

PHAR 644 Therapeutics 4 Endocrine

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

### **Request for Graduate Course Change - Page 5**

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | <u>Rationale:</u>            |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

COURSE DESCRIPTION CHANGE Department: School of Pharmacy (PharmD) Course Number and Title: PHAR 644 Therapeutics 4 Endocrine Rationale: Updated title for sequencing and descriptors. Update to plan of study; Replaces PHAR 741 and is now taught in spring of 2nd year instead of fall of 3rd year. New course.

#### Course Description (old)

PHAR 644 Therapeutics 4 Endocrine 4 Credit hours

Students will learn about therapeutic and prophylactic treatments for diseases of the endocrine, genitourinary and reproductive systems. Use of medication and non-medication interventions will be emphasized as deemed appropriate. This course will emphasize performance of the activities of the pharmacist as health care provider.

Grade Mode: Normal Grading Mode

Course Description: (new)

PHAR 644 Therapeutics 4 - Endocrine 4 Credit hours

Students will learn about therapeutic and prophylactic treatments for diseases of the endocrine, genitourinary and reproductive systems. Use of medication and non-medication interventions will be emphasized as deemed appropriate. This course will emphasize performance of the activities of the pharmacist as health care provider.

Grade Mode: Normal Grading Mode

Catalog Description: Students will learn about therapeutic and prophylactic treatments for diseases of the endocrine,

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharr    | nacy             | Dept/Div.      | Pharmacy (PharmD) |                |
|------------------|------------------|----------------|-------------------|----------------|
| Contact Person   | Craig Kimble,    | PharmD         | Phone             | (304) 696-6014 |
|                  |                  |                | ,                 |                |
| Current Course I | Number and Title | PHAR 671 Thera | peutics III       |                |

| Rationale for Course Deletior  | Course was replaced in 2022 with PHAR 652 with the curse modules. This course is no longer offered and no plat the future. |               |
|--------------------------------|--|---------------|
| Final term and year this cours | e is to be offered: Fall 20 Spring 20 22 Summer 20   |               |
| Course being ADDED in place    | of this DELETION. NOTE: A course ADDITION request form is also required  | i.            |
| Course Number and Title        | ourse no longer required   | Credit Hrs. 7 |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head                 | MMO, Hoate Z-20024 |
|---|--------------------|
| Registrar Songal D                        | Date 3-11 - 2024   |
| College Curriculum Chair Cynthin B. Jones | Date 2/29/2024     |
| Graduate Council Chair                    | Date               |
| Form updated 09/2022                      | Page 1             |

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 671 Therapeutics III Rationale for deletion: Course was deleted in new curriculum revision (Replaced with PHAR 652 and material integrated to some other therapeutics courses). Last offered spring 2022. No plans to further offer this course.

Final Term Offered: Spring 2022.

Courses added (if any): PHAR 652 Therapeutics 2-Cardiology replaces this course (added previously; already exists in catalog; Plan of study is correct in catalog)

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharmacy |                  | Dept/Div.      | Pharmacy (PharmD) |                |
|------------------|------------------|----------------|-------------------|----------------|
| Contact Person   | Craig Kimble,    | PharmD         | Phone             | (304) 696-6014 |
| Current Course N | Number and Title | PHAR 712 Capst | one Diabetes Care |                |

| Rationale for Course Deletion  | Deletion Course was deleted in new curriculum revision and moved into the pharmacy practice lab p3 sequence. Last offered spring 2023. No plans to further offer this course. |               |  |  |
|--|---|---------------|--|--|
| Final term and year this course is to be offered: Fall 20 Spring 20 23 Summer 20                     |   |               |  |  |
| Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required. |   |               |  |  |
| Course Number and Title  | urse no longer required   | Credit Hrs. 1 |  |  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head                 | Date 7 29-14   |
|---|----------------|
| Registrar Some D                          | Date 3-11-2024 |
| College Curriculum Chair Ciputto B. Joner | Date 2 29 2024 |
| Graduate Council Chair                    | Date 5-6-24    |

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added *(if any)*:

Department: Pharmacy (PharmD) Course Number and Title: PHAR 712 Capstone Diabetes Care Rationale for deletion: Course was deleted in new curriculum revision and moved into the pharmacy practice lab p3 sequence. Last offered spring 2023. No plans to further offer this course.

Final Term Offered: Spring 2023.

Courses added (if any): Change in curriculum. Moved into pharmacy practice lab sequence. (added previously; already exists in catalog; Plan of study is correct in catalog)

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharm    | nacy             | Dept/Div.      | Pharmacy (PharmD) |                |
|------------------|------------------|----------------|-------------------|----------------|
| Contact Person   | Craig Kimble,    | PharmD         | Phone             | (304) 696-6014 |
| Current Course N | lumber and Title | PHAR 721 Thera | peutics 7         |                |

| Rationale for Course Deletion  | Course was deleted in new curriculum revision and moved into PHAR<br>723 - Therapeutics 7-Special Populations as a module. |               |  |  |  |
|--------------------------------|--|---------------|--|--|--|
| Final term and year this cours | e is to be offered: Fall 20 Spring 20 23 Summer 20   |               |  |  |  |
| Course being ADDED in place    | e of this DELETION. NOTE: A course ADDITION request form is also required  | ł.            |  |  |  |
| Course Number and Title        | ourse no longer required   | Credit Hrs. 2 |  |  |  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Che the Miney No Bill                     | 11 Date 2-28-24 |
|---|-----------------|
| Dept. Chair/Division Head                 | 150 Date        |
| Registrar Songe D                         | Date 3-11-2024  |
| College Curriculum Chair Curthin B. Joner | Date 2/29/2024  |
| Graduate Council Chair DSLu               | Date 5-6-24     |
|   | Dogo 1          |

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 721 Therapeutics 7 Rationale for deletion: Course was deleted in new curriculum revision and moved into PHAR 723 - Therapeutics 7-Special Populations as a module.

Final Term Offered: Spring 2023.

Courses added (if any): Course was deleted in new curriculum revision and moved into PHAR 723 - Therapeutics 7-Special Populations as a module.

1

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College School of P   | harmacy (Ph     | Dept/Div.    | Pharmacy   |       |            |
|-----------------------|-----------------|--------------|------------|-------|------------|
| Contact Person Craig  | g Kimble, Pharn | nD           |            | Phone | 3046966014 |
| Current Course Number | rand Title PHA  | R 722 - Pati | ent Safety |       |            |

| Rationale for Course Deletion                                  | Course was in old curriculum and was last taught in Fall 2022. Course was replaced by P2 course PHAR 623 Patient Safety. |
|--|--|
|  | e is to be offered: Fall 20 22 Spring 20 Summer 20   |
| Final term and year this course<br>Course being ADDED in place | of this DELETION. NOTE: A course ADDITION request form is also required.   |
| Course Number and Title  | HAR 623 Patient Safety - Already in catalog and MU Bert Credit Hrs. 2  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head Reg Char Value 10 Milly MS W 11/1/11 | Date 2 - 29-24     |
|--|--------------------|
| Registrar  | Date 3-11 - 2024   |
| College Curriculum Chair Curthe B. Jones                       | Date 2/29/2024     |
| Graduate Council Chair A State                                 | Date <u>5-6-24</u> |

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added *(if any)*:

Department: School of Pharmacy (PharmD) Course Number and Title: PHAR 622 - Patient Safety Rationale for deletion: Course was in old curriculum and was last taught in Fall 2022. Course was replaced by P2 course PHAR 623 Patient Safety. Final Term Offered: Fall 2022 Courses added (*if any*): This course was previously replaced with PHAR 623 which is already listed in the course catalog and in MU Bert. Plan of study is correct in MU graduate catalog.

PHAR 623 Patient Safety 2 Credit hours

Further professional development in the management of patient safety policies and procedures. Areas covered: medication reconciliation, discharge planning, risk management, and other methods of improving patient safety. Grade Mode: Normal Grading Mode

3

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharmacy   | Dept/Div.           | Pharmacy (PharmD)   |         |                |
|--|---------------------|---|---------|----------------|
| Contact Person Craig Kimble,   | , PharmD            |   | Phone   | (304) 696-6014 |
| Current Course Number and Title  | PHAR 731 Case       | Studies   |         |                |
| ti   |                     | from the new curriculun<br>ce labs. Course was las<br>course. |         |                |
| Final term and year this course is<br>Course being ADDED in place of t |                     |   | nmer 20 | ired           |
| Course Number and Title  | se no longer requir |   |         | Credit Hrs. 8  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head Ling Organ Mar M. Margh M. M. B. | Date 2.29.24       |
|--|--------------------|
| Registrar Songen Com                                       | Date 3-11.2024     |
| College Curriculum Chair Mutto B. Joner                    | Date 2 29/2024     |
| Graduate Council Chair DSDCur                              | Date <u>5-6-24</u> |
|  |                    |

Form updated 09/2022

Page 1 of 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added *(if any)*:

Department: Pharmacy (PharmD) Course Number and Title: PHAR 731 Case Studies Rationale for deletion: Course was deleted from the new curriculum. Material was moved into the pharmacy practice labs. Course was last taught in 2022. No plans to further teach this course.

Final Term Offered: Fall 2022.

Courses added (if any): Content was integrated into the pharmacy practice lab series; (added previously; already exists in catalog; Plan of study is correct in catalog)

#### GC#7: Course Change

### Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: <sup>S</sup> | ichool of Pharmacy (SOP) | Dept/Division: <sup>F</sup> | Pharmacy (PharmD) | Current Alpha Designator/Number | PHAR 735   | ł   |
|-----------------------|--------------------------|-----------------------------|-------------------|---------------------------------|------------|-----|
| Contact I             | Person: Craig            | Kimble                      | , PharmD          | Phone:                          | 304-696-60 | )14 |
|                       |                          |                             |                   |                                 |            |     |

#### **CURRENT COURSE DATA:**

| Course Title: PHAR 735 Pha | Irmacy Law & Ethics |  |
|----------------------------|---------------------|--|
| Alpha Designator/Number: P | HAR 735             |  |
| Title Abbreviation: Phar   | macy Law & Ethics   |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Dept. Chair/Division Head Lep Mu. Miller Miller Miller N. P. 119 | Date 7-20-7-5/     |
|--|--------------------|
| Registrar Sorte 200  | Date 3-11-2024     |
| College Curriculum Chair Cupathia B. Jones                       | Date 2 29 2024     |
| Graduate Council Chair D A Du                                    | Date <u>5-6-24</u> |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Form updated 09/2022

Page 1 of 5

|                                   | Request for Graduate course er             |                                       |
|-----------------------------------|--|---------------------------------------|
| College: School of Pharmacy (SOP) | Department/Division: Pharmacy (PharmD)     | Alpha Designator/Number;<br>PHAR 735  |
| Provide complete information re   | garding the course change for each topic l | isted below.                          |
| Change in CATALOG TITLE: YES      | ✓ NO                                       |                                       |
| From                              |  | (limited to 30 characters and spaces) |
| То                                |  |                                       |
| If Yes, Rationale                 |  |                                       |
| Change in COURSE ALPHA DESIGNAT   | OR:  |                                       |
| From: To                          | YES INO                                    |                                       |
| If Yes, Rationale                 |  |                                       |
| Change in COURSE NUMBER:          | YES NO                                     |                                       |
| From: To:                         |  |                                       |
| If Yes, Rationale                 |  |                                       |
| Change in COURSE GRADING          |  |                                       |
| From Grade To Credit/No G         | Credit                                     |                                       |
| Rationale                         |  |                                       |
| Change in CATALOG DESCRIPTION:    | YES NO IF YES, fill                        | in below:                             |
| From                              |  |                                       |
| То                                |  |                                       |
| If Yes<br>Rationale               |  | ¥                                     |

## Request for Graduate Course Change - Page 2

| Request for Graduate Course Change - Page 3   | _  |
|---|----|
| <b>Change in COURSE CREDIT HOURS:</b> YES NO If YES, fill in below:<br>NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |    |
| From 2 SCH on plan of study and 3 SCH on GC listing Page 437 and Page 323   |    |
| To <b>3 SCH on grad catalog and on plan of study; Page 437 and Page 323</b>   |    |
| Change in COURSE CONTENT: YES NO  |    |
| From  |    |
| To  |    |
| Rationale N/A   |    |
|   | of |

Form updated 09/2022

Page 3 of 5

### **Request for Graduate Course Change-Page 4**

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

PHAR 735 Pharmacy Law & Ethics

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A Course Deletion form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

### **Request for Graduate Course Change - Page 5**

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE<br>Department:<br>Course Number and Title:<br>Rationale:<br>Course Description (old)<br>Course Description: (new)<br>Catalog Description: | COURSE NUMBER CHANGE<br>Department:<br>Current Course Number/Title:<br>New Course Number:<br>Rationale:<br>Catalog Description:<br>Credit hours: | <u>COURSE TITLE CHANGE</u><br><u>Department:</u><br><u>Current Course Number/Title:</u><br><u>New Course Title:</u><br><u>Rationale:</u><br><u>Catalog Description:</u> |
|---|--|---|
| Catalog Description:  | <u>Credit hours:</u>   | Catellog Preserver  |

COURSE DESCRIPTION CHANGE Department: School of Pharmacy (PharmD) Course Number and Title: PHAR 735 Pharmacy Law & Ethics Rationale: 2 SCH on plan of study and 3 SCH on GC listing Page 437 and Page 323

Course Description (old) PHAR 735 Pharmacy Law & Ethics 3 Credit hours An applied analysis of federal and West Virginia state law and ethical standards in the practice of Pharmacy and Pharmaceutical Care. Grade Mode: Normal Grading Mode

Course Description: (new) PHAR 735 Pharmacy Law & Ethics 3 Credit hours An applied analysis of federal and West Virginia state law and ethical standards in the practice of Pharmacy and Pharmaceutical Care. Grade Mode: Normal Grading Mode

Catalog Description: An applied analysis of federal and West Virginia state law and ethical standards in the practice of Pharmacy and Pharmaceutical Care.
# **Request for Graduate Course Deletion**

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharr    | nacy             | Dept/Div.      | Pharmacy (PharmD) |                |
|------------------|------------------|----------------|-------------------|----------------|
| Contact Person   | Craig Kimble     | , PharmD       | Phone             | (304) 696-6014 |
| Current Course i | Number and Title | PHAR 741 Ther- | Endocrine         |                |

| Rationale for Course Deletion Course was deleted from the new curriculum. Material was moved the PHAR 644 Therapeutics 4-Endocrine. Course was last taught i Fall of 2022. New content is in spring of P2 year (PHAR 644), No plans to further teach this course. |  |               |
|---|--|---------------|
| Final term and year this course   |  | ]             |
| Course being ADDED in place   | of this DELETION. NOTE: A course ADDITION request form is also require | d.            |
| Course Number and Title   | urse no longer required  | Credit Hrs. 4 |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head Les An Mark Migh Migh Migh Migh | 15 Date 2-24-24    |
|---|--------------------|
| Registrar Songe & D                                       | Date 3-11 - 2020   |
| College Curriculum Chair Unthia B. Jones                  | Date 2/29/2024     |
| Graduate Council Chair D A.                               | Date <u>5-6-24</u> |

# **Request for Graduate Course Deletion-Page 2**

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 741 Ther-Endocrine 4 Credit hours Students will learn about the therapeutic use of medication and non-medication interventions for reproduction, and treatment and prevention of endocrine and genitourinary diseases. Grade Mode: Normal Grading Mode

Rationale for deletion: the PHAR 644 Therapeutics 4-Endocrine. Course was last taught in 2022. No plans to further teach this course.

Final Term Offered: Fall 2022.

Courses added (if any): Content was moved into new module in new curriculum - PHAR 644 Therapeutics 4-Endocrine. Was in Fall of P3 and now in spring of P2 year (PHAR 644). (added previously; already exists in catalog; Plan of study is correct in catalog)

# **Request for Graduate Course Deletion**

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharm   | nacy         |       | Dept/Div.          | Pharmacy (PharmD) |       |                |
|---|--------------|-------|--------------------|-------------------|-------|----------------|
| Contact Person  | Craig Ki     | nble, | PharmD             |                   | Phone | (304) 696-6014 |
| Current Course Number and Title PHAR 742 HemeOnc Nutrition Hepa MS  |              |       |                    |                   |       |                |
| Rationale for Course Deletion<br>Course was deleted from the new curriculum. Material was divided into<br>2 courses - (1) PHAR 743-Therapeutics 9-Hematology-Oncology and<br>PHAR 730 Therapeutics 8-Derm/Ophthal/Musc Dis. Course was last<br>taught in spring 2023. |              |       |                    |                   |       |                |
| Final term and year this course is to be offered: Fall 20 Spring 20 23 Summer 20  |              |       |                    |                   |       |                |
| Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.  |              |       |                    |                   |       |                |
| Course Numbe  | er and Title | Cours | se no longer requi | red               |       | Credit Hrs. 4  |

#### Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| 1 De Han MM MAL MIL                       | 101410H8       |
|---|----------------|
| Dept. Chair/Division Head                 | 11 Bate        |
| Registrar Songe D                         | Date_3-11-2024 |
| College Curriculum Chair Uptitud B. Jones | Date 2 21 2024 |
| Graduate Council Chair                    | Date           |
| E   | P              |

# **Request for Graduate Course Deletion-Page 2**

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 742 HemeOnc Nutrition Hepa MS 4 Credit hours Students will learn treatment/prevention of heme-onc, nutrition, hepatic and musculoskeletal diseases including the pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a health care provider. Grade Mode: Normal Grading Mode

Rationale for deletion: Course was deleted from the new curriculum. Material was divided into 2 courses - (1) PHAR 743-Therapeutics 9-Hematology-Oncology and (2) PHAR 730 Therapeutics 8-Derm/Ophthal/Musc Dis. Course was last taught in spring 2023.

Final Term Offered: Spring 2023.

Courses added (if any): Course was deleted from the new curriculum. Material was divided into 2 courses - (1) PHAR 743-Therapeutics 9-Hematology-Oncology and (2) PHAR 730

#### GC#7: Course Change

## **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 743 |
|--|---|
| Contact Person: Craig Kimble, PharmD                               | Phone: 304-696-6014                       |
| CURRENT COURSE DATA:   |   |
| Course Title: PHAR 743 Therapeutics 9 Hem Onc                      |   |
|  |   |

| Alpha Designator/Number: PHAR 743  |                       |
|------------------------------------|-----------------------|
| Title Abbreviation: The rapeut ics | 9 - H e m / O n c o l |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| 1 2 La Marcha IV March                    |                    |
|---|--------------------|
| Dept. Chair/Division Head                 | Date 2-29-24       |
| 0 10 0                                    |                    |
| Registrar Donge 200                       | Date 3-11-2024     |
| College Curriculum Chair Upthia B - Jones | Date 229/2024      |
| Graduate Council Chair D D                | Date <u>5-6-24</u> |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Form updated 09/2022

Page 1 of 5

| Request for Graduate G  | Course Change - Page 2   |
|---|--|
| College: Department/Division: Pharmacy (SOP)  | Alpha Designator/Number:<br>PHAR 743   |
| Provide complete information regarding the course change for  | each topic listed below.   |
| Change in CATALOG TITLE: YES NO   |  |
| From Therapeutics 9 Hem O   | n c o o g y  |
| If Yes, Rationale All therapeutics modules have been adjust descriptive of the content. Added content | sted in the new curriculum and should be<br>t for clarity and updated sequencing. 4 SCH. |
| Change in COURSE ALPHA DESIGNATOR:  |  |
| From: To To YES NO  |  |
| If Yes, Rationale   |  |
| Change in COURSE NUMBER: YES YES NO   |  |
| From:   |  |
| If Yes, Rationale   |  |
| Change in COURSE GRADING  |  |
| From Grade To Credit/No Credit  |  |
| Rationale   |  |
| Change in CATALOG DESCRIPTION:  | IF YES, fill in below:   |
| From  |  |
| То  |  |
| If Yes<br>Rationale   |  |

| Request for Graduate Course Change - Page 3 |   |  |  |
|---|---|--|--|
| :hange i                                    | in COURSE CREDIT HOURS: YES VO If YES, fill in below:   |  |  |
| IOTE: If                                    | credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |  |  |
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# **Request for Graduate Course Change-Page 4**

| College: | School of Pharmacy (SOP) |  |
|----------|--------------------------|--|
|----------|--------------------------|--|

Department: Pharmacy (PharmD)

PHAR 743 Therapeutics 9 Hem Onc

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

## **Request for Graduate Course Change - Page 5**

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE                                       | COURSE NUMBER CHANGE                  | COURSE TITLE CHANGE                 |
|---|---------------------------------------|-------------------------------------|
| Department:   | Department:                           | Department:                         |
| <u>Course Number and Title:</u>                                 | <u>Current Course Number/Title:</u>   | <u>Current Course Number/Title:</u> |
| <u>Rationale:</u>   | <u>New Course Number:</u>             | <u>New Course Title:</u>            |
| <u>Course Description (old)</u>                                 | <u>Rationale:</u>                     | <u>Rationale:</u>                   |
| <u>Course</u> Description: <u>(new)</u><br>Catalog Description: | Catalog Description:<br>Credit hours: | Catalog Description:                |

COURSE DESCRIPTION CHANGE Department: School of Pharmacy (PharmD) Course Number and Title: PHAR 743 Therapeutics 9 Hem Onc Rationale: Updated title for sequencing and descriptors. Was updated with new curriculum into module format. 30 letter Title: Therapeutics 9-Hem/Oncology Full Title: PHAR 743 Therapeutics 9-Hematology/Oncology Course Description (old) PHAR 743 Therapeutics 9 Hem Onc 4 Credit hours Students will learn treatment/prevention of heme-onc diseases including physiology, pathophysiology, pharmacology and therapy. Activities emphasized include patient assessment, consultation monitoring, communication, and drug effectiveness (safety, interactions, and adverse events). Grade Mode: Normal Grading Mode Course Description: (new) PHAR 743 Therapeutics 9-Hem/Oncology 4 Credit hours Students will learn treatment/prevention of heme-onc diseases including physiology, pathophysiology, pharmacology and therapy. Activities emphasized include patient assessment, consultation monitoring, communication, and drug effectiveness (safety, interactions, and adverse events). Grade Mode: Normal Grading Mode

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# **Request for Graduate Course Deletion**

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharr    | nacy             | Dept/Div.      | Pharmacy (PharmD) |                |
|------------------|------------------|----------------|-------------------|----------------|
| Contact Person   | Craig Kimble,    | PharmD         | Phone             | (304) 696-6014 |
| Current Course I | Number and Title | PHAR 751 Neuro | & Psychiatric Dis |                |

| Rationale for Course Deletion  | Course was deleted from the new curriculum. Material was moved into<br>the PHAR 752 - Therapeutics 6-Neurology. Course was last taught in<br>Fall of 2022. No plans to further teach this course. |  |  |  |
|--|---|--|--|--|
| Final term and year this course is to be offered: Fall 20 22 Spring 20 Summer 20                     |   |  |  |  |
| Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required. |   |  |  |  |
| Course Number and Title  | urse no longer required Credit Hrs. 5   |  |  |  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head                 | 1807, Ber 2-2924 |
|---|------------------|
| Registrar                                 | Date 3-71-2024   |
| College Curriculum Chair Cypthin B. Joner | Date 2/21/2024   |
| Graduate Council Chair                    | Date 5-6-24      |
|   |                  |

# **Request for Graduate Course Deletion-Page 2**

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 751 Neuro & Psychiatric Dis 5 Credit hours Students will learn treatment and prevention of neurlogical and psychiatric diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a health care provider. Grade Mode: Normal Grading Mode

Rationale for deletion: Course was deleted from the new curriculum. Material was moved into the PHAR 752 - Therapeutics 6-Neurology. Course was last taught in Fall of 2022. No plans to further teach this course.

Final Term Offered: Fall 2022.

Courses added (if any): Course was deleted from the new curriculum. Material was moved into the PHAR 752 - Therapeutics 6-Neurology. Course was last taught in Fall of 2022. No plans to further teach this course

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# **Request for Graduate Course Deletion**

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharr    | nacy             | Dept/Div.      | Pharmacy (PharmD)     |       |                |
|------------------|------------------|----------------|-----------------------|-------|----------------|
| Contact Person   | Craig Kimble,    | PharmD         |                       | Phone | (304) 696-6014 |
| Current Course N | Number and Title | PHAR 812 Pharm | Prac Exp II (IPPE II) |       |                |

| Rationale for Course Deletion  | PHAR 812 and PHAR 814 were merged into a new course two<br>curriculum changes ago which is now PHAR 821. These two courses<br>have not been offered in a number of years and need deleted. |  |
|--|--|--|
| Final term and year this course  | is to be offered: Fall 20 Spring 20 19 Summer 20   |  |
| Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required. |  |  |
| Course Number and Title Replacement course already in catalog - PHAR 821 Credit Hrs. 2               |  |  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head                                   | 1 Date 2-24-21 |
|---|----------------|
| Registrar Sorger S  | Date 3-11-2011 |
| College Curriculum Chair Cypethia B. Jones                  | Date 2/29/2024 |
| Graduate Council Chair 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Date 5-6-24    |
| Form updated 09/2022  | Page 1         |

Page 1 of 2

# Request for Graduate Course Deletion-Page 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 812 Pharm Prac Exp II (IPPE II) Rationale for deletion: PHAR 812 and PHAR 814 were merged into a new course two curriculum changes ago which is now PHAR 821. These two courses have not been offered in a number of years and need deleted.

Final Term Offered: Spring 2019.

Courses added (if any): (added previously; already exists in catalog; Plan of study is correct in catalog)

PHAR 821 IPPE Institutional 2 Credit hours

The Introductory Pharmacy Practice Experience in Institutions is designed to allow the student to demonstrate knowledge and skill learned in the classroom while concurrently gaining understanding to the systems and function of the pharmacy in an institutional setting. Grade Mode: Normal Grading Mode.

#### GC#7: Course Change

## **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 813 |
|--|---|
| Contact Person: Craig Kimble, PharmD                         | Phone: 3046966014                         |
| CURRENT COURSE DATA:   |   |
| Course Title: PHAR 813 IPPE 3 Community 2                    |   |
| Alpha Designator/Number: PHAR813                             |   |
| Title Abbreviation: IPPE 3 Commun                            | i t y 2                                   |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| A Man Mattinet W MOINTZ                                | 24.23/             |
|--|--------------------|
| Dept. Chair/Division Head                              | Date 2 (1574)      |
| 0  |                    |
| Registrar  | Date 3-11 - 2014   |
| College Curriculum Chair Ciptothia B. Jones            | Date 2 29 2024     |
|  | 1                  |
| Graduate Council Chair A A A A A A A A A A A A A A A A | Date <u>5-6-24</u> |
|  |                    |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Form updated 09/2022

Page 1 of 5

| Request for Graduate Course Change - Page 2   |
|---|
| College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 813  |
| Provide complete information regarding the course change for each topic listed below.   |
| Change in CATALOG TITLE: YES NO   |
| From PHAR & B I PPE 3 C c m m u n i t y 2 (limited to 30 characters and spaces)   |
| If Yes, Rationale Updated title to reflect the experiences to aid in student registration.  |
| Full title: PHAR 813 IPPE-Community Pharmacy 2<br>IPPE = Introductory Pharmacy Practice Experience  |
| Change in COURSE ALPHA DESIGNATOR:  |
|   |
| If Yes, Rationale N/A   |
| Change in COURSE NUMBER:  |
| From: To: To:   |
| If Yes, Rationale N/A   |
| Change in COURSE GRADING  |
| From Grade To Credit/No Credit  |
| Rationale N/A   |
| Change in CATALOG DESCRIPTION:  |
| From PHAR 813 IPPE 3 Community 2 1 Credit hour<br>Builds on the foundation of the Community Pharmacy 1 experience. The student will demonstrate<br>critical thinking and problem solving skills, topical compounding skills, and professional attitude<br>and behaviors.      |
| To PHAR 813 IPPE-Community Pharmacy 2 1 Credit hour<br>Builds on the foundation of the Community Pharmacy 1 experience. The student will demonstrate<br>critical thinking and problem solving skills, topical compounding skills, and professional attitude<br>and behaviors. |
| If Yes<br>Rationale   |
| Form updated 09/2022 Page 2 of  |

| Request for Graduate Course Change - Page 3   |           |  |
|---|-----------|--|
| nange in COURSE CREDIT HOURS: YES INO If YES, fill in below:  |           |  |
| OTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requi | rements.  |  |
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| rm updated 09/2022  | Page 3 of |  |

# **Request for Graduate Course Change-Page 4**

| College | School | of Pharmacy | (SOP) |
|---------|--------|-------------|-------|
|---------|--------|-------------|-------|

Department: Pharmacy (PharmD)

PHAR 813 IPPE-Community Pharmacy 2

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A Course Deletion form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

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# **Request for Graduate Course Change - Page 5**

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

#### COURSE TITLE CHANGE

Department: Schoolof Pharmacy; PharmD Current Course Number/Title: PHAR 813 IPPE 3 Community 2 New Course Title: PHAR 813 IPPE-Community Pharmacy 2 30 Character version: PHAR 813 IPPE Community Pharmacy 2 Rationale: Updated for sequential course catalog listing. Full title: PHAR 813 IPPE-Community Pharmacy 2 IPPE = Introductory Pharmacy Practice Experience Catalog Description: Current: PHAR 813 IPPE 3 Community 2 1 Credit hour Builds on the foundation of the Community Pharmacy 1 experience. The student will demonstrate critical thinking and problem solving skills, topical compounding skills, and professional attitude and behaviors. Grade Mode: Normal Grading Mode Proposed: PHAR 813 IPPE-Community Pharmacy 2 1 Credit hour

Builds on the foundation of the Community Pharmacy 1 experience. The student will demonstrate critical thinking and problem solving skills, topical compounding skills, and professional attitude and behaviors.

-

# **Request for Graduate Course Deletion**

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharmacy |                  | Dept/Div.        | Pharmacy (PharmD)   |                |
|------------------|------------------|------------------|---------------------|----------------|
| Contact Person   | Craig Kimble,    | , PharmD         | Phone               | (304) 696-6014 |
| Current Course N | Number and Title | PHAR 814 Intro F | Phar Institutions 2 |                |

| Rationale for Course Deletion PHAR 812 and PHAR 814 were merged into a new course two curriculum changes ago which is now PHAR 821. These two courses have not been offered in a number of years and need deleted. |  |  |  |  |  |
|--|--|--|--|--|--|
| Final term and year this course is to be offered: Fall 20 Spring 20 19 Summer 20   |  |  |  |  |  |
| Course being ADDED in place  | of this DELETION. NOTE: A course ADDITION request form is also required. |  |  |  |  |
| Course Number and Title Replacement course already in catalog - PHAR 821   |  |  |  |  |  |

#### Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head La Ca Plan, M. | Date 2-24-24   |
|--|----------------|
| Registrar Songa & Co   | Date 3-11-2027 |
| College Curriculum Chair Unthia B. Jones                                     | Date 2/24/2024 |
| Graduate Council Chair A S A A Curr  | Date 5-6-24    |

Form updated 09/2022

Page 1 of 2

# **Request for Graduate Course Deletion-Page 2**

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 814 Intro Phar Institutions 2 Rationale for deletion: PHAR 812 and PHAR 814 were merged into a new course two curriculum changes ago which is now PHAR 821. These two courses have not been offered in a number of years and need deleted.

Final Term Offered: Spring 2019.

Courses added (if any): (added previously; already exists in catalog; Plan of study is correct in catalog)

PHAR 821 IPPE Institutional 2 Credit hours

The Introductory Pharmacy Practice Experience in Institutions is designed to allow the student to demonstrate knowledge and skill learned in the classroom while concurrently gaining understanding to the systems and function of the pharmacy in an institutional setting. Grade Mode: Normal Grading Mode.

#### GC#7: Course Change

# Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 815 |
|--|---|
| Contact Person: Craig Kimble, PharmD                         | Phone: 3046966014                         |
| CURRENT COURSE DATA:   |   |
| Course Title: PHAR 815 Phar Prac Exp 5 IPPE 5                |   |

| Alpha Designator/Number: PHAR815           |  |
|--|--|
| Title Abbreviation: Phar Prac Exp 5 IPPE 5 |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Dept. Chair/Division Head                   | Date 7-29-20       |
|---|--------------------|
| Registrar Songen and                        | Date 3-11-2024     |
| College Curriculum Chair Untitula 13. Jones | Date 429 0007      |
| Graduate Council Chair DSDu                 | Date <u>6-6-29</u> |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| College:       Department/Division:       Market Status         Provide complete information regarding the course change for each topic listed below.         Change in CATALOG TITLE:       YES       NO         From       I I I I I I I I I I I I I I I I I I I  |           |                      |                       | F                       | equest for       | Graduate (              | Course Char                  | nge - P            | age 2   |
|---|-----------|----------------------|-----------------------|-------------------------|------------------|-------------------------|------------------------------|--------------------|---|
| Provide complete information regarding the course change for each topic listed below.         Change in CATALOG TITLE:       YES       NO         From       PH 4 1 P P P P E X P S       If P P E S       If P P E S         To       IPH 4 P P P P E X P S       If P P E S       If P P E S         If Yes, Rationale       Updated title to reflect the experiences to aid in student registration.<br>Full title: PHAR 815 IPPE-Outpatient Clinical Skills<br>IPPE = Introductory Pharmacy Practice Experience         Change in COURSE ALPHA DESIGNATOR:         Prom:       To       YES       NO         If Yes, Rationale       N/A  | College   | School of Pr         | namacy                |                         | Department/Div   | vision:<br>Pharmacy (Ph | armD)                        | Alpha              | a Designator/Number: PHAR 815                             |
| From   H    H    H    H    H    H    H    H    H    H    H    H    H   H   H    H    H    H   H    H    H   H   H    H    H    H   H   H    H   H   H   H   H    H    H<  |           |                      |                       | nation rega             | arding the cour  | se change for           | each topic liste             | d below            | <i>.</i>  |
| To       IFFE  | Change    | in CATAL             | OG TITLE:             | <b>V</b> ES             | NO               |                         |                              |                    |   |
| If Yes, Rationale       Updated tille to reflect the experiences to aid in student registration.         Full tille:       IPPE = Introductory Pharmacy Practice Experience         Change in COURSE ALPHA DESIGNATOR:         From:       To         To       YES         VES       NO         If Yes, Rationale       N/A         Change in COURSE NUMBER:       YES         Yes, Rationale       N/A         Change in COURSE NUMBER:       YES         Yes, Rationale       N/A         Change in COURSE NUMBER:       YES         Yes, Rationale       N/A         Change in COURSE GRADING       From:         From       Srade To       credit/No Credit         Rationale       N/A         Change in CATALOG DESCRIPTION:       YES       NO         IF YES, fill in below:       From       PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour         Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteri   | From      | Ph                   | ar                    | Prac                    | Ехр              | 5   F P                 | E 5                          |                    | (limited to 30 characters and spaces)                     |
| Full title: PHAR 815 IPPE-Outpatient Clinical Skills   IPPE = Introductory Pharmacy Practice Experience   Change in COURSE ALPHA DESIGNATOR: From:   From: To   To   If Yes, Rationale N/A Change in COURSE NUMBER:    To:   To: To:   If Yes, Rationale N/A Change in COURSE GRADING From:    To:    To:    To: If Yes, Rationale N/A Change in COURSE GRADING From:    From: To:   To: If Yes, Rationale N/A Change in COURSE GRADING  From:   From: IF redit/No Credit   Rationale N/A Change in CATALOG DESCRIPTION:    If Yes NO   IF YES fill in below:  From: PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour  Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability  to develop a therapeutic plan that includes the selection of appropriate drug therapy based on  patient characteristics. To: PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour  Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability  to develop a therapeutic plan that includes the selection of appropriate drug therapy based on  patient characteristics. To: PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour  Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability  to develop a therapeutic plan that includes the selection of appropriate drug therapy based on  patient characteristics. To: PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour  Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability  to develop a therap  | То        | IPF                  | <u></u>               | utpa                    | t CIi            | nical                   | <b>S K</b>                   | I S.               |   |
| From:       Image: In Course NUMBER:       YES       NO         If Yes, Rationale       N/A         Change in COURSE NUMBER:       YES       NO         From:       Image: In Course NUMBER:       YES       NO         From:       Image: In Course NUMBER:       YES       NO         From:       Image: In Course NUMBER:       YES       NO         If Yes, Rationale       N/A       NA       NA         Change in COURSE GRADING       From:       Image: In Course GRADING       Image: Im | lf Yes, R | Rationale            | Full title            | e: PHAR                 | 815 IPPE-O       | utpatient Clin          | ical Skills                  | t registi          | ration.   |
| If Yes, Rationale       N/A         Change in COURSE NUMBER:       YES         If Yes, Rationale       NA         From:       To:         If Yes, Rationale       N/A         Change in COURSE GRADING       NO         From       Grade To         Credit/No Credit       Change in CATALOG DESCRIPTION:         If YES       NO         IF YES, fill in below:         From       PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour         Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         If Yes       updated for sequential listing in catalog   | Change    | in COURS             | E ALPHA I             | DESIGNATO               | R:               |                         |                              |                    |   |
| Change in COURSE NUMBER:       YES       ✓ NO         From:       ☐ To:       ✓ NO         If Yes, Rationale       N/A         Change in COURSE GRADING         From       Grade To         Credit/No Credit         Rationale         N/A         Change in CATALOG DESCRIPTION:         ✓ YES       NO         IF YES, fill in below:         From       PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour         Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour         Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour         Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour         Introduces pharmaciest student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the s   | From:     |                      | ]то [                 |                         | YES              |                         |                              |                    |   |
| From:       Image:       To:         If Yes, Rationale       N/A         Change in COURSE GRADING       From         From       Grade To       Credit/No Credit         Rationale       N/A         Change in CATALOG DESCRIPTION:         Image:       YES       NO         IF YES, fill in below:       From         PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour       Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour         Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour         Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         If Yes       updated for sequential listing in catalog  | lf Yes, R | Rationale            | N/A                   |                         |                  |                         |                              |                    |   |
| N/A         Change in COURSE GRADING         From Grade To credit/No Credit         Rationale         N/A         Change in CATALOG DESCRIPTION:         Image in Characteristics.         Image in Characteristics.  |           | in COURS             | л_ гт                 | R:                      | YES 🔽 NO         | )                       |                              |                    |   |
| From       Grade To       Credit/No Credit         Rationale       N/A         Change in CATALOG DESCRIPTION:       Image: YES       No       IF YES, fill in below:         From       PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour<br>Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability<br>to develop a therapeutic plan that includes the selection of appropriate drug therapy based on<br>patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour<br>Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability<br>to develop a therapeutic plan that includes the selection of appropriate drug therapy based on<br>patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour<br>Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability<br>to develop a therapeutic plan that includes the selection of appropriate drug therapy based on<br>patient characteristics.         If Yes       updated for sequential listing in catalog  | If Yes, R | Rationale            | N/A                   |                         |                  |                         |                              |                    |   |
| Rationale       N/A         Change in CATALOG DESCRIPTION:       Image: YES       NO       IF YES, fill in below:         From       PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour<br>Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability<br>to develop a therapeutic plan that includes the selection of appropriate drug therapy based on<br>patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour<br>Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability<br>to develop a therapeutic plan that includes the selection of appropriate drug therapy based on<br>patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour<br>Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability<br>to develop a therapeutic plan that includes the selection of appropriate drug therapy based on<br>patient characteristics.         If Yes       updated for sequential listing in catalog   | Change    | e in COUR            | SE GRADIN             | NG                      |                  |                         |                              |                    |   |
| Change in CATALOG DESCRIPTION:       If YES       NO       IF YES, fill in below:         From       PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour       Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour         Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         To       PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour         Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.         If Yes       updated for sequential listing in catalog  | From      | Grade                | то                    | redit/No Cr             | edit             |                         |                              |                    |   |
| <ul> <li>From PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour<br/>Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability<br/>to develop a therapeutic plan that includes the selection of appropriate drug therapy based on<br/>patient characteristics.</li> <li>To PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour<br/>Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability<br/>to develop a therapeutic plan that includes the selection of appropriate drug therapy based on<br/>patient characteristics.</li> <li>If Yes updated for sequential listing in catalog</li> </ul>   | Rationa   | ale N/A              |                       |                         |                  |                         |                              |                    |   |
| <ul> <li>Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.</li> <li>To PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.</li> <li>If Yes updated for sequential listing in catalog</li> </ul>  | Change    | in CATAL             | OG DESCR              | RIPTION:                | YE               | 5 🔲 NO                  | IF YES, fill in b            | elow:              |   |
| Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.  | t         | Introduc<br>to devel | ces phar<br>lop a the | rmacist st<br>erapeutic | udent to the     | ambulatory o            | are setting. Section of appr | Studen<br>ropriate | t will demonstrate the ability<br>e drug therapy based on |
|   | l         | Introduc<br>to devel | es phar<br>op a the   | macist st<br>erapeutic  | udent to the     | ambulatory o            | are setting.                 | Studen             | t will demonstrate the ability<br>e drug therapy based on |
|   |           |                      | ated for              | sequentia               | al listing in ca | talog                   |                              |                    |   |

| Request for Graduate Course Change - Page 3  |
|--|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:   |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |
| From   |
| То   |
| Change in COURSE CONTENT: YES NO   |
| From   |
| To   |
| Rationale  |

Form updated 09/2022

Page 3 of 5

# Request for Graduate Course Change-Page 4

| College: <sup>S</sup> | chool of | Pharmacy | (SOP) |
|-----------------------|----------|----------|-------|
|-----------------------|----------|----------|-------|

Department: Pharmacy (PharmD)

PHAR 815 IPPE-Outpatient Clinical Skills

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A Course Deletion form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

## **Request for Graduate Course Change - Page 5**

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

## COURSE TITLE CHANGE

Department: Schoolof Pharmacy; PharmD Current Course Number/Title: PHAR 815 Phar Prac Exp 5 IPPE 5 New Course Title: PHAR 815 IPPE-Outpatient Clinical Skills 30 Character version: PHAR 815 IPPE-Outpat Clinical Skills Rationale: Updated for sequential course catalog listing. Full title: PHAR 815 IPPE-Outpatient Clinical Skills IPPE = Introductory Pharmacy Practice Experience Catalog Description: Current: PHAR 815 Phar Prac Exp 5 IPPE 5 1 Credit hour Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics. Grade Mode: Normal Grading Mode Proposed:

PHAR 815 IPPE-Outpatient Clinical Skills 1 Credit hour

Introduces pharmacist student to the ambulatory care setting. Student will demonstrate the ability to develop a therapeutic plan that includes the selection of appropriate drug therapy based on patient characteristics.

Grade Mode: Normal Grading Mode

#### GC#7: Course Change

# **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2, E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pl | harmacy Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 816 |
|-----------------------|--|---|
| Contact Person:       | Craig Kimble, PharmD                     | Phone: 3046966014                         |
| CURRENT COURS         | E DATA:                                  |   |
| Course Title: PH      | AR 816 Inpatient Clinical Skills         |   |

| Alpha Designator/Number: PHAR816               |  |
|--|--|
| Title Abbreviation: HPPE - Inpat CIIIn SkIIIIS |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

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5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Dept. Chair/Division Head                              | Date 2-24-24   |
|--|----------------|
| Registrar Soza S                                       | Date 3-11-2524 |
| College Curriculum Chair Untitud B. Jones              | Date 2 29 2024 |
| Graduate Council Chair A A A A A A A A A A A A A A A A | Date 5-6-24    |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Request for Graduate Course Change - Page 2   |
|---|
| College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 816  |
| Provide complete information regarding the course change for each topic listed below.   |
| Change in CATALOG TITLE: YES NO   |
| From Inpale ht Clinical Skills (limited to 30 characters and spaces)  |
| Το <u>                                    </u>  |
| If Yes, Rationale Updated title to reflect the experiences to aid in student registration.<br>Full title: PHAR 816 IPPE-Inpatient Clinical Skills<br>IPPE = Introductory Pharmacy Practice Experience   |
| Change in COURSE ALPHA DESIGNATOR:  |
| From: To YES NO   |
| If Yes, Rationale N/A   |
| Change in COURSE NUMBER: YES VO   |
| From: To:   |
| If Yes, Rationale N/A   |
| Change in COURSE GRADING  |
| From Grade To Credit/No Credit  |
| Rationale N/A   |
| Change in CATALOG DESCRIPTION:  |
| From PHAR 816 Inpatient Clinical Skills 1 Credit hour<br>Introduces the pharmacy student to the clinical skills in an institutional setting needed to be<br>successful. Student will demonstrate appropriate drug dosing and drug selection based on patient<br>characteristics.    |
| To PHAR 816 IPPE-Inpatient Clinical Skills 1 Credit hour<br>Introduces the pharmacy student to the clinical skills in an institutional setting needed to be<br>successful. Student will demonstrate appropriate drug dosing and drug selection based on patient<br>characteristics. |
| If Yes<br>Rationale   |

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| Request for Graduate Course Change - Page 3  |
|--|
| Change in COURSE CREDIT HOURS: YES INO If YES, fill in below:  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |
| From   |
| То   |
| Change in COURSE CONTENT: YES NO   |
| From   |
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| То   |
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| Rationale  |
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# **Request for Graduate Course Change-Page 4**

| College: | School of Pharmacy (SOP) |  |
|----------|--------------------------|--|
|----------|--------------------------|--|

Department: Pharmacy (PharmD)

PHAR 816 IPPE-Inpatient Clinical Skills

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

# **Request for Graduate Course Change - Page 5**

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE<br>Department:<br>Course Number and Title:<br>Rationale:<br>Course Description (old)<br>Course Description: (new)<br>Catalog Description: | COURSE NUMBER CHANGE<br>Department:<br>Current Course Number/Title:<br>New Course Number:<br>Rationale:<br>Catalog Description:<br>Credit hours: | COURSE TITLE CHANGE<br>Department:<br>Current Course Number/Title:<br>New Course Title:<br>Rationale:<br>Catalog Description: |
|---|--|---|
| Catalog Description:  | <u>Credit hours:</u>   |   |

## COURSE TITLE CHANGE

Department: Schoolof Pharmacy; PharmD Current Course Number/Title: PHAR 816 Inpatient Clinical Skills New Course Title: PHAR 816 IPPE-Inpatient Clinical Skills 30 Character version: PHAR 816 IPPE-Inpat Clinical Skills Rationale: Updated for sequential course catalog listing. Full title: PHAR 816 IPPE-Inpatient Clinical Skills IPPE = Introductory Pharmacy Practice Experience Catalog Description: Current: PHAR 816 Inpatient Clinical Skills 1 Credit hour Introduces the pharmacy student to the clinical skills in an institutional setting needed to be successful. Student will demonstrate appropriate drug dosing and drug selection based on patient characteristics. Grade Mode: Normal Grading Mode Proposed: PHAR 816 IPPE-Inpatient Clinical Skills 1 Credit hour Introduces the pharmacy student to the clinical skills in an institutional setting needed to be successful. Student will demonstrate appropriate drug dosing and drug selection based on patient characteristics.

Grade Mode: Normal Grading Mode

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#### GC#7: Course Change

## **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy | Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number | PHAR 817   |
|-----------------------------|----------------------------------|---------------------------------|------------|
| Contact Person: Craig       | Kimble, PharmD                   | Phone:                          | 3046966014 |
| CURRENT COURSE DATA:        |                                  |                                 |            |
| Course Title: PHAR 817      | Intro Phar Prac Exp IPPE 7       |                                 |            |

| Alpha Designator/Number: PHAR817                              |  |
|---|--|
| Title Abbreviation: I n t r o P h a r P r a c E x p I P P E 7 |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

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| Dept. Chair/Division Head Lig an Mar Mar M. M. W. W. H. B. | Date 2-29.74      |
|--|-------------------|
| Registrar Society of A   | Date 3-11 - 20 24 |
| College Curriculum Chair Untitud B. Jones  | Date 2 29 2024    |
| Graduate Council Chair D D   | Date 5-6-24       |

Form updated 09/2022

Page 1 of 5

|                                | Request for Graduate Course Change - Page 2   |
|--------------------------------|---|
| College: School of Pharmacy    | Department/Division:<br>Pharmacy (PharmD) Alpha Designator/Number:  |
|                                | ormation regarding the course change for each topic listed below.   |
| Change in CATALOG TITL         | LE: YES NO  |
| From Intro                     | Phar Prac Exp PPE 7 (limited to 30 characters and spaces)   |
| TO IPPE                        | Pharmacy Management   |
| Full t                         | ated title to reflect the experiences to aid in student registration.<br>itle: PHAR 817 IPPE-Pharmacy Management<br>= Introductory Pharmacy Practice Experience   |
| Change in COURSE ALPH          | A DESIGNATOR:   |
| From: To                       |   |
| If Yes, Rationale N/A          |   |
| Change in COURSE NUM           | IBER: YES VI NO   |
| From: To:                      |   |
| If Yes, Rationale N/A          |   |
| Change in COURSE GRA           | DING  |
| From Grade To                  | Credit/No Credit  |
| Rationale N/A                  |   |
| Change in CATALOG DES          | SCRIPTION: YES NO IF YES, fill in below:  |
| Students are<br>director and t | tro Phar Prac Exp IPPE 7 1 Credit hour<br>exposed to the role and responsibilities of a pharmacy team leader, manager, or<br>he application of management strategy, tools, and responsibilities.<br>Normal Grading Mode |
| Students are<br>director and t | PE-Pharmacy Management 1 Credit hour<br>exposed to the role and responsibilities of a pharmacy team leader, manager, or<br>he application of management strategy, tools, and responsibilities.<br>Normal Grading Mode   |
| If Yes updated for Rationale   | or sequential listing in catalog  |
| Form updated 09/2022           | Page 2 of 5   |
| Request for Graduate Course Change - Page 3  |
|--|
| Change in COURSE CREDIT HOURS: YES If YES, fill in below:  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |
| From   |
| То   |
| Change in COURSE CONTENT: YES NO   |
| From           To  |
|  |
| Rationale  |
|  |

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| College: <sup>\$</sup> | School of Pharmacy | (SOP) |
|------------------------|--------------------|-------|
|------------------------|--------------------|-------|

Department: Pharmacy (PharmD)

PHAR 817 IPPE-Pharmacy Management

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |  |
|---------------------------|------------------------------|------------------------------|--|
| Department:               | Department:                  | Department:                  |  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |  |
| Rationale:                | New Course Number:           | New Course Title:            |  |
| Course Description (old)  | Rationale:                   | Rationale:                   |  |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |  |
| Catalog Description:      | Credit hours:                |                              |  |
|                           |                              |                              |  |

### COURSE TITLE CHANGE

Department: Schoolof Pharmacy; PharmD Current Course Number/Title:PHAR 817 Intro Phar Prac Exp IPPE 7 New Course Title: PHAR 817 IPPE-Pharmacy Management 30 Character version: PHAR 817 IPPE-Pharmacy Management Rationale: Updated for sequential course catalog listing. Full title: PHAR 817 IPPE-Pharmacy Management IPPE = Introductory Pharmacy Practice Experience Catalog Description: Current: PHAR 817 Intro Phar Prac Exp IPPE 7 1 Credit hour Students are exposed to the role and responsibilities of a pharmacy team leader, manager, or director and the application of management strategy, tools, and responsibilities. Grade Mode: Normal Grading Mode Proposed: PHAR 817 IPPE-Pharmacy Management 1 Credit hour

Students are exposed to the role and responsibilities of a pharmacy team leader, manager, or director and the application of management strategy, tools, and responsibilities. Grade Mode: Normal Grading Mode

# **Request for Graduate Course Deletion**

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharmacy   | Dept/Div.                           | Pharmacy (PharmD)                       |            |                |  |
|--|-------------------------------------|---|------------|----------------|--|
| Contact Person Craig Kimble, P   | harmD                               |   | Phone      | (304) 696-6014 |  |
| Current Course Number and Title PHAR 818 Education IPPE 8                        |                                     |   |            |                |  |
|  | urse was deleted<br>red in a number | d two curriculum revisio<br>r of years. | ns ago and | hasn't been    |  |
| Final term and year this course is to be offered: Fall 20 Spring 20 15 Summer 20 |                                     |   |            |                |  |
| Course Number and Title  | no longer requi                     |   |            | Credit Hrs.    |  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Registrar Songe Date Date Date Date            | 2.29-24    |
|--|------------|
| College Curriculum Chair Untitue B. Jones Date | 3-11-2020/ |
|  | 2/20/2024  |
| Graduate Council Chair Date Date               | 5-6-24     |

Form updated 09/2022

Page 1 of 2

# **Request for Graduate Course Deletion-Page 2**

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 818 Education IPPE 8 Rationale for deletion: Course was eliminated 2 curricular revisions ago and has not been offered in a number of years and needs deleted.

Final Term Offered: Spring 2015.

Courses added (if any): Change in curriculum. (added previously; already exists in catalog; Plan of study is correct in catalog)

## **Request for Graduate Course Deletion**

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharmacy  |  | ] Dept/Div.     | Pharmacy (PharmD) | ) |               |
|---|--|-----------------|-------------------|---|---------------|
| Contact Person Craig Ki   | Contact Person Craig Kimble, PharmD Phone (304) 696-6014 |                 |                   |   |               |
| Current Course Number and Title PHAR 819 Long Care of Patient   |  |                 |                   |   |               |
| Rationale for Course Deletion Course was deleted in new curriculum revision. Last offered spring 2023. No plans to further offer this course. Was tied to VA records access and access to remote records process has changed. |  |                 |                   |   |               |
| Final term and year this course is to be offered: Fall 20 Spring 20 23 Summer 20  |  |                 |                   |   |               |
| Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.  |  |                 |                   |   |               |
| Course Number and Title   | Course ne  | o longer requir | red               |   | Credit Hrs. 1 |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head              | Mate Z= 19-24      |
|--|--------------------|
| Registrar Songel S                     | Date 3-1 302 4     |
| College Curriculum Chair Cynth B. Jons | Date 2 29 2024     |
| Graduate Council Chair A S A Luca      | Date <u>5-6-24</u> |
|  |                    |

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Page 1 of 2

# **Request for Graduate Course Deletion-Page 2**

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD) Course Number and Title: PHAR 819 Long Care of Patient Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2023. No plans to further offer this course. Was tied to VA records access and access to remote records process has changed.

Final Term Offered: Spring 2023.

Courses added (if any): Change in curriculum. (added previously; already exists in catalog; Plan of study is correct in catalog)

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alpha Designator/Number: PHAR 652 |                           |                     |
|--|---------------------------|---------------------|
| Contact Person: Craig  | Kimble, PharmD            | Phone: 304-696-6014 |
| CURRENT COURSE DATA:   | <b>`</b>                  |                     |
| Course Title: PHAR 652   | Therapeutics 2 Cardiology |                     |
| Alpha Designator/Number:   | P H A R 6 5 2             |                     |
| Title Abbreviation: The  | rapeutics                 | 2 Cardiology        |
|  |                           |                     |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head                                    | Date 7-29-29       |
|--|--------------------|
| Registrar Song L A   | Date 3-11. 2024    |
| College Curriculum Chair Continue Do Contraction Contraction | Date 2 29 2024     |
| Graduate Council Chair S Dam                                 | Date <u>5-6-24</u> |

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|                       | neque   | Still Gladate e  | ourse chang  | ,• · • • • • • •  |
|-----------------------|---|--|--|---|
| College:              | of Pharmacy (SOP)   | ment/Division:<br>Pharmacy (Pharmacy (Pharmacy)                    | mD)  | Alpha Designator/Number:<br>PHAR 652  |
| Provide com           | plete information regarding   | the course change for e  | ach topic listed l                                 | selow.  |
| Change in CA          |   | Ω  |  |   |
| From Th               | e rapeutics   | 2 Card   | • • • <u>•</u> •                                   | (limited to 30 characters and spaces)   |
| To Th                 | erapeutics  | 2 - Cardi  | Q Q Q V  |   |
| lf Yes, Rationa       | All therapeutics modules h<br>content. Added content for<br>graduate catalog is listed a                  | r clarity and updated seq  | uencing. Now ta                                    | and should be descriptive of the<br>aught in spring of p2 year. Note in   |
| Change in CO          | URSE ALPHA DESIGNATOR:  |  |  |   |
| From:                 | то  | YES 🖌 NO   |  |   |
| If Yes, Ration        | ale   |  |  |   |
| Change in CO          | URSE NUMBER: YES  | V NO   |  |   |
| From:                 | То:   |  |  |   |
| If Yes, Ration        | ale   |  |  |   |
| Change in CC          | URSE GRADING  |  |  |   |
|                       | de To Credit/No Credit  |  |  |   |
| Rationale             |   |  |  |   |
| Change in CA          | TALOG DESCRIPTION:  | YES NO   | IF YES, fill in belo                               | w:  |
| cardi<br>path<br>prec | ovascular and pulmonar  | y diseases. Explora<br>armacologic and che<br>peutic use. This cou | ition of norma<br>emical propert<br>urse will emph | reatment and prevention of<br>I human physiology, disease<br>ties of medications will<br>asize performance of the |
| card<br>path          | ents learn about therape<br>ovascular and pulmonar<br>ophysiology, and medica<br>ede therapeutic use disc | y diseases. Explora<br>itions pharmacologi                         | ition of human                                     | n physiology, disease   |
| lf Yes<br>Rationale   | Text trunctuated to fit at  | thirty word limit  |  |   |
| Form updated          | 09/2022   |  |  | Page 2 of 5   |

|        | Request for Graduate Course Change - Page 3   |
|--------|---|
| Chang  | e in COURSE CREDIT HOURS: VES NO If YES, fill in below:   |
|        |   |
|        | If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.              |
| From   | 4 SCH   |
|        |   |
| То     | 5 SCH   |
| Chang  |   |
| From   |   |
|        |   |
|        |   |
|        |   |
|        |   |
| То     |   |
| 10     |   |
|        |   |
|        |   |
|        |   |
|        |   |
| Ration | ale In one place in the course catalog lists as 4 SCH(POS; Page 323); In another it lists as 5 SCH. This is a 5 SCH course. |
|        |   |
|        |   |
|        |   |
|        |   |
|        |   |
|        |   |

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| College: School of Pharmacy (SOP)  | Department: Pharmacy (PharmD)  |
|--|--|
| PHAR 652 Therapeutics 2<br>Course Number/Title   | 2 Cardiology   |
| 1. REQUIRED COURSE: If this course is required by an notification you sent to them announcing to them th applicable. | nother department(s), identify it/them by name and attach the written<br>ne proposed change and any response received. Enter NOT APPLICABLE if not |
| N/A  |  |
| 2. COURSE DELETION: List any courses that will be de NOT APPLICABLE if not applicable.                               | eleted because of this change. A Course Deletion form is also required. Enter  |

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | <b>COURSE NUMBER CHANGE</b>  | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

### COURSE TITLE CHANGE

Department: School of Pharmacy (PharmD) Current Course Number and Title: PHAR 652 Therapeutics 2 Cardiology New Course Title: PHAR 652 Therapeutics 2-Cardiology

Rationale: Updated title for sequencing and descriptors. Update to plan of study; Updated SCH listing to 5 hours so will be updated in multiple places in course catalog. Was updated with new curriculum.

### Course Description (old)

PHAR 652 Therapeutics 2 Cardiology 5 Credit hours

Students will learn about the therapeutic interventions for the treatment and prevention of cardiovascular and pulmonary diseases. Exploration of normal human physiology, disease pathophysiology, and the pharmacologic and chemical properties of medications will precede discussions of therapeutic use. This course will emphasize performance of the activities of the pharmacist as a health care provider. Grade Mode: Normal Grading Mode

Course Description: (new)

PHAR 652 Therapeutics 2-Cardiology 5 Credit hours

Students learn about therapeutic interventions for treatment and prevention of cardiovascular and pulmonary diseases. Exploration of human physiology, disease pathophysiology, and medications pharmacologic and chemical properties precede therapeutic use discussions.

Grade Mode: Normal Grading Mode

.

### GC#7: Course Change

### **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| Alpha Designator/Number: PHAR 730 |
|-----------------------------------|
| Phone: 304-696-6014               |
|                                   |
|                                   |

| Course Title: FHAR 750 Demi/Ophthalmic/Wdsc Dis   |  |
|---|--|
| Alpha Designator/Number: PHAR 730                 |  |
| Title Abbreviation: Derm / Ophthallmic / Musc Dis |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head Ly Children M. M. M. M. M. M. H. | Date 7-29-24       |
|--|--------------------|
| Registrar Songa & Cop                                      | Date 3-11-2024     |
| College Curriculum Chair Unthia B. Jonan                   | Date 2 29 2024     |
| Graduate Council Chair & & Dari                            | Date <u>5-6-24</u> |

Form updated 09/2022

| Request for Graduate   | Course Change - Page 2  |
|--|---|
| College: School of Pharmacy (SOP) Department/Division: Pharmacy (Pharmacy (P | Alpha Designator/Number:<br>PHAR 730  |
| Provide complete information regarding the course change for   | each topic listed below.  |
| Change in CATALOG TITLE: YES NO  |   |
| From Derm Ophthalmic/Musc  | Dis (limited to 30 characters and spaces)   |
|  |   |
|  | ne new curriculum and should be descriptive of the equencing. 3 SCH. Shold be spring of P3 year. Appears ing CRN 4325). |
| Change in COURSE ALPHA DESIGNATOR:   | #   |
| From: To YES NO  |   |
| If Yes, Rationale  |   |
| Change in COURSE NUMBER: YES VES   |   |
| From: To: To:  |   |
| If Yes, Rationale  |   |
| Change in COURSE GRADING   |   |
| From Grade To Credit/No Credit   |   |
| Rationale  |   |
| Change in CATALOG DESCRIPTION:   | IF YES, fill in below:  |
| From Students will learn treatment/prevention of ophi<br>musculoskeletal diseases including the physiolo<br>therapy. This course emphasizes the pharmaci   | ogy, pathophysiology, pharmacology and  |
| To Students will learn treatment/prevention of oph musculoskeletal diseases including the physiol therapy. This course emphasizes the pharmac  | ogy, pathophysiology, pharmacology and  |
| If Yes<br>Rationale Trunctuated to fit in 30 word max descrition   |   |
| Form updated 09/2022   | Page 2 of 5   |

| Request for Graduate Course Change - Page 3   |                    |  |
|---|--------------------|--|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:  |                    |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted v | vork requirements_ |  |
| From  |                    |  |
| To  |                    |  |
| Change in COURSE CONTENT:   |                    |  |
| From  |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
| То  |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
| Rationale N/A   |                    |  |
|   |                    |  |
|   |                    |  |
|   | 12 I               |  |
|   |                    |  |
| Form updated 09/2022  | Page 3 of          |  |

| College: School of Pharmacy (SOP)   | Department: Pharmacy (PharmD)  |
|---|--|
| PHAR 730 Derm/Ophthalmic/<br>Course Number/Title  | /Musc Dis  |
| . REQUIRED COURSE: If this course is required by another otification you sent to them announcing to them the pro pplicable. | r department(s), identify it/them by name and attach the written<br>oposed change and any response received. Enter NOT APPLICABLE if not |
| N/A   |  |

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Ent NOT APPLICABLE if not applicable.

N/A

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

COURSE DESCRIPTION CHANGE Department: School of Pharmacy (PharmD) Course Number and Title: PHAR 730 Derm/Ophthalmic/Musc Dis Rationale: Updated title for sequencing and descriptors. Update to plan of study (needs placed in the P3 spring; new course in new curriculum); Was updated with new curriculum into module format. 30 letter Title: PHAR 730 Therapeutics 8-Derm/Opht/MD Full Title: PHAR 730 Therapeutics 8- Dermatological/Ophthalmic/Musculoskeletal Disorders Course Description (old) PHAR 730 Derm/Ophthalmic/Musc Dis 3 Credit hours Students will learn treatment/prevention of ophthalmic, otic, dermatologic, and musculoskeletal diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a healthcare provider. Grade Mode: Normal Grading Mode Course Description: (new) PHAR 730 Therapeutics 8-Derm/Opht/MD 3 Credit hours Students will learn treatment/prevention of ophthalmic, otic, dermatologic, and musculoskeletal diseases including the physiology, pathophysiology, pharmacology and therapy. This course

emphasizes the pharmacist as a healthcare provider.

Grade Mode: Normal Grading Mode

Catalog Description:

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy | Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 821 |
|-----------------------------|----------------------------------|---|
| Contact Person: Craig       | Kimble, PharmD                   | Phone: 3046966014                         |
| CURRENT COURSE DATA:        |                                  |   |
| Course Title: PHAR 821      | IPPE Institutional               |   |

| Alpha Designator/Number: PHAR821 |  |
|----------------------------------|--|
| Title Abbreviation:              |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Signatures: if disapproved at any level, do not sign. Return to previous signer with rece | commendation attached. |
|---|------------------------|
|---|------------------------|

| Dept. Chair/Division Head De Ca. Mark Mich Mich Mich All | Date 2-29,24     |
|--|------------------|
| Registrar Soy Co Co                                      | Date 3-11-2024   |
| College Curriculum Chair Uputhia B. Joner                | Date 22 29 20 24 |
| Graduate Council Chair & A Duti                          | Date 5-6-24      |
|  |                  |

Form updated 09/2022

| Request for Graduate Course Change - Page 2   |
|---|
| College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 821  |
| Provide complete information regarding the course change for each topic listed below.   |
| Change in CATALOG TITLE: YES NO   |
| From IPPE hstitutional (limited to 30 characters and space  |
|   |
| If Yes, Rationale Updated title to updated sequencing for all IPPE/APPE courses.<br>Full title: PHAR 821 IPPE-Institutional<br>IPPE = Introductory Pharmacy Practice Experience   |
| Change in COURSE ALPHA DESIGNATOR:  |
|   |
| If Yes, Rationale N/A   |
| Change in COURSE NUMBER: YES NO   |
| From: To: To:   |
| If Yes, Rationale N/A   |
| Change in COURSE GRADING  |
| From Grade To Credit/No Credit  |
| Rationale N/A   |
| Change in CATALOG DESCRIPTION:  |
| From The Introductory Pharmacy Practice Experience in Institutions is designed to allow the student to demonstrate knowledge and skill learned in the classroom while concurrently gaining understanding to the systems and function of the pharmacy in an institutional setting. |
| To The Introductory Pharmacy Practice Experience in Institutions is designed to allow the student to demonstrate knowledge and skill learned in the classroom while concurrently gaining understanding to the systems and function of the pharmacy in an institutional setting.   |
| If Yes<br>Rationale   |
| Trunctuated to fit within 30 word max.  |

Form updated 09/2022

| Request for Graduate Course Change - Page 3   |                    |  |
|---|--------------------|--|
| Change in COURSE CREDIT HOURS: YES VIE NO If YES, fill in below:                                    |                    |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted v | work requirements. |  |
| From  |                    |  |
| То  |                    |  |
| Change in COURSE CONTENT: YES NO  |                    |  |
| From  |                    |  |
| To  |                    |  |
| Rationale   |                    |  |
| Form updated 09/2022  | Page 3 of 5        |  |

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| College: School of Pharmacy (SOP)   | Department: Pharmacy (PharmD)   |
|---|---|
| PHAR 821 IPPE-Institutio  | onal  |
| <ol> <li>REQUIRED COURSE: If this course is required by a<br/>notification you sent to them announcing to them t<br/>applicable.</li> </ol> | nother department(s), identify it/them by name and attach the written<br>the proposed change and any response received. Enter NOT APPLICABLE if not |
| N/A   |   |

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

N/A

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Denartment:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |
|                           |                              |                              |

COURSE TITLE CHANGE Department: Schoolof Pharmacy; PharmD Current Course Number/Title: PHAR 821 IPPE Institutional New Course Title: PHAR 821,4PPE-Institutional 30 Character version: PHAR 821 IPPE-Institutional Rationale: Updated title to reflect sequencing of the IPPEs/APPEs. Full title: PHAR 821/IPPE-Institutional IPPE = Introductory Pharmacy Practice Experience Catalog Description: Strictly small change in name for sequencing Current: PHAR 821 IPPE Institutional 2 Credit hours The Introductory Pharmacy Practice Experience in Institutions is designed to allow the student to demonstrate knowledge and skill learned in the classroom while concurrently gainingu nderstanding to the systems and function of the pharmacy in an institutional setting. Grade Mode: Normal Grading Mode Proposed: PHAR 821 IPPE-Institutional 2 Credit hours The Introductory Pharmacy Practice Experience in Institutions is designed to allow the student to demonstrate knowledge and skill learned in the classroom while concurrently gaining nderstanding

Grade Mode: Normal Grading Mode

to the systems and function of the pharmacy in an institutional setting.

2 \*

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy | Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 886 |  |
|-----------------------------|----------------------------------|---|--|
| Contact Person: Craig       | Kimble, PharmD                   | Phone: 3046966014                         |  |
| CURRENT COURSE DATA:        |                                  |   |  |
| Course Title: PHAR 886      | APPE 6-Diverse Populations       |   |  |
| Alpha Designator/Number:    | PHAR886                          |   |  |
| Title Abbreviation:         | PE6-Diverse                      | Populations                               |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head                  | Date 2-2.G-24      |
|--|--------------------|
| Registrar Doga D                           | Date 3-11 - Zuen   |
| College Curriculum Chair Cynthia B - Jones | Date 2/29/2024     |
| Graduate Council Chair D.S. Deur           | Date <u>5-6-24</u> |

Form updated 09/2022

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| Request for Graduate Course Change - Page 2   |
|---|
| College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 886  |
| Provide complete information regarding the course change for each topic listed below.   |
| Change in CATALOG TITLE: YES NO   |
| From       APPE6       D       verse       Population       Appendice       Climited to 30 characters and spaces)         To       APPE       D       verse       Population       Image: Climited to 30 characters and spaces)   |
| To       A P F E       P       Y e       r       s       P       P       I       I         If Yes, Rationale       Courses are not sequenced.       Removed #6 as the order is different by the student.  |
| If Yes, Rationale Courses are not sequenced. Removed #6 as the order is unterent by the stedent.<br>Standardized description in course catalog.   |
| Change in COURSE ALPHA DESIGNATOR:  |
|   |
| If Yes, Rationale N/A   |
| Change in COURSE NUMBER: YES VO   |
| From: To: To:   |
| If Yes, Rationale N/A   |
| Change in COURSE GRADING  |
| From Grade To Credit/No Credit  |
| Rationale N/A   |
| Change in CATALOG DESCRIPTION:  |
| From This is a 5-week required advanced pharmacy practice experience in a community, ambulatory, or other pharmacy setting to a medically under-served population. Students will utilize a variety of skills obtained throughout the curriculum. A focus will be providing care in a culturally sensitive, compassionate, community-oriented, and effective way to a diverse, ethnic, rural, poor, and/or indigent population(s). |
| To Experience in community, ambulatory, or other setting to medically under-served population. Focus on providing culturally sensitive, compassionate, and effective care to a diverse, ethnic, rural, poor, and/or indigent population(s).   |
| If Yes<br>Rationale Trunctuated to fit within the 30 word max limit   |
| Form updated 09/2022 Page 2 o   |

| Request for Graduate Course Change - Page 3  |             |  |
|--|-------------|--|
| Change in COURSE CREDIT HOURS: YES INO If YES, fill in below:  |             |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirement | <b>`S.</b>  |  |
| From   |             |  |
| То   |             |  |
| Change in COURSE CONTENT: YES NO   |             |  |
| From   |             |  |
|  |             |  |
|  |             |  |
|  |             |  |
| То   |             |  |
|  |             |  |
|  |             |  |
|  |             |  |
| Rationale  |             |  |
|  |             |  |
|  |             |  |
|  |             |  |
|  |             |  |
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/

| College:                       | School of Pharmacy (SOP)                 | Department: Pharmacy (F   | 'harmD)                                  |
|--------------------------------|--|---|--|
| Course I                       | PHAR 886 - APPE-Dive<br>Number/Title     | erse Populations  |  |
| 1. REQU<br>notifica<br>applica | tion you sent to them announcing to then | another department(s), identify it/them by name and att<br>the proposed change and any response received. Enter ( | ach the written<br>NOT APPLICABLE if not |
| N/A                            |  |   |  |
|                                |  |   |  |

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

### COURSE TITLE CHANGE

Department: Schoolof Pharmacy; PharmD Current Course Number/Title: PHAR 886 APPE 6-Diverse Populations New Course Title: PHAR 886 APPE-Diverse Populations 30 Character version: APPE-Diverse Populations Rationale: APPEs are assigned in different orders and the #6 is not required and is misleading. Catalog Description: Current: PHAR 886 APPE 6-Diverse Populations 5 Credit hours This is a 5-week required advanced pharmacy practice experience in a community, ambulatory, or other pharmacy setting to a medically under-served population. Students will utilize a variety of skills obtained throughout the curriculum. A focus will be providing care in a culturally sensitive, compassionate, community-oriented, and effective way to a diverse, ethnic, rural, poor, and/or indigent population(s). Grade Mode: Normal Grading Mode Proposed: PHAR 886 APPE-Diverse Populations 5 Credit hours

Experience in community, ambulatory, or other setting to medically under-served population. Focus on providing culturally sensitive, compassionate, and effective care to a diverse, ethnic, rural, poor, and/or indigent population(s). Grade Mode: Normal Grading Mode

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: SOP        | Dept/Division: Pharmacy | Current Alpha Designator/Number: PHAR 533 |
|---------------------|-------------------------|---|
| Contact Person: Cra | ig Kimble, PharmD       | Phone: 304-696-6014                       |
|                     |                         |   |

### **CURRENT COURSE DATA:**

| Alpha Designator/Number: P H A R 5 3 3        |  |
|---|--|
| Title Abbreviation: Introduction to Pharmacy1 |  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head 14 Old Older The Month MS BARY | Date 2-29-24   |
|--|----------------|
|  | Date 3-11.2024 |
| College Curriculum Chair Uputhia B. Joner                | Date 2 29 2024 |
| Graduate Council Chair & Duri                            | Date 5-6-24    |

Form updated 09/2022

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|                                | Department/Division:<br>Pharmacy                                  | se Change - Page 2  |
|--------------------------------|---|---|
| College: School of Pharmacy    | Alpha Designator/Number: PHAR 533                                 |   |
| Provide complete information r | egarding the course change for each t                             | opic listed below.  |
| hange in CATALOG TITLE:        | NO NO   |   |
|                                |   | (limited to 30 characters and spaces)   |
|                                |   |   |
|                                |   |   |
| f Yes, Rationale               |   |   |
|                                |   |   |
| Change in COURSE ALPHA DESIGNA | TOR:  |   |
|                                | YES 🖌 NO  |   |
| f Yes, Rationale               |   |   |
|                                |   |   |
| hange in COURSE NUMBER:        | YES NO  |   |
| rom:                           |   |   |
| f Yes, Rationale               |   |   |
|                                |   |   |
| Change in COURSE GRADING       |   |   |
| rom Grade To Credit/No         | Credit  |   |
| Rationale                      |   |   |
|                                |   |   |
| Change in CATALOG DESCRIPTION: |   | ES, fill in below:  |
|                                | n to Pharmacy 1 3 Credit hours                                    |   |
|                                |   | ractitioner. Sterile products, top 300 tation, medication safety applications |
|                                | seling and technology, communic                                   |   |
| PHAR 533 Introduction          | n to Pharmacy 1 3 Credit hours                                    |   |
|                                | I development of pharmacy pract<br>v values, SOAP notes, document | ation, medication safety applications   |
|                                |   | ation, and public service are stressed.                                       |
|                                | uisite course. Course no longer                                   | exists (in old curriculum).   |
| Rationale                      |   |   |
|                                | Υ.  |   |
|                                |   |   |
| orm updated 09/2022            |   | Page 2 d  |

|               |                     | YES NO                 | If YES, fill in belo |                         |                   |  |
|---------------|---------------------|------------------------|----------------------|-------------------------|-------------------|--|
|               | ours increase/decre | ease, please provide o | locumentation that s | pecifies the adjusted w | ork requirements. |  |
| From          |                     |                        |                      |                         |                   |  |
| Го            |                     |                        |                      |                         |                   |  |
|               |                     |                        |                      |                         |                   |  |
| hange in COUR |                     | YES 🖌 NO               |                      |                         |                   |  |
| From          |                     |                        |                      |                         |                   |  |
|               |                     |                        |                      |                         |                   |  |
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| Го            |                     |                        |                      |                         |                   |  |
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|               |                     |                        |                      |                         |                   |  |
|               |                     |                        |                      |                         |                   |  |
|               |                     |                        |                      |                         |                   |  |
| Rationale     |                     |                        |                      |                         |                   |  |
|               |                     |                        |                      |                         |                   |  |
| C             |                     |                        |                      |                         |                   |  |
|               |                     |                        |                      |                         |                   |  |



Department: Pharmacy (PharmD)

Course Number/Title PHAR 506 Pharm Cont Prof Dev 6

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

No

2. COURSE DELETION: List any courses that will be deleted because of this change. A Course Deletion form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Form updated 09/2022
Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

#### COURSE DESCRIPTION CHANGE

Department: School of Pharmacy; Pharmacy (PHARM D) Course Number and Title: PHAR 533 Introduction to Pharmacy 1 Rationale: Removal of pre-requisite course. Course no longer exists (in old curriculum).

Course Description (old):

PHAR 533 Introduction to Pharmacy 1 3 Credit hours

Continued professional development of the pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

Pre-req: PHAR 541 with a minimum grade of C.

Grade Mode: Normal Grading Mode

Course Description(new):

Continued professional development of pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

Catalog Description (New):

PHAR 533 Introduction to Pharmacy 1 3 Credit hours

Continued professional development of pharmacy practitioner. Sterile products, top 300 medications, laboratory values, SOAP notes, documentation, medication safety applications including patient counseling and technology, communication, and public service are stressed.

# **Request for Graduate Course Deletion**

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharn    | nacy             | Dept/Div.       | Pharmacy (PharmD)  |       |                |
|------------------|------------------|-----------------|--------------------|-------|----------------|
| Contact Person   | Craig Kimble,    | PharmD          |                    | Phone | (304) 696-6014 |
| Current Course N | lumber and Title | PHAR 611 Integr | ated Laboratory II |       |                |

| Rationale for Course Deletion   | Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Replaced with new lab series; Correct in plan of study. |               |  |  |
|---------------------------------|---|---------------|--|--|
| Final term and year this course | is to be offered: Fall 20 Spring 20 22 Summer 20  |               |  |  |
| Course being ADDED in place     | of this DELETION. NOTE: A course ADDITION request form is also required   | 1.            |  |  |
| Course Number and Title         | urse no longer required   | Credit Hrs. 1 |  |  |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head                 | Date 7-29-24       |
|---|--------------------|
| Registrar Doga D                          | Date 3-11-2024     |
| College Curriculum Chair Cypetha B. Jonan | Date 2/29/2024     |
| Graduate Council Chair X Duu              | Date <u>5-6-24</u> |
| Form updated 09/2022                      | Page 1             |

Page 1 of 2

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added *(if any)*:

Department: Pharmacy (PharmD) Course Number and Title: PHAR 611 Integrated Laboratory II Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Course material was integrated in new practice lab series.

Final Term Offered: Spring 2022.

Courses added (if any): Change in curriculum. (added previously; already exists in catalog; Plan of study is correct in catalog)

# **Request for Graduate Course Deletion**

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
- 4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

| College Pharmacy            | Dept/Div. Pharmacy (PharmD)   |                |                 |
|-----------------------------|---|----------------|-----------------|
| Contact Person Craig Kin    | nble, PharmD  | Phone          | (304) 696-6014  |
| Current Course Number and   | Title PHAR 634 PPM Finance  |                |                 |
| Rationale for Course Delet  | ion Course was deleted in new curriculum revis<br>2022. No plans to further offer this course.<br>Pharmacy Administration Module; Correct i | Integrate      | d into PHAR 662 |
| Final term and year this co | urse is to be offered: Fall 20 Spring 20 22 Su  | immer 20       |                 |
| Course being ADDED in pla   | ace of this DELETION. NOTE: A course ADDITION request form  | n is also requ | ired.           |
| Course Number and Title     | Course no longer required   |                | Credit Hrs. 3   |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head                | MP Heate | 2-29-24   |
|--|----------|-----------|
| Registrar Songe St St                    | Date     | 3-11-2024 |
| College Curriculum Chair Cupithin B Jonn | Date     | 2/29/2024 |
| Graduate Council Chair & Duri            | Date     | 5-6-24    |
| Form updated 09/2022                     |          | Page      |

Page 1 of 2

# **Request for Graduate Course Deletion-Page 2**

Please insert in the text box below your course deletion summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department: Course Number and Title: Rationale for deletion: Final Term Offered: Courses added (*if any*):

Department: Pharmacy (PharmD)

Course Number and Title: PHAR 634 Pharmacy Practice Management II - Finance Rationale for deletion: Course was deleted in new curriculum revision. Last offered spring 2022. No plans to further offer this course. Course material was integrated in PHAR 662 Pharmacy Administration Module.

Final Term Offered: Spring 2022.

Courses added (if any): Change in curriculum. (added previously; already exists in catalog; Plan of study is correct in catalog)

GC#7: Course Change

## **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy (SOP) | Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 641 |
|-----------------------------------|----------------------------------|---|
| Contact Person: Craig             | Kimble, PharmD                   | Phone: 304-696-6014                       |
| CURRENT COURSE DATA:              |                                  |   |
| Course Title: PHAR 641            | Therapeutics I                   |   |
| Alpha Designator/Number:          | P H A R 6 4 1                    |   |
| Title Abbreviation: The           | rapeutics                        |   |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Sic | natures: if disa | pproved | at any level.   | do not sian. | Return to        | previous signer wit  | h recommendation attac | hed. |
|-----|------------------|---------|-----------------|--------------|------------------|----------------------|------------------------|------|
|     |                  | pprorea | actionly revery | ao no sign   | i i to contit co | presse as signed the |                        |      |

| Dept. Chair/Division Head La Plan HUNA, M. | Date 7-19-29       |
|--|--------------------|
| Registrar Syzand Com   | Date 3-11-2024     |
| College Curriculum Chair Mattices B. Jones                                     | Date 229 2024      |
| Graduate Council Chair   | Date <u>5-6-24</u> |

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| Request for Graduate Course Change - Page 2  |
|--|
| College: School of Pharmacy (SOP) Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 641   |
| Provide complete information regarding the course change for each topic listed below.  |
| Change in CATALOG TITLE:   |
| From Therapeutics II (limited to 30 characters and spaces)   |
| To Therapeutics 1-0TC/Self-Care  |
| If Yes, Rationale All therapeutics modules have been adjusted in the new curriculum and should be descriptive of the content. Added content for clarity. |
| Change in COURSE ALPHA DESIGNATOR:   |
| From: To YES NO  |
| If Yes, Rationale  |
| Change in COURSE NUMBER: YES NO  |
| From: To:  |
| If Yes, Rationale  |
| Change in COURSE GRADING   |
| From Grade To Credit/No Credit   |
| Rationale  |
| Change in CATALOG DESCRIPTION:   |
| From   |
| T-   |
| То   |
| If Yes<br>Rationale  |
| Form updated 09/2022 Page 2 of 5   |

| Request for Graduate Course Change - Page 3  |             |  |
|--|-------------|--|
| Change in COURSE CREDIT HOURS: YES INO IF YES, fill in below:  |             |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requi | rements.    |  |
| From   |             |  |
| То   |             |  |
| Change in COURSE CONTENT: YES NO   |             |  |
| From   |             |  |
| To   |             |  |
| Rationale  |             |  |
| Form updated 09/2022   | Page 3 of 5 |  |

| College: School of Pharmacy (SOP)   | Department: Pharmacy (PharmD)  |
|---|--|
| PHAR 541 Therapeutics I<br>Course Number/Title  |  |
| 1. REQUIRED COURSE: If this course is required by another depar<br>notification you sent to them announcing to them the proposed<br>applicable. | artment(s), identify it/them by name and attach the written<br>d change and any response received. Enter NOT APPLICABLE if not |
| 2. COURSE DELETION: List any courses that will be deleted becau<br>NOT APPLICABLE if not applicable.  | use of this change. A <i>Course Deletion</i> form is also required. Enter  |

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

#### COURSE TITLE CHANGE

Department: School of Pharmacy (PharmD) Current Course Number and Title: PHAR 641 Therapeutics I

New Course Title: PHAR 641 Therapeutics 1-OTC/Self-Care Rationale: Change in curriculum sequencing and descriptor added to describe content of module.

Catalog Course Description (old)

PHAR 641 Therapeutics I 4 Credit hours

Students will learn about the therapeutic use, human physiology, pharmacologic and chemical properties of over-the-counter medication and non-medication interventions for both treatment and prevention of disease.

Grade Mode: Normal Grading Mode

New Catalog Course Description:

PHAR 641 Therapeutics 1 - OTC/Self-Care 4 Credit hours

Students will learn about the therapeutic use, human physiology, pharmacologic and chemical properties of over-the-counter medication and non-medication interventions for both treatment and prevention of disease.

Grade Mode: Normal Grading Mode

GC#7: Course Change

### Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy (SOP) | Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 723 |
|-----------------------------------|----------------------------------|---|
| Contact Person: Craig             | Kimble, PharmD                   | Phone: 304-696-6014                       |
| CURRENT COURSE DATA:              |                                  |   |
| Course Title: PHAR 652            | Therapeutics 7 Special Popu      | lations                                   |
| Alpha Designator/Number:          | PHAR 723                         |   |
| Title Abbreviation: Sp e          | ecial Popul                      | ations                                    |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head by Man May My MACHTE | Date <u>7-29-24</u> |
|--|---------------------|
| Registrar Songa & Ch                           | Date 3-11-2024      |
| College Curriculum Chair Muthua B. Jones       | Date 2 29 2024      |
| Graduate Council Chair                         | Date 5-6-24         |

| Request for Graduate Course Change - Page 2  |
|--|
| College: School of Pharmacy (SOP) Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 723   |
| Provide complete information regarding the course change for each topic listed below.  |
| Change in CATALOG TITLE: YES NO  |
| From Special Populations (limited to 30 characters and spaces)   |
| To Therapeutics 7-Special Pops   |
| If Yes, Rationale All therapeutics modules have been adjusted in the new curriculum and should be descriptive of the content. Added content for clarity and updated sequencing. Now taught in spring of p3 year in module. |
| Change in COURSE ALPHA DESIGNATOR:   |
| From: To YES NO  |
| If Yes, Rationale  |
| Change in COURSE NUMBER: YES VI NO   |
| From: To: To:  |
| If Yes, Rationale  |
| Change in COURSE GRADING   |
| From Grade To Credit/No Credit   |
| Rationale  |
| Change in CATALOG DESCRIPTION:   |
| From   |
|  |
| То   |
| If Yes<br>Rationale  |
| Form updated 09/2022 Page 2 of   |

|          | Request for Graduate Course Change - Page 3   |
|----------|---|
| Change i | in COURSE CREDIT HOURS: YES VION IF YES, fill in below:   |
| IOTE: If | credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |
| From     |   |
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| hange i  |   |
| rom      |   |
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| To       |   |
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| Rational | e N/A   |
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|          |   |

Form updated 09/2022

Page 3 of 5

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

PHAR 723 Therapeutics 7-Special Populations

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION; List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

#### COURSE TITLE CHANGE

Department: School of Pharmacy (PharmD) Current Course Number and Title: PHAR 723 Special Populations New Course Title: PHAR 723 Therapeutics 7-Special Populations

Rationale: Updated title for sequencing and descriptors. Update to plan of study (it only shows therapeutics VII); Was updated with new curriculum into module format.

Catalog Description (old)

PHAR 723 Special Populations 2 Credit hours

This course will emphasize the unique needs and differences in therapeutic recommendations for patients at the extremes of ages, diverse cultural backgrounds, and those with co-morbidities and other health conditions.

Grade Mode: Normal Grading Mode

Catalog Description: (new) PHAR 723 Therapeutics 7-Special Populations 2 Credit hours This course will emphasize the unique needs and differences in therapeutic recommendations for patients at the extremes of ages, diverse cultural backgrounds, and those with co-morbidities and other health conditions. Grade Mode: Normal Grading Mode

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GC#7: Course Change

#### **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| nber: PHAR 752    |
|-------------------|
| one: 304-696-6014 |
|                   |
|                   |
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| is                |
|                   |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head Phillip Mile Mile Mile Mile Mile Mile Mile Mile | Date 2-29-24                                   |
|---|--|
| Registrar Soge Sone<br>College Curriculum Chair Anthia B - Jones          | Date <u>3-11-2024</u><br>Date <u>2 29 2024</u> |
| Graduate Council Chair A A A A A A A A A A A A A A A A                    | Date <u>5-6-24</u>                             |

| Request for Graduate Course Change - Page 2  |
|--|
| College: School of Pharmacy (SOP) Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 752   |
| Provide complete information regarding the course change for each topic listed below.  |
| Change in CATALOG TITLE: YES NO  |
| Neuro Sychiatric Psychiatric Psychiatric Image: Compared and spaces   To Therapeutics 6 - Neuro Psych Image: Compared and spaces   |
| If Yes, Rationale All therapeutics modules have been adjusted in the new curriculum and should be descriptive of the content. Added content for clarity and updated sequencing. 5 SCH. |
| Change in COURSE ALPHA DESIGNATOR:   |
|  |
| If Yes, Rationale  |
| Change in COURSE NUMBER: YES VION  |
| From: To: To:  |
| If Yes, Rationale  |
| Change in COURSE GRADING   |
| From Grade To Credit/No Credit   |
| Rationale  |
| Change in CATALOG DESCRIPTION:   |
| From   |
| То   |
| If Yes<br>Rationale  |
| Form updated 09/2022 Page 2 of 5   |

| Request for Graduate Course Change - Page 3   |                 |  |
|---|-----------------|--|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:  |                 |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted wor | k requirements. |  |
| From  |                 |  |
| То  |                 |  |
| Change in COURSE CONTENT: YES NO  |                 |  |
| From  |                 |  |
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|   |                 |  |
| То  |                 |  |
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|   |                 |  |
| Rationale N/A   |                 |  |
|   |                 |  |
|   |                 |  |
| Form updated 09/2022  | Page 3 of 5     |  |

| College: School of Pharmacy (SOP)  | Department: Pharmacy (PharmD)  |
|--|--|
| PHAR 752 Neuro & Ps<br>Course Number/Title   | sychiatric Dis   |
| 1. REQUIRED COURSE: If this course is required b<br>notification you sent to them announcing to the<br>applicable. | y another department(s), identify it/them by name and attach the written<br>m the proposed change and any response received. Enter NOT APPLICABLE if not |
| NOT APPLICABLE if not applicable.  | be deleted because of this change. A <i>Course Deletion</i> form is also required. Enter   |
| N/A  |  |

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

COURSE TITLE CHANGE

Department: School of Pharmacy (PharmD) Current Course Number and Title: PHAR 752 Neuro & Psychiatric Dis 30 letter Title: PHAR 752 Therapeutics 6-Neuro/Psych Full Title: PHAR 752 Therapeutics 6-Neurology/Psyciatric Disorders Rationale: Updated title for sequencing and descriptors. Was updated with new curriculum into module format. Current Course Catalog Description (old) PHAR 752 Neuro & Psychiatric Dis 5 Credit hours Students will learn treatment and prevention of neurological and psychiatric diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a health care provider. Grade Mode: Normal Grading Mode New Course Description: (new) PHAR 752 Therapeutics 6-Neuro/Psych 5 Credit hours Students will learn treatment and prevention of neurological and psychiatric diseases including the physiology, pathophysiology, pharmacology and therapy. This course emphasizes the pharmacist as a health care provider. Grade Mode: Normal Grading Mode

GC#7: Course Change

## **Request for Graduate Course Change**

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy (SOP) Dept/Division: Pharmacy (PharmD) Current Alp | ha Designator/Number: PHAR 761 |
|--|--------------------------------|
| Contact Person: Craig Kimble, PharmD   | Phone: 304-696-6014            |
| CURRENT COURSE DATA:   |                                |
| Course Title: PHAR 761 Infectious Disease                                      |                                |
| Alpha Designator/Number: PHAR 761  |                                |
| Title Abbreviation: I n f e c t i o u s D i s e a                              | S E                            |

 Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head               | Date 2-2.191221 |
|---|-----------------|
| Registrar Jonge J                       | Date 3-11-2024  |
| College Curriculum Chair Uptim B. Jones | Date 2 24 2024  |
| Graduate Council Chair & Dawin          | Date 5-6-24     |

| Request for Graduate Course Change - Page 2  |
|--|
| College: School of Pharmacy (SOP) Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 761   |
| Provide complete information regarding the course change for each topic listed below.  |
| Change in CATALOG TITLE: YES NO  |
| From Infector pus Disease (limited to 30 characters and spaces)  |
|  |
| If Yes, Rationale All therapeutics modules have been adjusted in the new curriculum and should be descriptive of the content. Added content for clarity and updated sequencing. 6 SCH. |
| Change in COURSE ALPHA DESIGNATOR:   |
|  |
| If Yes, Rationale  |
| Change in COURSE NUMBER: YES NO  |
| From: To: To:  |
| If Yes, Rationale  |
| Change in COURSE GRADING   |
| From Grade To Credit/No Credit   |
| Rationale  |
| Change in CATALOG DESCRIPTION:   |
| From   |
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| If Yes   |
| Rationale  |
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|  |

| Request for Graduate Course Change - Page 3  |             |
|--|-------------|
| Change in COURSE CREDIT HOURS: YES If YES, fill in below:  |             |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |             |
| From   |             |
| То   |             |
| Change in COURSE CONTENT: YES NO   |             |
| From   |             |
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| Rationale N/A  |             |
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| Form updated 09/2022   | Page 3 of 5 |

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| ege: School of Pharmacy (SOP) Department: Pharmacy (PharmD)  |   |
|--|---|
| PHAR 761 Infectious Disease<br>Course Number/Title   |   |
| 1. REQUIRED COURSE: If this course is required by another department(s) notification you sent to them announcing to them the proposed change applicable. | , identify it/them by name and attach the written<br>and any response received. Enter NOT APPLICABLE if not |
| 2. COURSE DELETION: List any courses that will be deleted because of this<br>NOT APPLICABLE if not applicable.   | s change. A Course Deletion form is also required. Enter  |

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |
|                           |                              |                              |

#### COURSE TITLE CHANGE

Department: School of Pharmacy (PharmD) Current Course Number and Title: PHAR 761 Infectious Disease New Course Number and Title: PHAR 761 Therapeutics V-Infect Dis Full Title of Course: PHAR 761 Therapeutics V-Infectious Disease

Rationale: Updated title for sequencing and descriptors. Was updated with new curriculum into module format.

Course Catalg Description (old)

PHAR 761 Infectious Disease 6 Credit hours

This course discusses clinical microbiology and principles of anti-infective therapy as well as the pathophysiology, associated pharmacology, and therapeutic approaches to infectious diseases. Successful completion of PHAR 542 is a prerequisite. Grade Mode: Normal Grading Mode

New Course Catalog Description: (new)

PHAR 761 Therapeutics 5-Infectious Disease 6 Credit hours This course discusses clinical microbiology and principles of anti-infective therapy as well as the pathophysiology, associated pharmacology, and therapeutic approaches to infectious diseases. Successful completion of PHAR 542 is a prerequisite. Grade Mode: Normal Grading Mode

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 811 |
|--|---|
| Contact Person: Craig Kimble, PharmD                         | Phone: 3046966014                         |
| CURRENT COURSE DATA:   |   |
| Course Title: PHAR 811 Pharm Prac Exp I (IPPE 1)             |   |
| Alpha Designator/Number: PHAR8111                            |   |
| Title Abbreviation: Pharm Prac Ex                            | p    (  P P E   1 )                       |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head       | Date 2-2-7124      |
|---------------------------------|--------------------|
| Registrar Songa & Com           | Date 3-11-2024     |
| College Curriculum Chair        | Date 2 29 2024     |
| Graduate Council Chair DS 2 Jui | Date <u>5-6-24</u> |

| Request for Graduate Course Change - Page 2  |
|--|
| College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 811   |
| Provide complete information regarding the course change for each topic listed below.  |
| Change in CATALOG TITLE: YES NO  |
| From Pharm Prac Exp II (IPPE 1) (Imited to 30 characters and spaces)   |
|  |
| If Yes, Rationale Updated title to reflect the experiences to aid in student registration.<br>Full title: PHAR 811 IPPE-Community Pharmacy 1<br>IPPE = Introductory Pharmacy Practice Experience |
| Change in COURSE ALPHA DESIGNATOR:   |
|  |
| If Yes, Rationale N/A  |
| Change in COURSE NUMBER: YES NO  |
| From: To: To:  |
| If Yes, Rationale N/A  |
| Change in COURSE GRADING   |
| From Grade To Credit/No Credit   |
| Rationale N/A  |
| Change in CATALOG DESCRIPTION:   |
| From No description in graduate catalog or MUBERT. Here is what it shows:<br>PHAR 811 Pharm Prac Exp I (IPPE 1)<br>Grade Mode: Normal Grading Mode   |
| To Introduction to community pharmacy practice in a supervised setting. Students are exposed to the roles and responsibilities of the community pharmacist                                       |
| If Yes<br>Rationale  |
| Form updated 09/2022 Page 2 of 5   |

| Request for Graduate Course Change - Page 3  |                   |  |
|--|-------------------|--|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:   |                   |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted we | ork requirements. |  |
| From   |                   |  |
| То   |                   |  |
| Change in COURSE CONTENT: YES NO   |                   |  |
| From   |                   |  |
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| Rationale  |                   |  |
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| Form updated 09/2022   | Page 3 of         |  |

| College: School of Pharma                                | icy (SOP)   | Department: Pharmacy (PharmD)   |    |
|--|---|---|----|
| Course Number/Title                                      | PHAR 811 IPPE-Community Ph  | harmacy 1   |    |
| 1. REQUIRED COUR:<br>notification you ser<br>applicable. | SE: If this course is required by another de<br>It to them announcing to them the propo | department(s), identify it/them by name and attach the written<br>osed change and any response received. Enter NOT APPLICABLE if no | rt |
| 2. COURSE DELETIC<br>NOT APPLICABLE IF                   |   | pecause of this change. A Course Deletion form is also required. Enter  |    |

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these Items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale;                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

**COURSE TITLE / DESCRIPTION CHANGE** Department: Schoolof Pharmacy; PharmD Current Course Number/Title: PHAR 811 Pharm Prac Exp I (IPPE 1) New Course Title: PHAR 811 IPPE-Community Pharmacy 1 30 Character version: PHAR 811 IPPE-Community Pharmacy 1 Rationale: Updated title to reflect the experiences to aid in student registration. Full title: PHAR 811 IPPE-Community Pharmacy 1 IPPE = Introductory Pharmacy Practice Experience Catalog Description: None currently in catalog or MU Bert Current: PHAR 811 Pharm Prac Exp I (IPPE 1) 1 Credit hour Grade Mode: Normal Grading Mode Proposed (30 WORD): PHAR 811 IPPE-COMMUN PHAR 1 1 Credit hour Introduction to community pharmacy practice in a supervised setting. Students are exposed to the roles and responsibilities of the community pharmacist Grade Mode: Normal Grading Mode

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1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair. 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 881 |
|--|---|
| Contact Person: Craig Kimble, PharmD                         | Phone: 3046966014                         |
| CURRENT COURSE DATA:   |   |
| Course Title: PHAR 881 APPE 1-General Medicine               |   |
| Alpha Designator/Number: PHAR881                             |   |
| Title Abbreviation: A P P E 1 - G E N E R A L                |   |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Date 2 - 7 G D |
|----------------|
| Date 3-11-224  |
| Date 2/29/2027 |
| Date 5-6-24    |
|                |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Form updated 09/2022

Page 1 of 5

| Request for Graduate Course Change - Page 2   |  |  |  |
|---|--|--|--|
| College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 881  |  |  |  |
| Provide complete information regarding the course change for each topic listed below.   |  |  |  |
| Change in CATALOG TITLE:  |  |  |  |
| From APRE 1 GENERAL MEDICINE (limited to 30 characters and spaces)  |  |  |  |
| TO APPE ADV INPAT CLIN SKILLS   |  |  |  |
| If Yes, Rationale Update in terminology to differentiate from SOM designations. There are a variety of areas a student may round or complete experiential education in this course. Full title is Advanced Inpatient Clinical Skills APPE. Updated to show progression in the curriculum.   |  |  |  |
| Change in COURSE ALPHA DESIGNATOR:  |  |  |  |
| From: To YES NO   |  |  |  |
| If Yes, Rationale N/A   |  |  |  |
| Change in COURSE NUMBER: YES VI NO  |  |  |  |
| From: To:   |  |  |  |
| If Yes, Rationale N/A   |  |  |  |
| Change in COURSE GRADING  |  |  |  |
| From Grade To Credit/No Credit  |  |  |  |
| Rationale N/A   |  |  |  |
| Change in CATALOG DESCRIPTION:  |  |  |  |
| From Provides students pharmcy experience in a clinical, inpatient, acute care and team-based environment. Students will be expected to utilize multiple abilities learned throughout the curriculum in order to collect patient-specific information, evaluate and monitor drug therapy, educate patients, and/or caregivers, respond to drug information inquires and function effectively within a team. |  |  |  |
| <sup>To</sup> Provides experience in clinical, acute care/institutional, team-based environment. With guidance, students are expected to collect patient information, evaluate/monitor drug therapy, educate patients/caregivers, and respond to drug information inquires.   |  |  |  |
| If Yes<br>Rationale course description shortened to comply with 30 word max   |  |  |  |

Form updated 09/2022

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| Request for Graduate Course Change - Page 3  |  |  |  |
|--|--|--|--|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:   |  |  |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. |  |  |  |
| From   |  |  |  |
| То   |  |  |  |
| Change in COURSE CONTENT: YES NO   |  |  |  |
| From   |  |  |  |
| To   |  |  |  |
| Rationale  |  |  |  |
|  |  |  |  |

College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

PHAR 881 - APPE- Advanced Inpatient Clinical Skills

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         |
|---------------------------|------------------------------|
| Department:               | Department:                  |
| Course Number and Title:  | Current Course Number/Title: |
| Rationale:                | New Course Number:           |
| Course Description (old)  | Rationale:                   |
| Course Description: (new) | Catalog Description:         |
| Catalog Description:      | Credit hours:                |
|                           |                              |

COURSE TITLE CHANGE Department: Current Course Number/Title: New Course Title: Rationale: Catalog Description:

COURSE TITLE/DESCRIPTION CHANGE

Department: Schoolof Pharmacy; PharmD Current Course Number/Title: PHAR 881 APPE 1-General Medicine New Course Title: PHAR 881 Advanced Inpatient Clinical Skills APPE 30 Character version: PHAR 881 APPE-Adv Inpat Clin Skills Rationale: Update in terminology to differentiate from SOM designations. There are a variety of areas a student may round or complete experiential education in this course. Full title is Advanced Inpatient Clinical Skills APPE. Updated to show progression in the curriculum. No sequencing required.

Catalog Description:

Current Course Catalog Description: PHAR 881 APPE 1-General Medicine 5 Credit hours Provides students pharmacy experience in a clinical, inpatient, acute care and team-based environment. Students will be expected to utilize multiple abilities learned throughout the curriculum in order to collect patient-specific information, evaluate and monitor drug therapy, educate patients and/or caregivers, respond to drug information inquiries and function effectively within a team. Grade Mode: Normal Grading Mode

Proposed 30 word Course Catalog Description: PHAR 881 APPE-Adv Inpat Clin Skills 5 Credit hours Provides experience in clinical, acute care/ institutional, team-based environment. With guidance, students are expected to collect patient information, evaluate/monitor drug therapy, educate patients/caregivers, and respond to drug information inquiries. Grade Mode: Normal Grading Mode

| GC#7: Course Char | nge |
|-------------------|-----|
|-------------------|-----|

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy | Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: | PHAR 882   |
|-----------------------------|----------------------------------|----------------------------------|------------|
| Contact Person: Craig       | Kimble, PharmD                   | Phone:                           | 3046966014 |
| CURRENT COURSE DATA:        |                                  |                                  |            |
| Course Title: PHAR 882      | APPE 2-Amb Care/Prim Care        | )                                |            |
| Alpha Designator/Number:    | P H A R 8 8 2                    |                                  |            |
| Title Abbreviation: A P F   | PE 2-Amb Ca                      | re/Prim C                        | a r e      |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

| Dept. Chair/Division Head                             | Date 2-20-24   |
|---|----------------|
| Registrar Doyald Opp                                  | Date 3-11-2000 |
| College Curriculum Chair Withia B. Jones              | Date 2 29 2024 |
| Graduate Council Chair DD D D D D D D D D D D D D D D | Date 5-6-24    |

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Request for Graduate Course Change - Page 2  |  |  |  |
|--|--|--|--|
| College: Department/Division: Alpha Designator/Number:   |  |  |  |
| Provide complete information regarding the course change for each topic listed below.  |  |  |  |
| Change in CATALOG TITLE: YES NO  |  |  |  |
| From APFE 2 Amb Care/Print Care/Or in Care/Print Care/Print Care/Print Care/Press  |  |  |  |
|  |  |  |  |
| If Yes, Rationale Update in terminology to differentiate from SOM designations. There are a variety of areas a student may round or complete experiential education in this course. Full title is Advanced Inpatient Clinical Skills APPE. Updated to show progression in the curriculum.  |  |  |  |
| Change in COURSE ALPHA DESIGNATOR:   |  |  |  |
|  |  |  |  |
| If Yes, Rationale N/A  |  |  |  |
| Change in COURSE NUMBER: YES NO  |  |  |  |
|  |  |  |  |
| If Yes, Rationale N/A  |  |  |  |
| Change in COURSE GRADING   |  |  |  |
| From Grade To Credit/No Credit   |  |  |  |
| Rationale N/A  |  |  |  |
| Change in CATALOG DESCRIPTION:   |  |  |  |
| From The Amb Care / Prim Care APPE provides students experience in an out-patient care clinically focused practice environment. Students will be expected to utilize abilities learned previously throughout the curriculum in order to perform the following tasks: collect patient-specific information, evaluate and monitor drug therapy, educate patients and caregivers, drug  |  |  |  |
| information tasks, and other requirements.<br>To Proposed Course Catalog Description: PHAR 882 APPE-Adv Outpat Clin Skills 5 Credit hours<br>Provides experience in clinically focused multidisciplinary outpatient environment. Responsibilities<br>include collecting patient-specific information, evaluating and monitoring drug therapy, providing<br>education about medications/MRPs, responding to drug or medication related inquiries. |  |  |  |
| If Yes<br>Rationale  |  |  |  |

| Request for Graduate Course Change - Page 3  |               |  |
|--|---------------|--|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:   |               |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work r | requirements. |  |
| From   |               |  |
| То   |               |  |
| Change in COURSE CONTENT: YES NO   |               |  |
| From   |               |  |
| То   |               |  |
|  |               |  |
| Rationale  |               |  |
| Form updated 09/2022   | Page 3 of 5   |  |

Page 3 of 5

| College: <sup>8</sup> | School of | Pharmacy | (SOP) |
|-----------------------|-----------|----------|-------|
|-----------------------|-----------|----------|-------|

Department: Pharmacy (PharmD)

PHAR 882 - APPE-Advanced Outpatient Clinical Skills

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: if your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

#### COURSE TITLE/DESCRIPTION CHANGE

Department: School of Pharmacy; PharmD

Current Course Number/Title: PHAR 882 APPE 2-Amb Care/Prim Care New Course Title: PHAR 882 Advanced Outpatient Clinical Skills APPE 30 Character version: APPE-ADV OUTPAT CLIN SKILLS

Rationale: Update in terminology to differentiate from SOM designations. There are a variety of areas a student may round or complete experiential education in this course. Full title is Advanced Outpatient Clinical Skills APPE. Updated to show progression in the curriculum. Catalog Description:

Current Course Catalog Description: PHAR 882 APPE 2-Amb Care/Prim Care 5 Credit hours The Amb Care / Prim Care APPE provides students experience in an out-patient care clinically focused practice environment. Students will be expected to utilize abilities learned previously throughout the curriculum in order to perform the following tasks: collect patient-specific information, evaluate and monitor drug therapy, educate patients and caregivers, drug information tasks, and other requirements.

Grade Mode: Normal Grading Mode

Proposed Course Catalog Description: PHAR 882 APPE-Adv Outpat Clin Skills 5 Credit hours Provides experience in clinically focused multidisciplinary outpatient environment. Responsibilities include collecting patient-specific information, evaluating and monitoring drug therapy, providing education about medications/MRPs, responding to drug or medication related inquiries. Grade Mode: Normal Grading Mode

| GC#7: | Course | Change |
|-------|--------|--------|
|-------|--------|--------|

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy Dept/Division: Pharmacy (Pharm | D) Current Alpha Designator/Number: PHAR 883 |
|--|--|
| Contact Person: Craig Kimble, Pharm                        | D Phone: 3046966014                          |
| CURRENT COURSE DATA:                                       |  |
| Course Title: PHAR 883 APPE 3-Advanced Comm                | nunity                                       |
| Alpha Designator/Number: PHAR883                           |  |
| Title Abbreviation: A P P E 3 - A d v a n c                | ed Communiy                                  |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head                | Date 2-2019    |
|--|----------------|
| Registrar Sozeges og                     | Date 3-11-2024 |
| College Curriculum Chair MULTUR B. Jonan | Date 2 29 2024 |
| Graduate Council Chair & D & D           | Date 5-6-24    |

| College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 883  |
|---|
| Provide complete information regarding the course change for each topic listed below.   |
| Change in CATALOG TITLE: YES YES  |
| From APFE 3 A d v a n c e d C q m m u n i t y (limited to 30 characters and spaces)<br>To APFE 4 d v a n c e d C o m m u n i t y  |
| To A P P E A d y a h c e d C o m m u n i y   If Yes, Rationale Courses are not sequenced. Removed # as the order is different by the student.   |
| Standardized description in course catalog.   |
| Change in COURSE ALPHA DESIGNATOR:  |
|   |
| If Yes, Rationale N/A   |
| Change in COURSE NUMBER:  |
| From: To: To:   |
| If Yes, Rationale N/A   |
| Change in COURSE GRADING  |
| From Grade To Credit/No Credit  |
| Rationale N/A   |
| Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:  |
| From This is a 5-week advanced pharmacy practice experience in a community pharmacy setting t hat focuses on enhancing a student's ability to provide patient-centered pharmacy care services such as disease management, medication therapy management, preventative health screening, immunizations, specialty compounding, patient education, or other advanced patient care activities. |
| To Experience in community pharmacy setting to provide patient-centered care. Responsibilities include dispensing, OTC/Self-Care, MTM, preventative health screening(s), immunizations, compounding, and patient counseling as part of the health care team.  |
| If Yes<br>Rationale Shortened course description to comply with 30 word limit   |

| Request for Graduate Course Change - Page 3   |                                   |
|---|-----------------------------------|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:                        |                                   |
| NOTE: If credit hours increase/decrease, please provide documentation that specifie | s the adjusted work requirements. |
| From  |                                   |
|   |                                   |
| То  |                                   |
| Change in COURSE CONTENT: YES NO  |                                   |
| From  |                                   |
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|   |                                   |
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|   |                                   |
|   |                                   |
| Rationale   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
| orm updated 09/2022   | Page 3 of                         |

| College: Scho | ol of Pharmacy (SOP) |  |
|---------------|----------------------|--|
|               |                      |  |

Department: Pharmacy (PharmD)

PHAR 883 - APPE-Advanced Community

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

N/A

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

COURSE TITLE/DESCRIPTION CHANGE Department: School of Pharmacy; PharmD Current Course Number/Title: PHAR 883 APPE 3-Advanced Community New Course Title: PHAR 883 APPE-Advanced Community 30 Character version: APPE-Advanced Community Rationale: APPEs are assigned in different orders and the #3 is not required and is misleading. Catalog Description:

Current Course Catalog Description/Title: PHAR 883 APPE 3-Advanced Community 5 Credit hours This is a 5-week advanced pharmacy practice experience in a community pharmacy setting that focuses on enhancing a student's ability to provide patient-centered pharmacy care services such as disease management, medication therapy management, preventative health screening, immunizations, specialty compounding, patient education, or other advanced patient care activities. Grade Mode: Normal Grading Mode

New Course Catalog Description (30 word): PHAR 883 APPE-Advanced Community 5 Credit hours Experience in community pharmacy setting to provide patient-centered care. Responsibilities include dispensing, OTC/Self-Care, MTM, preventative health screening(s), immunizations, compounding, and patient counseling as part of the health care team.

Grade Mode: Normal Grading Mode

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 884 |
|--|---|
| Contact Person: Craig Kimble, PharmD                         | Phone: 3046966014                         |
| CURRENT COURSE DATA:   |   |
| Course Title: PHAR 884 APPE 4-Adv Institutional              |   |
| Alpha Designator/Number: PHAR884                             |   |
| Title Abbreviation: A P P E 4 - A d v I n s                  | t i t u t i o n a l                       |

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head  | Date 7-29-24       |
|--|--------------------|
| Registrar Songal and Company | Date 3-11-201      |
| College Curriculum Chair Uprothic B - Jonan  | Date 229 2024      |
| Graduate Council Chair & Duran   | Date <u>5-6-24</u> |

Form updated 09/2022

Page 1 of 5

| Request for Graduate Course Change - Page 2  |
|--|
| College: School of Pharmacy (Pharmacy (Pharmac |
| Provide complete information regarding the course change for each topic listed below.  |
| Change in CATALOG TITLE: YES NO  |
| From APFE 4 A V I nstitutional (limited to 30 characters and spaces)<br>To APFE A & V I nstitutional   |
| If Yes, Rationale Courses are not sequenced. Removed # as the order is different by the student.<br>Standardized description in course catalog.  |
| Change in COURSE ALPHA DESIGNATOR:   |
|  |
| If Yes, Rationale N/A  |
| Change in COURSE NUMBER: YES NO  |
| If Yes, Rationale N/A  |
| Change in COURSE GRADING   |
| From Grade To Credit/No Credit   |
| Rationale N/A  |
| Change in CATALOG DESCRIPTION: VES No IF YES, fill in below:   |
| From This is a 5-week experiential rotation in an approved health system that prepares the student to function within integrated pharmacy services. Particular emphasis is placed on the preparation, distribution, and control of medications, medication monitoring, and the ability to communicate with other healthcare professionals. This rotation develops competence to f unction as a staff hospital pharmacist.  |
| <sup>To</sup> Proposed Course Catalog Description: PHAR 884 APPE-Adv Institutional 5 Credit hours<br>Experience within a health-system of integrated pharmacy services. Emphasis is placed on<br>the preparation, distribution, and control of medications, medication monitoring, as part of an<br>integrated healthcare team.  |
| If Yes<br>Rationale Shortened to comply with 30 word limit   |
| Form updated 09/2022 Page 2 of 1   |

| Request for Graduate Course Change - P  | 'age 3                 |
|---|------------------------|
| hange in COURSE CREDIT HOURS: YES IF NO If YES, fill in below:                                |                        |
| OTE: If credit hours increase/decrease, please provide documentation that specifies the adjus | ted work requirements. |
| rom   |                        |
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| nange in COURSE CONTENT: YES NO   |                        |
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|   |                        |
| rm updated 09/2022  | Page 3 of              |

| College: School of Ph                             | Department: Pharmacy (SOP)  |   |        |
|---|---|---|--------|
| Course Number/T                                   | PHAR 884 - APPE-Adva  | anced Institutional   |        |
| 1. REQUIRED CO<br>notification you<br>applicable. | URSE: If this course is required by a sent to them announcing to them | another department(s), identify it/them by name and attach the written<br>the proposed change and any response received. Enter NOT APPLICABLE | if not |
| N/A   |   |   |        |
|   | TION: List any courses that will be c<br>E if not applicable.         | deleted because of this change. A Course Deletion form is also required. Er   | nter   |

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

COURSE TITLE /COURSE DESCRIPTION CHANGE Department: School of Pharmacy; PharmD Current Course Number/Title: PHAR 884 APPE 4-Adv Institutional New Course Title: PHAR 884 APPE-Advanced Institutional 30 Character version: APPE-Adv Institutional Rationale: APPEs are assigned in different orders and the #4 is not required and is misleading.

Current Course Catalog Description: PHAR 884 APPE 4-Adv Institutional 5 Credit hours This is a 5-week experiential rotation in an approved health system that prepares the student to function within integrated pharmacy services. Particular emphasis is placed on the preparation, distribution, and control of medications, medication monitoring, and the ability to communicate with other healthcare professionals. This rotation develops competence to function as a staff hospital pharmacist.

Grade Mode: Normal Grading Mode

Proposed Course Catalog Description: PHAR 884 APPE-Adv Institutional 5 Credit hours Experience within a health-system of integrated pharmacy services. Emphasis is placed on the preparation, distribution, and control of medications, medication monitoring, as part of an integrated healthcare team.

Grade Mode: Normal Grading Mode

-

GC#7: Course Change

#### Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: PHAR 885 |
|--|---|
| Contact Person: Craig Kimble, PharmD                         | Phone: 3046966014                         |
| CURRENT COURSE DATA:   |   |
| Course Title: PHAR 885 APPE 5-Transitions of Care            |   |
| Alpha Designator/Number: PHAR885                             |   |
| Title Abbreviation: APPE5 - Transit                          | ions of Care                              |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head Ing Par Man Man Man M. | Date               |
|--|--------------------|
| Registrar Dongand The  | Date 3-11-204      |
| College Curriculum Chair Commun B. Jones   | Date 2/29/2021     |
| Graduate Council Chair D Dan   | Date <u>5-6-24</u> |

Form updated 09/2022

Page 1 of 5

| Request for Graduate Course Change - Page 2   |  |  |  |  |
|---|--|--|--|--|
| College: School of Pharmacy Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 885  |  |  |  |  |
| Provide complete information regarding the course change for each topic listed below.   |  |  |  |  |
| Change in CATALOG TITLE: YES NO   |  |  |  |  |
| From APPESTransitions of Care (limited to 30 characters and spaces)   |  |  |  |  |
| To APPET ansitions of Care  |  |  |  |  |
| If Yes, Rationale Courses are not sequenced. Removed #5 as the order is different by the student. Standardized description in course catalog.   |  |  |  |  |
| Change in COURSE ALPHA DESIGNATOR:  |  |  |  |  |
|   |  |  |  |  |
| If Yes, Rationale N/A   |  |  |  |  |
| Change in COURSE NUMBER: YES VI NO  |  |  |  |  |
| From: To:   |  |  |  |  |
| If Yes, Rationale N/A   |  |  |  |  |
| Change in COURSE GRADING  |  |  |  |  |
| From Grade To Credit/No Credit  |  |  |  |  |
| Rationale N/A   |  |  |  |  |
| Change in CATALOG DESCRIPTION: VES NO IF YES, fill in below:  |  |  |  |  |
| From This is a 5-week experiential rotation that focuses on provision of clinical pharmacy services in a variety of settings with a focus on care to the elderly population. These sites may include c pmmunity pharmacies, specialty clinics, rehabilitation hospitals, skilled nursing facilities (SNFs), home-based consult services, and assisted living facilities (ALFs). A focus is placed on the interdisciplinary care of the geriatric patient. |  |  |  |  |
| To<br>Students provide pharmacy services across the healthcare system. Students focus on<br>addressing needs of geriatric and complex patients with multiple chronic disease states with<br>members of the health care team.  |  |  |  |  |
| If Yes<br>Rationale Shortened to less than 30 words   |  |  |  |  |

| Request for Graduate Course Change - Page 3  |             |  |
|--|-------------|--|
| Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:   |             |  |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work require | ments.      |  |
| From   |             |  |
| То   |             |  |
| Change in COURSE CONTENT: YES NO   |             |  |
| From   |             |  |
| To   |             |  |
| Rationale  |             |  |
| Form updated 09/2022   | Page 3 of ! |  |

| College: School of Pharmacy (SOP)  | Department: Pharmacy (PharmD)  |
|--|--|
| PHAR 885 - APPE-Tran<br>Course Number/Title  | sitions of Care  |
| 1. REQUIRED COURSE: If this course is required by a notification you sent to them announcing to them applicable. | nother department(s), identify it/them by name and attach the written<br>he proposed change and any response received. Enter NOT APPLICABLE if not |
| N/A  |  |
| 2. COURSE DELETION: List any courses that will be a NOT APPLICABLE if not applicable.                            | eleted because of this change. A <i>Course Deletion</i> form is also required. Enter   |

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE DESCRIPTION CHANGE | COURSE NUMBER CHANGE         | COURSE TITLE CHANGE          |
|---------------------------|------------------------------|------------------------------|
| Department:               | Department:                  | Department:                  |
| Course Number and Title:  | Current Course Number/Title: | Current Course Number/Title: |
| Rationale:                | New Course Number:           | New Course Title:            |
| Course Description (old)  | Rationale:                   | Rationale:                   |
| Course Description: (new) | Catalog Description:         | Catalog Description:         |
| Catalog Description:      | Credit hours:                |                              |

COURSE TITLE /DESCRIPTION CHANGE Department: Schoolof Pharmacy; PharmD Current Course Number/Title: PHAR 885 APPE 5-Transitions of Care New Course Title: PHAR 885 APPE-Transitions of Care 30 Character version: APPE-Transitions of Care Rationale: APPEs are assigned in different orders and the #5 is not required and is misleading.

Current Course Catalog Description: PHAR 885 APPE 5-Transitions of Care 5 Credit hours This is a 5-week experiential rotation that focuses on provision of clinical pharmacy services in a variety of settings with a focus on care to the elderly population. These sites may include community pharmacies, speciality clinics, rehabilitation hospitals, skilled nursing facilities (SNFs), home-based consult services, and assisted living facilities (ALFs). A focus is placed on the interdisciplinary care of the geriatric patient. Grade Mode: Normal Grading Mode

Proposed Course Catalog Description (30 word): PHAR 885 APPE-Transitions of Care 5 Credit hours

Students provide pharmacy services across the healthcare system. Students focus on addressing needs of geriatric and complex patients with multiple chronic disease states with members of the health care team.

Grade Mode: Normal Grading Mode

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

| College: School of Pharmacy | Dept/Division: Pharmacy (PharmD) | Current Alpha Designator/Number: | PHAR 887   |
|-----------------------------|----------------------------------|----------------------------------|------------|
| Contact Person: Craig       | Kimble, PharmD                   | Phone:                           | 3046966014 |
| CURRENT COURSE DATA:        |                                  |                                  |            |
| Course Title: PHAR 887 A    | PPE 7 & 8-Electives              |                                  |            |
| Alpha Designator/Number:    | PHAR887                          |                                  |            |
| Title Abbreviation:         | E 7 & 8 - E I e c t              | ives                             |            |

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

| Dept. Chair/Division Head Le All Have, FMI MANG BUNGS  | Date 2-29-2/       |
|--|--------------------|
| Registrar Sona 2 Com                                   | Date 3-11-2024     |
| College Curriculum Chair Cynthia B. Jones              | Date 2 29 2024     |
| Graduate Council Chair D D D D D D D D D D D D D D D D | Date <u>5-6-24</u> |

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| Request for Graduate Course Change - Page 2   |
|---|
| College: Department/Division: Pharmacy (PharmD) Alpha Designator/Number: PHAR 887   |
| rovide complete information regarding the course change for each topic listed below.  |
| nange in CATALOG TITLE: YES NO  |
| rom APFET & B-EIECtives (limited to 30 characters and spaces)   |
|   |
| Yes, Rationale Courses are not sequenced. Removed #7 & 8 as the order is different by the student.  |
| Standardized description in course catalog.   |
| nange in COURSE ALPHA DESIGNATOR:   |
|   |
| Yes, Rationale N/A  |
|   |
| ange in COURSE NUMBER: YES VI NO  |
|   |
| Yes, Rationale N/A  |
| nange in COURSE GRADING   |
| om Grade To Credit/No Credit  |
| ationale N/A  |
| nange in CATALOG DESCRIPTION:   |
| The APPE general elective(s) are 5-week experiential rotation(s) that will give the students the opportunity to participate in a variety of pharmacy practice experiences, depending on the rotation site and practice setting, related to direct patient care, supportive patient care, or not related to patient care. Students must complete 2 elective rotations. |
| APPE electives take place in a variety of pharmacy practice settings (both patient care and<br>non-patient care). Electives provides the student with highly focused experiences based on the<br>preceptor's specialty.   |
| Yes<br>ationale Shortened to 30 word max  |
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| Request for Graduate Course Change - Page   | 2 3                |
|---|--------------------|
| Change in COURSE CREDIT HOURS: YES INO If YES, fill in below:                                       |                    |
| NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted w | vork requirements. |
| From  |                    |
|   |                    |
|   |                    |
| То  |                    |
|   |                    |
|   |                    |
| Change in COURSE CONTENT: YES NO  |                    |
| From  |                    |
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College: School of Pharmacy (SOP)

Department: Pharmacy (PharmD)

PHAR 887 - APPE-Elective

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

N/A

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

N/A

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

| COURSE NUMBER CHANGE         | COURSE TITLE CHANGE   |
|------------------------------|---|
| Department:                  | Department:   |
| Current Course Number/Title: | Current Course Number/Title:  |
| New Course Number:           | New Course Title:   |
| Rationale:                   | Rationale:  |
| Catalog Description:         | Catalog Description:  |
| Credit hours:                |   |
|                              | Department:<br>Current Course Number/Title:<br>New Course Number:<br>Rationale:<br>Catalog Description: |

COURSE TITLE/DESCRIPTION CHANGE Department: Schoolof Pharmacy; PharmD Current Course Number/Title: PHAR 887 APPE 7 & 8-Electives New Course Title: PHAR 887 APPE-Elective 30 Character version: APPE-Elective Rationale: APPEs are assigned in different orders and the #7&8 are not required and is misleading.

Current Catalog Description:

PHAR 887 APPE 7 & 8-Electives 5 Credit hours

The APPE general elective(s) are 5-week experiential rotation(s) that will give the students the opportunity to participate in a variety of pharmacy practice experiences, depending on the rotation site and practice setting, related to direct patient care, supportive patient care, or not related to patient care. Students must complete 2 elective rotations. Grade Mode: Normal Grading Mode

Proposed:

PHAR 887 APPE-Elective 5 Credit hours

APPE electives take place in a variety of pharmacy practice settings (both patient care and nonpatient care). Electives provides the student with highly focused experiences based on the preceptor's specialty.

Grade Mode: Normal Grading Mode