



**SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS**

New Course Request

<u>SDSU</u>	<u>Pharmacy & Allied Health Professions</u>
Institution	Division/Department
Dennis D. Hedge	2/7/2018
Institutional Approval Signature	Date

Section 1. Course Title and Description

Prefix & No.	Course Title	Credits
PUBH 723	Public Health Applied Practice Experience III	1

Course Description	This is the final course in the Public Health Applied Practice Experience series. Students will finalize their capstone project outlines in preparation for the Public Health Integrative Learning Experience.
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Pre-requisites or Co-requisites

Prefix & No.	Course Title	Pre-Req/Co-Req?
PUBH 722	Public Health Applied Practice Experience II	Pre-req

Registration Restrictions

None

Section 2. Review of Course

2.1. Was the course first offered as an experimental course?
 Yes (if yes, provide the course information below) No

2.2. Will this be a unique or common course?

Unique Course

Prefix & No.	Course Title	Credits

Provide explanation of differences between proposed course and existing system catalog courses below:

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Common Course *Indicate universities that are proposing this common course:*
 BHSU DSU NSU SDSMT SDSU USD

Section 3. Other Course Information

3.1. Are there instructional staffing impacts?
 No. Schedule Management, explain below: Faculty workload is available. This course will be taught on rotation.

3.2. Existing program(s) in which course will be offered: Public Health (M.P.H.)

3.3. Proposed instructional method by university: R - Lecture

3.4. Proposed delivery method by university: 018 - Internet Synchronous

- 3.5. Term change will be effective: Fall 2018
- 3.6. Can students repeat the course for additional credit?
 Yes, total credit limit: _____ No
- 3.7. Will grade for this course be limited to S/U (pass/fail)?
 Yes No
- 3.8. Will section enrollment be capped?
 Yes, max per section: _____ No
- 3.9. Will this course equate (i.e., be considered the same course for degree completion) with any other unique or common courses in the common course system database in Colleague and the [Course Inventory Report](#)?
 Yes No
- 3.10. Is this prefix approved for your university?
 Yes No

Section 4. Department and Course Codes (Completed by University Academic Affairs)

4.1. University Department Code: SPAHP, UHSDN

4.2. Proposed [CIP Code](#): 51.2201
Is this a new CIP code for the university? Yes No

**NEW COURSE REQUEST
Supporting Justification for On-Campus Review**

Mary Beth Fishback	Mary Beth Fishback	11/21/2017
Request Originator	Signature	Date
Department Chair	Signature	Date
Jane Mort	Jane Mort	11/28/2017
School/College Dean	Signature	Date

1. Provide specific reasons for the proposal of this course and explain how the changes enhance the curriculum.
This course is aimed at developing public health practice knowledge and skills. Additionally, it will address new accreditation requirements from the Council on Education for Public Health.
2. Note whether this course is: Required Elective
3. In addition to the major/program in which this course is offered, what other majors/programs will be affected by this course?
None
4. If this will be a dual listed course, indicate how the distinction between the two levels will be made.
NA
5. Desired section size 30

6. Provide qualifications of faculty who will teach this course. List name(s), rank(s), and degree(s).
Mary Beth Fishback, MSPAS, MPH, Program Coordinator
Chelsea Wesner, MSW, MPH, Instructor
7. Note whether adequate facilities are available and list any special equipment needed for the course.
Course will be offered online. No additional facilities or special equipment will be needed.
8. Note whether adequate library and media support are available for the course.
Library and media support are adequate for this course.
9. Will the new course duplicate courses currently being offered on this campus?
 Yes No
If yes, provide justification.
10. If this course may be offered for variable credit, explain how the amount of credit at each offering is to be determined.
NA