|  |  |
| --- | --- |
|  |  |
| S:\Communications\Logos and photos\SDBORLogos\final_sdbor_webreadyBW_trans.gif | **SOUTH DAKOTA BOARD OF REGENTS**  ACADEMIC AFFAIRS FORMS |
| Minor Program Modification |
|  |  |

Use this form to request minor changes in existing programs (majors, minors, certificates, or specializations). The university Vice President for Academic Affairs approves minor program modifications and they are included in the Annual Minor Program Modification Summary form.

|  |  |
| --- | --- |
| **UNIVERSITY:** | **DSU** |
| **PROGRAM TITLE:** | **A.S. in Health Information Technology** |
| **CIP CODE:** | **51.0706** |
| **UNIVERSITY DEPARTMENT:** | **Health Information Management** |
| **UNIVERSITY DIVISION:** | **College of BIS** |

**University Approval**

*To the Board of Regents and the Executive Director: I certify that I have read this proposal, that I believe it to be accurate, and that it has been evaluated and approved as provided by university policy.*

|  |  |  |
| --- | --- | --- |
| C:\Users\slaughts\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Dr. McKay Signature.jpg |  | 2/21/2018 |
| Vice President of Academic Affairs or President of the University |  | Date |

|  |
| --- |
|  |

1. **This modification addresses a change in (*place an “X” in the appropriate box*):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Course *deletions* that do not change the nature of the program, or distribution of courses in the program, or change of total credit hours required |  | Course *additions* that do not change the nature of the program, or distribution of courses in the program, or change of total credit hours required |
|  |  |  |  |
|  | Revised courses in the program. |  |  |

1. **Effective date of change: 5/21/2018**
2. **Program Degree Level (*place an “X” in the appropriate box*):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Associate |  | Bachelor’s |  | Master’s |  | Doctoral |  |

1. **Category (*place an “X” in the appropriate box*):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Certificate |  | Specialization |  | Minor |  | Major |  |

1. **Primary Aspects of the Modification (*add lines or adjust cell size as needed*):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Existing Curriculum* | | | | | *Proposed Curriculum (highlight changes)* | | | | |
| **Pref.** | **Num.** | **Title** | **Cr.**  **Hrs.** |  | | **Pref.** | **Num.** | **Title** | **Cr. Hrs.** |
| HIM | 252 | Basic Foundations Health Data Systems | ~~3~~ |  | | HIM | 252 | Basic Foundations Health Data Systems | **2** |
|  |  |  |  |  | | **HIM** | **288** | **HIM Classrooms to HIM Careers** | **1** |
|  |  |  |  |  | |  |  |  |  |
| ~~HIM~~ | ~~287~~ | ~~Supervised Professional Practice~~ | ~~2~~ |  | |  |  |  |  |
|  |  |  |  |  | | HIM | 270 | Practical Coding Application | 2 |
|  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |
|  |  | Total Hours Required | 64 |  | |  |  | Total Hours Required | 64 |

1. **Explanation of the Change:**

To increase student focus and attention on program exit exam and certification preparation, HIM 252 will be modified to two credits instead of three and a one credit existing class will be added to the plan of study as a required 1 credit course.

Students will be required to complete HIM 270—Practical Coding Application in place of completing an onsite supervised professional practice. A benchmarking study was completed with 20 CAHIIM accredited schools and results indicated that DSU had less credit hours than the comparison schools dedicated to teaching coding in the HIM program.