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| S:\Communications\Logos and photos\SDBORLogos\final_sdbor_webreadyBW_trans.gif | **SOUTH DAKOTA BOARD OF REGENTS**  ACADEMIC AFFAIRS FORMS |
| New Course Request |
|  |  |

Use this form to request a new common or unique course. Consult the system database through Colleague or the [Course Inventory Report](http://apps.sdbor.edu/ris-reporting/CourseInventoryOptions.cfm) for information about existing courses before submitting this form.

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| --- | --- | --- | --- | --- |
| DSU |  | **College of BUS/Health Information Management** | | |
| **Institution** |  | **Division/Department** | | |
|  | | |  | 2/20/2020 |
| **Institutional Approval Signature** | | |  | **Date** |

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**Section 1. Course Title and Description**

If the course contains a lecture and laboratory component, identify both the lecture and laboratory numbers (xxx and xxxL) and credit hours associated with each. Provide the complete description as you wish it to appear in the system database in Colleague and the [Course Inventory Report](http://apps.sdbor.edu/ris-reporting/CourseInventoryOptions.cfm) including pre-requisites, co-requisites, and registration restrictions.

|  |  |  |
| --- | --- | --- |
| **Prefix & No.** | **Course Title** | **Credits** |
| HIMS 702 | Foundations of Health Information Classification Systems | 3 |

*NOTE: The Enrollment Services Center assigns the short, abbreviated course title that appears on transcripts. The short title is limited to 30 characters (including spaces); meaningful but concise titles are encouraged due to space limitations in Colleague.*

|  |  |
| --- | --- |
| **Course Description** |  |
| Introduction to medical terms, cell biology, anatomy and physiology of various systems in the human body, and etiology, symptomatology, clinical diagnosis and treatments including drug therapy for diseases related to each body system. | |

*NOTE: Course descriptions are short, concise summaries that typically do not exceed 75 words. DO: Address the content of the course and write descriptions using active verbs (e.g., explore, learn, develop, etc.). DO NOT: Repeat the title of the course, layout the syllabus, use pronouns such as “we” and “you,” or rely on specialized jargon, vague phrases, or clichés.*

**Pre-requisites or Co-requisites (add lines as needed)**

|  |  |  |
| --- | --- | --- |
| **Prefix & No.** | **Course Title** | **Pre-Req/Co-Req?** |
|  |  |  |
|  |  |  |

**Registration Restrictions**

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**Section 2. Review of Course**

1. **Was the course first offered as an experimental course (*place an “X” in the appropriate box*)?**

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| --- | --- | --- | --- |
|  | Yes *(if yes, provide the course information below)* |  | No |

1. **Will this be a unique or common course (*place an “X” in the appropriate box*)?**

*If the request is for a unique course, verify that you have reviewed the common course catalog via Colleague and the system* [*Course Inventory Report*](http://apps.sdbor.edu/ris-reporting/CourseInventoryOptions.cfm) *to determine if a comparable common course already exists. List the two closest course matches in the common course catalog and provide a brief narrative explaining why the proposed course differs from those listed. If a search of the common course catalog determines an existing common course exists, complete the Authority to Offer an Existing Course Form.*

|  |  |
| --- | --- |
|  | **Unique Course** |

|  |  |  |
| --- | --- | --- |
| **Prefix & No.** | **Course Title** | **Credits** |
| HIM 130 | Basic Medical Terminology | 2 |
| BIOL 323 | Human Anatomy and Physiology and Lab | 4 |
| HIM 260 | Fundamentals of Human Disease | 5 |
| *Provide explanation of differences between proposed course and existing system catalog courses below:* | | |
| MSHIIM program requirements for CAHIIM accreditation requirements including having all students accepted into the program to have pre-requisites or prior knowledge of healthcare including medical terminology, anatomy and physiology, disease processes, and treatments including pharmacology. This course is created to bridge the learning gap for students without prior experience in healthcare by offering one course with a broad introduction for each topic area. | | |

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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**

1. **Are there instructional staffing impacts?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No**. Replacement of |  | | |
|  |  | (course prefix, course number, name of course, credits) | | |
|  |  | \*Attach course deletion form | | |
|  |  |  | | |
| Effective date of deletion: | | | Click here to enter a date. |  |

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|  | **No**. Schedule Management, explain below: |

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| --- | --- |
|  | **Yes**. Specify below: |

This course will be an independent study for students who need to complete it and will not be placed on the schedule routinely.

1. **Existing program(s) in which course will be offered**: Master of Science in Health Informatics and Information Management
2. **Proposed instructional method by university**: 001, 018
3. **Proposed delivery method by university**: Lecture
4. **Term change will be effective**: Fall, 2020
5. **Can students repeat the course for additional credit?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes, total credit limit: |  |  |  | No |

1. **Will grade for this course be limited to S/U (pass/fail)?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. **Will section enrollment be capped?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes, max per section: | 15 |  |  | No |

1. **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**](http://apps.sdbor.edu/ris-reporting/CourseInventoryOptions.cfm)**?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
| *If yes, indicate the course(s) to which the course will equate (add lines as needed):* | | | |
|  | | | |

|  |  |
| --- | --- |
| **Prefix & No.** | **Course Title** |
|  |  |

1. **Is this prefix approved for your university?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
| *If no, provide a brief justification below:* | | | |
|  | | | |

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

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| 1. **University Department Code:** | DHIM |

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| 1. **Proposed** [**CIP Code**](http://nces.ed.gov/ipeds/cipcode/default.aspx?y=55)**:** | 51.2706 | | | | |
|  |  | | | | |
| *Is this a new CIP code for the university?* | |  | Yes |  | No |