

The University Of Toledo

New Graduate Program Proposal

* denotes required fields

College*:

Dept/Academic Unit*:

Contact Person*: Phone: (xxx - xxxx) Email:

Program Code*:

Program Name*:

Degree to be granted (if applicable):

Minimum number of credit hours for completion*:

Proposed effective term*: (e.g. 201140 for 2011 Fall)

List all courses which comprise the certificate or degree and identify term offered (summer/fall/spring):

NURS5680 Advanced Physiology and Pathophysiology- pre req
 NURS5740 Advanced Health Assessment- pre-req
 NURS5690 Advanced Pharmacotherapeutics (Spring)
 NURS6310 Adult Gerontology Clinical I (Summer)
 NURS6320 Adult Gerontology Clinical II (Fall)
 NURS6330 Adult Gerontology Clinical III (Spring)

Identify delivery method (Online/in class/off campus):

Please refer to <http://www.utoledo.edu/catalog/> for university catalog.

Comments/Notes:

The College of Nursing (CON) offer a MSN in the concentration of Adult Gerontology Primary Care Nurse Practitioner. All courses are currently approved and offered at the CON. This proposal seeks to create a certificate program in this area of study.

Rationale:

There is community interest in a post-Master of Science in Nursing certificate in this area of concentration. The listed courses would make up this certificate, and these courses are already in place.

Program Approval:

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|--|--|------|---|
| Department Curriculum Authority: | <input type="text" value="Susan Rice"/> | Date | <input type="text" value="2017/04/04"/> |
| | | | |
| Department Chairperson: | <input type="text" value="Karen Hoblet"/> | Date | <input type="text" value="2017/04/04"/> |
| | | | |
| College Curriculum Authority or Chair: | <input type="text" value="Colleen Taylor"/> | Date | <input type="text" value="2017/04/04"/> |
| | | | |
| College Dean: | <input type="text" value="Kelly Phillips"/> | Date | <input type="text" value="2017/04/05"/> |
| | | | |
| Graduate Council: | <input type="text" value="Constance Schall, GC mtg 5/2/17"/> | Date | <input type="text" value="2017/05/03"/> |
| | | | |
| Dean of Graduate Studies: | <input type="text"/> | Date | <input type="text"/> |
| | | | |
| Office of the Provost : | <input type="text"/> | Date | <input type="text"/> |
| | | | |

Administrative Use Only

Effective Date: (YYYY/MM/DD)

CIP Code:

Subsidy Taxonomy:

Program Code:

Instructional Level:

Registrar's Office Use Only

Processed in Banner on:

Processed in Banner by:

Banner Program Code:

Banner Term Code: