

FORM C - DEGREE/PROGRAM CHANGE

CIP CODE

Date: 10/10/08

Elizabeth J. Greer  
(Name of individual initiating curricular change form)

Program Director/Lecturer III  
(Title, position, telephone number)

ejgreer@unm.edu  
(Email address)

Radiology/Rad Sciences/Nuclear Medicine  
(Department/Division/Program/Branch)

Mark appropriate Program:  
Undergraduate Degree Program   
Graduate Degree Program (For existing degree only)

Assigned by  
Associate Provost  
for Academic Affairs

- ROUTING (All Four Collated Sets)**
1. Department Chairperson
  2. College Curriculum Committee
  3. College or School Faculty (if necessary)
  4. College or School Dean/Dean of Instruction
  5. Office of the Registrar—Catalog
  6. Director of relevant Library
  7. FS Graduate Committee (graduate courses)
  8. FS Undergraduate Committee (undergraduate courses)
  9. FS Curriculum Committee
  10. Assoc. Provost for Academic Affairs
  11. Faculty Senate
  12. Board of Regents (new degree only)

\* Plan for curricular process to take at least 12 months.  
This form is for Nuclear Medicine Imaging Certificate Program  
Name of New or Existing Program  
This program is or would be located in current undergraduate/graduate catalog on page(s) 561

Mark appropriate category:

	NEW	REVISION OF	DELETION	NAME CHANGE
Degree <u>                    </u> Type	<input type="checkbox"/> Undergraduate degree only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Subject Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give exact title and requirements as they should appear in the catalog. See current catalog for format within the respective college (attach additional sheets if necessary). Identify in bracket form what is being changed.

See attached document (1)

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Reason(s) for Request (attach additional sheets if necessary).

HSCI 331 Patient Care Lab was approved in the curriculum 2007. This revision however, was never written into the certificate plan.

Attach statements to address Budgetary and Faculty Load Implications and Long-range planning.  
Does this change affect in a significant way, any other departmental programs/branch campuses? Yes  No

If yes, have you resolved these issues with department/branch involved?                      (attach statement)

Proposed Effective Term:                      Summer, 2009 Year

Required Signatures:

Department Chair <u>[Signature]</u>	Date <u>11/6/08</u>
College Curriculum Committee <u>                    </u>	Date <u>                    </u>
College or School Faculty (if necessary) <u>                    </u>	Date <u>                    </u>
College or School Dean/Dean of Instruction <u>[Signature]</u>	Date <u>1/12/09</u>
Office of the Registrar—Catalog <u>[Signature]</u>	Date <u>01/05/09</u>
Director of relevant Library <u>[Signature]</u>	Date <u>11/1/08</u>
FS Graduate Committee (graduate courses) <u>                    </u>	Date <u>                    </u>
FS Undergraduate Committee (undergraduate courses) <u>[Signature]</u>	Date <u>02/11/09</u>
FS Curriculum Committee <u>[Signature]</u>	Date <u>3/5/09</u>
Assoc. Provost for Academic Affairs <u>[Signature]</u>	Date <u>3/11/09</u>
Faculty Senate <u>                    </u>	Date <u>                    </u>
Board of Regents <u>                    </u>	Date <u>                    </u>

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Entered Catalog

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## Budgetary and Faculty Load Implications and Long-range planning-Certificate Nucs

Justification for offering the course: This course is a part of the existing Certificate in Nuclear Medicine Program. No additional faculty will be required to teach this class. Existing UNMH personnel (BATCAVE) will conduct laboratory modules or UNM faculty. These laboratory modules were previously part of HSCI 330, titled Patient Care, but are now being offered as a separate lab to provide more time within the summer semester to perform structured patient care modules.