

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2167**

Fields marked with \* are required

**Name of Initiator:** Roberta Vigil    **Email:** [greggy@unm.edu](mailto:greggy@unm.edu)    **Phone Number:** 575-737-6224    **Date:** 11-01-2017

Associated Forms exist? Yes  Initiator's Title Taos-Sr Instrctnl Svcs Assoc: Taos Branch

Faculty Contact Ramona Gallegos    Administrative Contact Roberta Vigil

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**Proposed effective term**

Semester Spring  Year 2018

**Course Information**

Select Appropriate Program Undergraduate Degree Program

Name of New or Existing Program CERT Dental Assisting Science (HSC) (TA)

Select Category Certificate  Degree Type

Select Action Revision

Exact Title and Requirements as they should appear in the catalog. If there is a change, upload current and proposed requirements.

See current catalog for format within the respective college (upload a doc/pdf file)

[UNM Taos Form C for Certificate in Dental Assisting.pdf](#)  
[HCDA 110 Dental Ethics and Professionalism.docx](#)  
[HCDA 130 Dental Radiology.docx](#)  
[HCDA 235 DANB Preparation.pdf](#)

☐ **Does this change affect other departmental program/branch campuses? If yes, indicate below.**

Reason(s) for Request (enter text below or upload a doc/pdf file)

The changes to the certificate in Dental Assisting are to strengthen the program for eventual accreditation and prepare the students for the Dental Assisting National Board Exam.

Upload a document that includes justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications.(upload a doc/pdf file)

[DA Justification of Program.pdf](#)

☐ **Are you proposing a new undergraduate degree or new undergraduate certificate? If yes, upload the following documents.**

Upload a two-page Executive Summary authorized by Associate Provost. (upload a doc/pdf file)

Upload memo from Associate Provost authorizing go-ahead to full proposal. (upload a doc/pdf file)