Wilkes University Curriculum Committee

PROPOSAL SUBMITTAL FORM

Directions:
- Use this set of forms for all proposals sent to the Curriculum Committee.
- Pages 1-3 of this document are required. Any unnecessary forms should be deleted from the packet before submissions. If multiple forms are needed (course addition, course deletion, etc), simply copy and paste additional forms into this packet.
- Note that all new programs (majors and minors) and program eliminations must be reviewed and approved by the Provost and APC prior to submission to the Curriculum Committee. Significant program revisions must also undergo review and approval by the Provost. The Provost will determine if a significant proposal revision requires approval by the APC. Revisions to the General Education curriculum originate from the General Education Committee and must be reviewed and approved by the Provost.
- Completed (and signed) forms are due on the first Tuesday of every month. Submit one signed copy to the Chair of the Curriculum Committee.

1. Originator: Kristina Powers, Experiential Coordinator
   Pharmacy Practice
   570-408-3293/kristina.powers@wilkes.edu

2. Proposal Title: Introductory Pharmacy Practice Experience IV: Rotation Site Change

3. Check only one type of proposal: (double click on the appropriate check box and change default value to “checked”).

☐ New Program. (Major or Minor Degree Programs, Certificate Programs). This requires prior review and approval by the Provost and APC.
☐ Elimination of Program. (Major or Minor Degree Programs). This requires prior review and approval by the Provost and APC.
☐ Program Revision. Significant revisions to a program require review and approval by the Provost. The Provost determines if review and approval by APC is necessary.
☐ General Education Revision. Submissions only accepted from the General Education Committee (GEC). Must be reviewed and approved by the Provost.
☐ Creation of new departments, elimination of existing department. This requires prior review and approval by the Provost and APC.
☐ Course additions or deletions not affecting programs (such as elective courses, transition of “topics” courses to permanent courses).
☐ Change in course credit or classroom hours.
☐ Incidental Changes. Includes changes in course/program title, course descriptions, and course prerequisites. (Although these changes do require approval by the Curriculum Committee, they do not go before the full faculty for approval).
☐ Other (Specify) – Change of Rotation Site for IPPE IV
4. Indicate the number of course modification forms that apply to this proposal:

   _____  Course Addition Form (plus syllabi)
   _____  Course Deletion Form
   _____  Course Change Form

5. Executive Summary of Proposal.
   Briefly summarize this proposal. The breadth and depth of this executive summary should
   reflect the complexity and significance of the proposal. Include an overview of the
   proposal, background and reasoning behind the proposal and a description of how the
   proposal relates to the mission and strategic long-range plan of the unit and/or university.
   For incidental changes a one or two sentence explanation is adequate.

   Accreditation standards require that pharmacy students complete 300 hours of IPPE during P1
   to P3 years. The IPPE program at Wilkes is offered through a number of courses. This revision will
   change the rotation site of the IPPE IV course. The new rotation site at the Geisinger Refill Call
   Center will replace the Visiting Nurses Association of Commonwealth Home Health rotation.
   There is no net change in credits. The course will remain at 0.5 credits.

6. Other specific information. (Not applicable for incidental changes.)

   What other programs, if any, will be affected by this proposal? Describe what resources
   are available for this proposal. Are they adequate? What would be the effect on the
   curriculum of all potentially affected programs if this proposal were adopted? Include any
   potential effects to the curriculum of current programs, departments and courses.

   No other programs will be affected. No additional resources are needed.

7. Program Outline. (Not applicable for incidental changes).
   A semester-by-semester program outline as it would appear in the bulletin for a new
   program or any modified program with all changes clearly indicated.

   There is no change in the program outlines as it would appear in the bulletin.
8. Signatures and Recommendations. (please date)
   - Signatures of involved Department chair(s) and Dean(s) indicate agreement with the proposal and that adequate resources (library, faculty, technology) are available to support proposal.
   - If a potential signatory disagrees with a proposal he/she should write “I disagree with this proposal” and a signed statement should be attached to this submission.

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<tr>
<th>Print Name/Title</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Edward F. Foote</td>
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<td>12/1/17</td>
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<td>Scott K. Stoltz</td>
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<td>12/7/17</td>
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<tr>
<td>Susan Hritzak</td>
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<td>12/4/17</td>
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Department chair(s) of all potentially affected programs

Dean (s) of any potentially affected College/School.

Registrar

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Provost (For new programs, program elimination, significant program revisions and revisions to the General Education curriculum).

   Provost should check here ___ if this proposal is a program revision AND the significance of the revision requires review and approval by APC prior to Curriculum Committee.

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Chair, Academic Planning Committee. For new programs, program elimination, and significant program revisions sent via the provost. Signature indicates that the proposal has been reviewed and approved by APC.

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Chair, General Education Committee. For revisions to General Education curriculum only. (Signature indicates that the proposal has been approved by GEC).
Wilkes University Curriculum Committee  
COURSE CHANGE FORM

Directions: Use this form to change information relating to an existing course. Please note, changes to course number require separate course addition/deletion forms (not this form!). Only indicate changes that are proposed (existing and proposed), other fields should be left blank.

Course Number: PHA 555  
Course Title: Introductory Pharmacy Practice Experience IV

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<tr>
<th>Course Title</th>
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<th>Proposed</th>
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<tr>
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<td>Introductory Pharmacy Practice Experience IV</td>
<td>Introductory Pharmacy Practice Experience IV</td>
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| Course Credit hours. (Indicate classroom, lab or “other” hours.) | 0.5 credit hours  
24 hours of experiential | 0.5 credit hours  
24 hours of experiential |
| Course Prerequisites         | P3 standing                                   | P3 standing                                   |
| Course Description (as proposed for Bulletin)\(^1\) | This course will provide introductory pharmacy practice experience with home care of patients in an interprofessional collaboration with the Visiting Nurses of Commonwealth Home Health of Wilkes-Barre. | This course will provide introductory pharmacy practice experience in the area of clinical telepharmacy. |

\(^1\) Course descriptions provide an overview of the topics covered. If the course is offered on a scheduled basis, i.e. every other year, or only during a set semester, note this in the description. Course descriptions should be no more than two to three sentences in length.