

KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York

CURRICULUM DATA TRANSMITTAL SHEET

DEPARTMENT Nursing DATE 9/22/14

Title of Course or Degree: AAS in Polysomnographic Technology

Change(s) Initiated: (Please check)

PSC 103 + 108

- | | |
|---|--|
| <input type="checkbox"/> Closing of Degree | <input type="checkbox"/> Change in Degree or Certificate Requirements |
| <input type="checkbox"/> Closing of Certificate | <input type="checkbox"/> Change in Degree Requirements (adding concentration) |
| <input type="checkbox"/> New Certificate Proposal | <input type="checkbox"/> Change in Pre/Co-Requisite |
| <input type="checkbox"/> New Degree Proposal | <input type="checkbox"/> Change in Course Designation |
| <input type="checkbox"/> New Course | <input type="checkbox"/> Change in Course Description |
| <input type="checkbox"/> New 82 Course | <input checked="" type="checkbox"/> Change in Course Titles, Numbers, Credits &/or Hours |
| <input type="checkbox"/> Deletion of Course | <input type="checkbox"/> Change in Academic Policy |
| <input type="checkbox"/> Other (please describe): _____ | |

PLEASE ATTACH PERTINENT MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES

I. DEPARTMENTAL ACTION

Action by Department and/or Departmental Committee, if required:

Date approved _____ Signature, Committee Chairperson: _____

Signature, Department Chairperson: _____

II. PROVOST ACTION

Provost to act within 30 days of receipt and forward to College-wide Curriculum Committee exercising one of the following options:

- A. Approved B. Returned to department with comments

Recommendations (if any): _____

Signature, Provost: _____ Date: _____

III. CURRICULUM SUB-COMMITTEE RECOMMENDATIONS:

- A. Approved B. Tabled (no action will be taken by Curriculum Committee)

Recommendations (if any): _____

Signature, Sub-Committee Chair: _____ Date: _____

IV. COLLEGE-WIDE CURRICULUM COMMITTEE ACTION

Committee to act within 30 days of receipt, exercising one of the following options:

- A. Approved (forwarded to Steering Committee)
B. Tabled (Department notified)
C. Not Approved (Department notified)

Signature, Chairperson of Curriculum Committee [Signature] Date: 9-29-14

Fall 2014 Curriculum Committee

Polysomnographic Technology credit or hours Changes:

FROM:

PSG 103: Clinical Practicum in Sleep Medicine I
Pre req: PSG 102, BLS certification and medical clearance from the internship site
Co req: PSG 104, PSG 105
Credits: 6
Hours: 12

TO:

PSG 103: Clinical Practicum in Sleep Medicine I
Pre req: MAT 9, MAT 20, PSG 101, PSG 102, BLS certification and medical clearance from the internship site
Co req: PSG 104, PSG 105
Credits: 6
Hours: 24

FROM:

PSG 108: Clinical Practicum in Sleep Medicine II
Pre req: PSG 106 and medical clearance from internship site
Co req: PSG 107
Credits: 6
Hours: 12

TO:

PSG 108: Clinical Practicum in Sleep Medicine II
Pre req: PSG 103, PSG 104, PSG 105 and medical clearance from internship site
Co req: PSG 107
Credits: 6
Hours: 24

RATIONAL:

During the approval process of the curriculum, the NYSED stated that the clinical hours must increase from 12 hours per week to 24 hours per week in order to ensure enough hands on exposure and clinical practice for the students in these clinical courses. After additional review, the prerequisites for PSG 103 and PSG 108 were also changed in order to improve the sequence and increase the knowledge base of the entering student.