

Curriculum Change Form

Part I

(Check one)	Department Name	Department of Baccalaureate & Graduate Nursing	
<input type="checkbox"/> New Course (Parts II, IV)	College	Health Sciences	
<input type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number		
<input type="checkbox"/> Hybrid Course ("S," "W")	*Course Title (30 characters)		
<input type="checkbox"/> Course Dropped (Part II)	*Program Title	Post-Master of Science in Nursing Certificate	
<input type="checkbox"/> New Program (Part III)		(Major __, Option __; Minor __; or Certificate <u>X</u>)	
<input checked="" type="checkbox"/> Program Revision (Part III)	*Provide only the information relevant to the proposal.		
<input type="checkbox"/> Program Suspended (Part III)			
Proposal Approved by:	<u>Date</u>		<u>Date</u>
Departmental Committee	1/28/2010	Graduate Council*	3/26/10
<i>Is this a SACS Substantive Change?</i> Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>		Council on Academic Affairs	
College Curriculum Committee	2/17/10	Approved <u>X</u> Disapproved _____	<u>4/15/10</u>
General Education Committee*	NA	Faculty Senate**	
Teacher Education Committee*	NA	Board of Regents**	
		Council on Postsecondary Edu.***	NA
*If Applicable (Type NA if not applicable.)			
**Approval needed for new, revised, or suspended programs			
***Approval/Posting needed for new degree program or certificate program			
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.			

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Change General information for Post-Master Certificate option.

A. 2. Effective date: Fall 2010

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: Change to more clearly reflect appropriate terminology for the option.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: N/A

Operating Expenses Impact: N/A

Equipment/Physical Facility Needs: N/A

Library Resources: N/A

Part III. Recording Data for New, Revised, or Suspended Program

New or Revised* Program Text
(*Use ~~strikethrough~~ for deletions and underlines for additions.)

Certificate
Post-Master of Science in Nursing

I. General Information

The College of Health Sciences offers a Post-Master's Certificate in a second nursing Specialty ~~or role~~ for nurses who have completed a master of science in nursing degree. The number of credit hours required for completion varies by specialty ~~or role~~. All MSN policies apply to the Post-MSN Certificate students.