New Course Request

Indiana University

Check Appropriate Boxes: Undergraduate credit [ ] Graduate credit [ ] Professional credit [ ]

1. School/Division: NURD/UNHP (CHSC) 2. Academic Subject Code: NURS

3. Course Number: Y620 (must be cleared with University Enrollment Services) 4. Instructor: T. Dobrzykowski

5. Course Title: Advanced Primary Care and Office Management Procedures

Recommended Abbreviation (Optional): Advanced Procedures

6. First time this course is to be offered (Semester/Year): *Spring 2010

7. Credit Hours: Fixed at 3 or Variable from ———— to ————

8. Is this course to be graded S-F (only)? Yes [ ] No [x]

9. Is variable title approval being requested? Yes [ ] No [x]

10. Course description (not to exceed 50 words) for Bulletin publication: This course introduces students to advanced practice concepts and procedures related to the care of clients in the primary care setting. In addition, students are introduced to documentation and professional relationship building skills necessary for advanced practice nurses (APNS) in the primary care setting.

11. Lecture Contact Hours: Fixed at 45/semester or Variable from ———— to ————

12. Non-Lecture Contact Hours: Fixed at ———— or Variable from ———— to ————

13. Estimated enrollment: 15 of which 100 percent are expected to be graduate students. For major

14. Frequency of scheduling: 1/year Will this course be required for majors? no required courses

15. Justification for new course: Elective provides learning opportunities for students not in

16. Are the necessary reading materials currently available in the appropriate library? Yes

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by:

Department Chair/Division Director

Date: 2-23-09

Dean of Graduate School (when required)

Date: 3-30-09

Approved by:

Dean

Date: 5-23-09

Chancellor/Vice-President

Date: 7-15-09

University Enrollment Services

Date: 7-27-09

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White