

Great Falls College MSU
Curriculum Council
Course Modification Submission Form (vote required)

~~A 2024-1004-02~~
A 2024-1018-02
moved from 9/26/24
agenda

Division: Health Science

Department: HTH

Program (if applicable): N/A

COURSE: HTH 120 IV THERAPY FOR HEALTH CARE PROVIDERS

Proposed Course Modification(s):	<input type="checkbox"/> Create New Course <i>Need to complete all sections of this form. This could also require Program Modifications.</i>	<input checked="" type="checkbox"/> Delete Course <i>Complete Summary & Rationale – including prefix & number.</i> <i>This could also require Program Modifications.</i>	<input type="checkbox"/> Adding/changing course prefix &/or course number.
<i>Mark all that apply.</i>	<input type="checkbox"/> Adding/changing course title (long or short title)	<input type="checkbox"/> Adding/changing course credits. <i>This could also require Program Modifications.</i>	<input type="checkbox"/> Adding/changing grade mode (traditional letter or pass/fail)
	<input type="checkbox"/> Adding/Changing course type (lecture/lab/clinical/etc.)	<input type="checkbox"/> Adding/changing terms offered <i>This could also require Program Modifications.</i>	<input type="checkbox"/> Adding/changing prerequisites &/or corequisites. <i>This could also require Program Modifications.</i>
	<input type="checkbox"/> Adding/removing from GFC MSU core. <i>This could also require Program Modifications.</i>	<input type="checkbox"/> Adding/changing course description.	<input type="checkbox"/> Other: _____ _____

Pilot Course*: ☐ Yes ☒ No

***If a Pilot course, an evaluation of the course must return to the Curriculum Council for a full report using the Pilot Course Evaluation form at the end of the pilot period.**

Effective Date (semester and year): Summer 2024 ²⁵

(Defaults to Summer of next catalog year unless other semester/year is listed above.)

Summary (Bullet list of ALL changes to course.):

- We are deleting this course

Rationale of Change(s) (Please attach additional pages as needed.):

- We no longer offer this course.
- We have removed the fee associated with this course.

Are you creating/changing the course prefix &/or number ☐ Yes ☒ No ☐ Not Applicable

CURRENT Prefix & Number: HTH 120 PROPOSED Prefix & Number:

Are you creating/changing the course title? ☐ Yes ☒ No ☐ Not Applicable

CURRENT Short Course Title (limited to 30 characters):

PROPOSED Short Course Title (limited to 30 characters):

CURRENT Long Course Title (limited to 100 characters): IV Therapies for HC Providers

PROPOSED Long Course Title (limited to 100 characters):

Are you creating/changing the course credits? ☐ Yes ☒ No ☐ Not Applicable

CURRENT Credits: (Note: how many lecture and lab credits if applicable): Lecture Lab

PROPOSED Credits: (Note: how many lecture and lab credits if applicable): Lecture Lab

Are you creating/changing the course grade mode? ☐ Yes ☐ No ☒ Not Applicable

CURRENT Course Grade Mode: ☐ Traditional (A, B, C) ☐ Pass/Fail

PROPOSED Course Grade Mode: ☐ Traditional (A, B, C) ☐ Pass/Fail

Are you creating/changing the course type? ☐ Yes ☐ No ☒ Not Applicable

CURRENT Course Type: ☐ Lecture ☐ Lecture/Lab Combo ☐ Lab ☐ Clinical ☐ Shop

PROPOSED Course Type: ☐ Lecture ☐ Lecture/Lab Combo ☐ Lab ☐ Clinical ☐ Shop

Common Course Numbering (CCN) Research Completed: ☐ Yes ☐ No ☒ Not Applicable

Approved by Registrar: _____

Are you creating/changing the terms offered? ☐ Yes ☐ No ☒ Not Applicable

CURRENT Terms Offered: ☐ Fall ☐ Based upon sufficient demand ☐ Spring ☐ Based upon sufficient demand ☐ Summer ☐ Based upon sufficient demand ☐ Currently Not Offered ☐ Other: (describe):

PROPOSED Terms Offered: ☐ Fall ☐ Based upon sufficient demand ☐ Spring ☐ Based upon sufficient demand ☐ Summer ☐ Based upon sufficient demand ☐ Currently Not Offered ☐ Other: (describe):

Are you creating/changing the prerequisites or corequisites? ☐ Yes ☐ No ☒ Not Applicable

CURRENT Prerequisite(s):

CURRENT Corequisite(s):

CURRENT Pre- OR Co-requisite(s):

PROPOSED Prerequisite(s):

PROPOSED Corequisite(s):

PROPOSED Pre- OR Co-requisite(s):

Are you creating/changing course in the GFC MSU CORE? ☐ Yes ☐ No ☒ Not Applicable

CURRENT please select area(s):

☐ Written communication ☐ Verbal Communication ☐ Humanities ☐ Fine Arts ☐ N/A
☐ Natural Science ☐ Social Sciences ☐ History ☐ Diversity ☐ Cultural Heritage of American Indians

PROPOSED please select area(s):

☐ Written communication ☐ Verbal Communication ☐ Humanities ☐ Fine Arts ☐ N/A
☐ Natural Science ☐ Social Sciences ☐ History ☐ Diversity ☐ Cultural Heritage of American Indians

Are you creating/changing the course description? ☐ Yes ☐ No ☒ Not Applicable

CURRENT Catalog Description (cut/paste directly from catalog):

HTH 120 IV Therapy for Health Care Providers

Credits: 1

Term: (Currently not offered)

Intravenous Therapy covers IV therapy principles including anatomy of the arm and hand with particular attention to the veins, IV equipment, IV solution flow rates calculation, infection control, potential complications and IV documentation. Each student will perform IV starts on a mannequin arm, and when proficient, initiate IVs on people.


Program(s)/Program(s) of Study/Transfer Articulation Agreement(s) affected by or requiring course:

☐ Yes ☐ No ☒ Not Applicable

If yes, please list program(s)/program(s) of study/transfer articulation agreements(s)

	Required	Elective		Required	Elective
1.	<input type="checkbox"/>	<input type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	6.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	7.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	8.	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain, who you have discussed change(s) with. Attached documentation as appropriate.

Fees associated with course: ☒ Yes ☐ No *delete fee*
If yes, visit with Exec Director of Operations.
Approved by Executive Director of Operations: 

Programmatic accreditation affected: ☐ Yes ☐ No ☒ Not Applicable
If yes, please explain or attach appropriate documentation:

Advisory Board Approval ☐ Yes ☐ No ☒ Not Applicable
(If yes, attach a copy of appropriate meeting notes.)

Student Learning Outcomes and Suggested Assessment of Learning Outcomes (Insert from syllabus must follow CCN/FLOC Course Learning Outcomes): *Add rows as needed...*

Course Outcomes Here's what you should be able to do by the end of the course.	Assessment Tools Here's how your learning will be measured.	<input type="checkbox"/> MUS Core Outcomes Or <input type="checkbox"/> Program/Degree Outcomes Here's how this course fits into General Education or Program of Study at GFC MSU.	College Learning Outcomes Alignment Here's how this course fits into the big picture of your learning at GFC MSU.

Resources Required (Are there any special facilities, faculty, equipment, and materials required for this course? Has the Division Director, Director of TLC, Exec Director of Operations, CIO and/or Library Services been consulted as to the needs of the course?)

☐ Yes ☐ No ☒ Not Applicable

If yes, please explain or attach appropriate documentation:

You may be contacted for more information as the BOR, NWCCU, Dept of Education, and the Dept. of Veterans Affairs may require additional information. By signing this form, I acknowledge the potential of these additional steps.

Julie Raywell
Submitter

9/10/24
Date

Julie Raywell
Program Director/Department Chair

9/10/24
Date

Julie Raywell
Division Director

9/10/24
Date

D. Wagner-Jesson
Registrar

9-10-2024
Date

Julie Raywell
Assessment Committee Chair

9/18/24
Date

Alayna
Accreditation Liaison Officer

9/10/24
Date

Leanne Frost
Executive Director of Instruction

9/16/24
Date

Bd Blad
Curriculum Council Chair

9/16/24
Date