

For Academic Affairs and Research Use Only	
Proposal Number	
CIP Code:	
Degree Code:	

## NEW OR MODIFIED COURSE PROPOSAL FORM

Undergraduate Curriculum Council

Graduate Council

New Course,  Experimental Course (1-time offering), or  Modified Course (Check one box)

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

Tiffany Sterling 2/17/2023  
**Department Curriculum Committee Chair**

	ENTER DATE...
<b>COPE Chair (if applicable)</b>	

Tiffany Sterling 2/17/2023  
**Department Chair**

	ENTER DATE...
<b>Head of Unit (if applicable)</b>	

Amy Hyman 3/3/2023  
**College Curriculum Committee Chair**

	ENTER DATE...
<b>Undergraduate Curriculum Council Chair</b>	

	ENTER DATE...
<b>Director of Assessment (new courses only)</b>	

	ENTER DATE...
<b>Graduate Curriculum Committee Chair</b>	

Scott E. Gordon 3/5/2023  
**College Dean**

_Len Frey_	4/5/23 ENTER DATE...
<b>Vice Chancellor for Academic Affairs</b>	

	ENTER DATE...
<b>General Education Committee Chair (if applicable)</b>	

**1. Contact Person (Name, Email Address, Phone Number)**

Tiffany Sterling, rsterling@astate.edu, 4684

**2. Proposed starting term and Bulletin year for new course or modification to take effect**

Fall 2024, 2024-2025

**Instructions:**

Please complete all sections unless otherwise noted. For course modifications, sections with a "Modification requested?" prompt need not be completed if the answer is "No."

3.

	Current (Course Modifications Only)	Proposed (New or Modified) <i>(Indicate "N/A" if no modification)</i>
Prefix	NSP	N/A
Number*	<del>4544</del> 6424	6424
Title (include a short title that's 30 characters or fewer)	Practicum IV	N/A
Description**	Supervised practice in acute care, long-term care, and outpatient healthcare facilities providing experiences in the application of medical nutrition therapy and the nutrition care process. <del>Fall.</del> Prerequisites: Admission to the Dietetics Program, NS 4413, NS 4442, NS 4443, NS 4463, and NSP 4544. NSP 6323	Supervised practice in acute care, long-term care, and outpatient healthcare facilities providing experiences in the application of medical nutrition therapy and the nutrition care process. Prerequisite: NSP 6323.

\* Confirm with the Registrar's Office that number chosen has not been used before and is available for use. For variable credit courses, indicate variable range. *Proposed number for experimental course is 9.*

\*\*Forty words or fewer (excepting prerequisites and other restrictions) as it should appear in the Bulletin.

**4. Proposed prerequisites and major restrictions [Modification requested? Yes]**

(Indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).

- a. **Yes** Are there any prerequisites?
  - a. If yes, which ones?  
NSP6323
  - b. Why or why not?  
Students will need knowledge NSP 6323 to complete this practicum.
- b. **Yes** Is this course restricted to a specific major?
  - a. If yes, which major? Master's of Science in Nutrition and Dietetics

**5. Proposed course frequency [Modification requested? No]**

(e.g. Fall, Spring, Summer; if irregularly offered, please indicate, "irregular.") *Not applicable to Graduate courses.*

**6. Proposed course type** [Modification requested? No]

Will this course be lecture only, lab only, lecture and lab, activity (e.g., physical education), dissertation/thesis, capstone, independent study, internship/practicum, seminar, special topics, or studio? Please choose one.

Enter text...

**7. Proposed grade type** [Modification requested? No]

What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])

Enter text...

**8. No** Is this course dual-listed (undergraduate/graduate)?

**9. No** Is this course cross-listed?

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross-listed course.)*

a. – If yes, please list the prefix and course number of the cross-listed course.

Enter text...

b. – **No** Can the cross-listed course be used to satisfy the prerequisite or degree requirements this course satisfies?

Enter text...

**10. No** Is this course in support of a new program?

a. If yes, what program?

Enter text...

**11. No** Will this course be a one-to-one equivalent to a deleted course or previous version of this course (please check with the Registrar if unsure)?

a. If yes, which course?

Enter text...

## Course Details

**12. Proposed outline** [Modification requested? No]

(The course outline should be topical by weeks and should be sufficient in detail to allow for judgment of the content of the course.)

Enter text...

**13. Proposed special features** [Modification requested? No]

(e.g. labs, exhibits, site visitations, etc.)

Enter text...

**14. Department staffing and classroom/lab resources**

Enter text...

a. Will this require additional faculty, supplies, etc.?

Enter text...

**15. No** Does this course require course fees?

*If yes: please attach the New Program Tuition and Fees form, which is available from the UCC website.*

## Justification

### Modification Justification (Course Modifications Only)

#### 16. Justification for Modification(s)

January 1, 2024, students wanting to become a registered dietitian must complete a minimum of a graduate degree and 1000 supervised practice hours. The Commission on Dietetic Registration and The Accreditation Council for Education in Nutrition and Dietetics (ACEND) will not require students to have an undergraduate degree in dietetics. The practicum courses will be changed to the master's level as part of the combined master's program, which incorporates coursework and supervised practice so that all requirements are completed at the master's level.

### New Course Justification (New Courses Only)

#### 17. Justification for course. Must include:

- a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

- b. How does the course fit with the mission of the department? If course is mandated by an accrediting or certifying agency, include the directive.

- c. Student population served.

- d. Rationale for the level of the course (lower, upper, or graduate).



## Assessment

### Assessment Plan Modifications (Course Modifications Only)

**18. No** Do the proposed modifications result in a change to the assessment plan?

We use the competencies provided by our accrediting body to assess students. Competencies will not change with the move to the graduate level.

### Relationship with Current Program-Level Assessment Process (Course modifications skip this section unless the answer to #18 is "Yes")

**19.** What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

Enter text...

**20.** Considering the indicated program-level learning outcome/s (from question #19), please fill out the following table to show how and where this course fits into the program's continuous improvement assessment process.

*For further assistance, please see the 'Expanded Instructions' document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

<b>Program-Level Outcome 1 (from question #19)</b>	Type outcome here. What do you want students to think, know, or do when they have completed the course?
Assessment Measure	Please include direct and indirect assessment measure for outcome.
Assessment Timetable	What semesters, and how often, is the outcome assessed?
Who is responsible for assessing and reporting on the results?	Who (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans?

*(Repeat if this new course will support additional program-level outcomes)*

### Course-Level Outcomes

**21.** What are the course-level outcomes for students enrolled in this course and the associated assessment measures?

<b>Outcome 1</b>	Type outcome here. What do you want students to think, know, or do when they have completed the course?
Which learning activities are responsible for this outcome?	List learning activities.
Assessment Measure	What will be your assessment measure for this outcome?

*(Repeat if needed for additional outcomes)*

## Bulletin Changes

### Instructions

Please visit <http://www.astate.edu/a/registrar/students/bulletins/index.dot> and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Please include a before (with changed areas highlighted) and after of all affected sections.

\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.

Before: [https://catalog.astate.edu/preview\\_program.php?catoid=3&poid=691&returnto=77](https://catalog.astate.edu/preview_program.php?catoid=3&poid=691&returnto=77)

NSP 4654 6424

Practicum IV

Sem. Hrs: 4

Supervised practice in acute care, long-term care, and outpatient healthcare facilities providing experiences in the application of medical nutrition therapy and the nutrition care process. Fall

Prerequisites: Admission to the Dietetics Program, NS 4453 and NSP 4433, NSP 6323

After: The master's program is not yet listed in the bulletin.

NSP 6424 Practicum IV

Sem. Hrs: 4

Supervised practice in acute care, long-term care, and outpatient healthcare facilities providing experiences in the application of medical nutrition therapy and the nutrition care process.

Prerequisite: NSP 6323