

UNIVERSITY OF HAWAII  
 CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

REQUESTOR CONTACT INFORMATION	
Date: 4/24/15	Effective term of request (Semester-Year): Spring 2011
Name: Debie Amby	Title: Banner/Curriculum Specialist
Campus: UH Maui College	Office/Department: Academic Affairs
Phone: 808-984-3378	Email: debie@hawaii.edu

1. PROGRAM CODE, MAJOR CODE, CONCENTRATION CODE		Banner forms: SMAPRLE, SOACURR, STVMAJR	
Institution: UH Maui College (MAU)	<input checked="" type="checkbox"/> College: Instructional (IN)	Department: Nursing (NURS)	
<input checked="" type="checkbox"/> New program code	<input type="checkbox"/> Change/replace existing program code:		
Level: <input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> First-Professional	<input type="checkbox"/> Post-Baccalaureate
		<input type="checkbox"/> Other:	
Degree:		Certificate: CC Certificate of Completion	<input type="checkbox"/>
If requesting an existing Major code and/or Concentration code in Banner:			
Existing Major: NURS Nursing	Description	Existing Concentration: Code	Description
If requesting a new <input type="checkbox"/> Major code or <input checked="" type="checkbox"/> Concentration code that does not exist in Banner:			
New Code [4 char/space limit]: TAA2	Description [30 char/space limit]: Therapeutic Activity Aide II		
If a similar major/concentration code exists in Banner, please list the code: CO-NURS-TAA (Therapeutic Activity Aide I) - UHMC			
Is this major/concentration code being used the same way at other UH campuses?			
Is 50% or greater of the classes in this program offered at a location other than the Home Campus?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(Please consult your Financial Aid Officer on Program Participation Agreement Impact)			
Is this program/major/certificate financial aid eligible?			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	(Financial Aid Officer consultation required for all new program codes)
Should this program be available for applicants to select as their planned course of study on the online application?			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	(If yes, students may select the code as their only program of study.)

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**Replacing or eliminating an existing program code:**

If replacing an existing program code, are current students "grandfathered" under the old code?  Yes  No

Should the old program code be available for use in Banner?  Yes  No

Will the old program code be available for:

	Yes	No	Ending Term (Semester-Year)
Banner Module	<input type="checkbox"/>	<input type="checkbox"/>	_____
Online Application	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recruitment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Admissions	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Student	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic History	<input type="checkbox"/>	<input type="checkbox"/>	_____

**2. CERTIFICATES ONLY:**

Does this certificate qualify as a Gainful Employment Program (Title IV-eligible certificate program)?  Yes  No  
 (Please consult your Financial Aid Officer or see: <http://www.ifap.ed.gov/GainfulEmploymentInfo/index.html>)

For new certificates approved by the Chancellor, the related BOR authorized academic program is: Nursing (NURS)

3. NEW/CAMPUS, COLLEGE, DIVISION, OR DEPARTMENT CODE		Banner forms: STVCAMP, STVCOLL, STVDIVS, STVDEPT
Campus code [3 char]:		Campus description [30 char/space limit]:
College code [2 char]:		College description [30 char/space limit]:
Division code [4 char/space limit]:		Division description [30 char/space limit]:
Department code [4 char/space limit]:		Department description [30 char/space limit]:

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<b>4. NEW COURSE SUBJECT CODE (Subject Alpha)</b>		<b>Banner form: STVSUBJ</b>
College:	Department:	
Subject code [4 char/space limit]:	Subject description [30 char/space limit]:	

<b>5. NEW MINOR (Minor codes are listed on the Major code table)</b>		<b>Banner form: STVMJR</b>
Minor Code [4 char/space limit]:	Minor Description [30 char/space limit]:	

Please briefly describe your request and explain why you are requesting the code(s):  
 The Certificate of Completion in Therapeutic Activity Aide II was proposed for Spring 2011, but was not requested in a timely manner.  
 The program length is one year and the Special Program Designation Code is N.

<b>SUPPORTING DOCUMENTATION</b>
<p>Please see the <b>Code Request Guide</b> for the required supporting documents to be submitted. Documents submitted with this form:</p> <p><input type="checkbox"/> Board of Regents meeting minutes and supporting documents provided to the BOR</p> <p><input type="checkbox"/> Memo from UH President</p> <p><input type="checkbox"/> Memo from Chancellor</p> <p><input type="checkbox"/> Curriculum (required for requests for new programs/majors/minors/certificates)</p> <p><input type="checkbox"/> Gainful Employment Program notification to the US Department of Education</p> <p><input type="checkbox"/> Other: _____</p>

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**CAMPUS VERIFICATION**

Requestor Signature *Dawn Embury* Date 5/6/15

Registrar (if different from Requestor) \_\_\_\_\_ Date MAY 7 2015

CATHERINE BTD \_\_\_\_\_  
 Print name Signature Date

Email/memo in lieu of Registrar's signature may be attached

Financial Aid Officer (Financial Aid Officer consultation required for all new program codes)  
Katharina Miller \_\_\_\_\_  
 Print name Signature Date 5-6-15

Signature Date

Email/memo in lieu of Financial Aid Officer's signature may be attached

For Community Colleges, verification of consultation with OVPC Academic Affairs:  
Suzette Robinson \_\_\_\_\_  
 Print name Signature Date 5/28/15

Signature Date

Email/memo in lieu of signature may be attached

**Send completed form and supporting documentation to:**

Institutional Research and Analysis Office (IRAO)  
 1633 Bachman Place Email: [iro-mail@lists.hawaii.edu](mailto:iro-mail@lists.hawaii.edu)  
 Sinclair Annex 2, Room 4 Fax: 808-956-9870  
 Honolulu, HI 96822 Phone: 808-956-7532

After all required forms and supporting documents have been submitted, please allow at least two weeks for processing by IRAO and Banner Central.

FOR INTERNAL USE ONLY	
Program code [12]:	Date form/docs received:
CIP code [6]:	Program Description [30]:
	CIP description [30]:

May 8, 2015

MEMORANDUM

TO: Dr. Risa Dickson

Executive Vice President for Academic Affairs

FROM: Dr. Lui Hokana

Chancellor, UH Maui College

SUBJECT: Program Action at UH Maui College

I have approved the following program actions so that the necessary program codes can be established in Banner.

If you have any questions or concerns, please let me know. Thank you for your assistance.

NEW

Associate of Applied Science - Business Technology - Medical Assistant II (AAS-BTEC-MA2)

Certificate of Competence - Aging (CO-HSER-IAGE)

Certificate of Competence - Virtual Office Assistant (CO-BTEC-VOA)

Certificate of Competence - Therapeutic Activity Aide II (CO-NURS-TAA2)

Academic Subject Certificate - Hawaiian Music (ASC-HMUS)

Certificate of Competence - Community Health Worker (CO-HSER-CHWN)

Certificate of Completion - Therapeutic Activity Aide II (CC-NURS-TAA2)

(create and later replace with CO-NURS-TAA2)

Certificate of Completion - Community Health Worker (CC-HSER-CHWN)

(create and later replace with CO-HSER-CHWN)

DELETE

Associate of Applied Science - Business Technology - Medical Office

Associate of Applied Science - Business Technology - Health Unit Coordinator

Associate of Applied Science - Business Technology - Legal Office

CC: Pearl Ibooshi, Director of IRAO

Suzette Robinson, UHCC Director of Academic Programs



2002-2003  
Mettie Foundation  
Best-Practice College  
Award Recipient



2008  
Bellwether  
Award Recipient



2009  
Presidents'  
Higher  
Education  
Community  
Service  
Honor Roll

310 W. Kaahumanu Avenue  
Kahului, HI 96732-1617  
Telephone: 808 984-3655  
Fax: 808 984-3546  
Website: www.maui.hawaii.edu  
An Equal Opportunity/Affirmative  
Action Institution



Curriculum proposal number 2009.64

**Curriculum Proposal Cover Sheet - Program/Degree/Certificate**  
*Routing procedure -- official signatures are on the CAR Signature Page*

Program name: Therapeutic Activity Aide II  
Proposal type:  addition

modification Credential type: Click "choose" for list of credential: Choose

Credential name: Certificate of Completion

Author(s): Donna Haytko-Paoa and Caryl Hitchcock, PhD  
ext: 553-4490 ext 22 email: [dhp@hawaii.edu](mailto:dhp@hawaii.edu)

Consulted with: Nancy Johnson and Kapiolani CC - Allied Health; Kathy Ratliffe, PhD, PT, UH ; and Randy

Weirather, PhD, UH Speech/Language Pathology Program

Date of Activity

03/05/10 CAR form, CAR signature page, and program map completed by Author; CAR signature page signed.

CAR and program map checked by Curriculum Representative; signature page signed.

CAR and program map discussed by Department by Department Chair.

Original cover sheet, CAR, signature page, and program map delivered to Curriculum Chair by deadline.

Electronic copy of the above documents emailed as attachments to Curriculum Chair by deadline.

NOTE: When modifying an existing credential, the program map (i.e., copy of current catalog map with hand-written changes) is not emailed.

Passed by Curriculum Committee; signature page signed by Curriculum Chair; Senate Chair notified.

Approved by Academic Senate; signature page signed by Academic Senate Chair.

Forwarded to and received by Chief Academic Officer.

Reviewed by Chief Academic Officer; signature page signed.

Forwarded to and received by Chancellor.

Approved by Chancellor; signature page signed.

UH President/Board, as appropriate, notified/requested approval for program, degree/certificate, program name change, or other curriculum action.

Original signed cover sheet, CAR, signature page, and program map returned to Curriculum Chair.

*Distribution, Posting, and Follow-up*

Copy of CAR and program map forwarded for Banner input.

Copy of approved proposal sent to Author for files.

CAR and approval date published on Curriculum Committee website.

Notice of final approval emailed to college.

Catalog input completed.

Signed original cover sheet, CAR, signature page, and program map filed in Chief Academic Officer's

master curriculum binder.

Copy of the above documents filed in Chief Academic Officer master curriculum cabinet.

Revised 9/8/07

Curriculum proposal number 2009.64

**Maui Community College  
Curriculum Action Request (CAR) Form  
Program/Degree/Certificate**

For Banner use:	_____
Req:	_____
Alpha	_____
Program name	_____
Program code	_____
Concentration	_____
Major code	_____

4. Program proposal  New program (attach program proposal and program map)  Change of name to existing program

Existing program Title: \_\_\_\_\_  
Proposed program Title: \_\_\_\_\_

5. Credential (degree or certificate) proposal  New credential added to existing program  Modification to existing credential

Type of credential: Degree:  AA  AS  AAS  Other, specify: \_\_\_\_\_  
Certificate:  CA  CC  CO  ACS

Existing credential: Title: \_\_\_\_\_  
Proposed credential: Title: Therapeutic Activity Aide II  
Credits: 20  
Credits: 20

If modification, describe change:  
 Change in credential name  
 Change in course requirement(s); specify:  
 Change in prerequisite(s) for credential; specify:  
 Other; specify: \_\_\_\_\_

Program map must be attached. (For modifications, write changes on copy of current catalog map.)

6. Reason for this curriculum action:  
New classes to support the Therapeutic Activity Aide II Certificate of Completion to meet critical health needs in rural communities. This program is part of a federal grant that was awarded to Molokai Community Rural Health Association in the form of a USDA (RBEFG grant) to develop capacity for long term care. Molokai Rural Development Project and Maui CC are partners.

7. Proposed term of first offering: Spring semester of 2011 year.

8. Special fees required:  no  yes, explain: Malpractice fee

9. Special resources (personnel, supplies, etc.) required:  no  yes, explain: Lecture/lab setting for practicum

10. Special scheduling considerations:  no  yes, explain:

11. Which program SLOs does this certificate support? (list all that apply and explain, if necessary):  
 Program SLO 1: Explain:  
 Program SLO 2: Explain:  
 Program SLO 3: Explain:

12. Current MCC Catalog needs revision on page(s): 22, 30

13. Additional Information: This Certificate of Completion (CC) in Therapeutic Activity Aide II (20 credits) includes the three courses in the Therapeutic Activity Aide I: HLTH 118 (3 credits), HLTH 119 (2 Credits), and EITHER PSY 240 or FAMR 230 (3 credits) as well as the following courses:

- HLTH 122 Introduction to Physical Therapy Support Skills (3 credits)
- HLTH 123 Practicum in Physical Therapy Support Skills (2 credits)
- HLTH 125 Medical Terminology (1 credit)
- HLTH 126 Introduction to Speech/Language Pathology Support Skills (3 credits)
- HLTH 127 Practicum in Speech/Language Pathology Support Skills (2 credits)
- HLTH 128 Capstone for Therapeutic Activity Aide II (1 credit)

The certificate program strengthens students marketability in senior care and is appropriate for those working in Care Homes, Foster Homes, Assisted Living Facilities, Nursing Homes, Adult Day Care Centers and other senior programs serving groups of seniors.



## Certificate of Completion – Therapeutic Activity Aide II

*This certificate of completion is designed as an introductory program for people who wish to work in community-based care. It will provide basic instruction in supervised activities in the fields of occupational, physical, and speech therapy. This certificate program is developed to meet the needs of rural communities and to create an entry level position to encourage future careers. Prepares students to work as aides under the supervision of licensed professionals in community care. Grade C or better is required in all courses for a certificate or degree from the Allied Health program, unless stipulated otherwise.*

*for page 28 of 2009-10 catalog*

Class	Course Number	Credit	Subject/Course Title
<b>Semester 1</b>			
1	FAMR 230 or PSY 240	3	Human Development or Developmental Psychology
2	HLTH 118	3	Therapeutic Interpersonal Skills (KCC-HLTH 118)
3	HLTH 119	2	Therapeutic Activities (KCC-OTA 119)
<b>Students successfully completing the above classes will be eligible for the Therapeutic Activity Aide I Certificate of Competence</b>			
<b>Semester 2</b>			
4	HLTH 122	3	Intro to Physical Therapy Support Skills
5	HLTH 123	2	Practicum in Physical Therapy Support Skills
6	HLTH 125	1	Survey of Medical Terminology
<b>Semester 3</b>			
7	HLTH 126	3	Intro to Speech/Language Pathology Support Skills
8	HLTH 127	2	Practicum in Speech/Language Pathology Support Skills
9	HLTH 128	1	Capstone for Therapeutic Activity Aide II

**Timeline: Spring 2010**

- Therapeutic Activity Aide I = Semester 1 (8 credit Certificate of Competence approved by senate 9/09)
- Therapeutic Activity Aide II = Semesters 1, 2, & 3 (20 credit Certificate of Completion program)

Spring 2010		Fall 2010		Spring 2011	
FAMR 230 or PSY 240	3 credits	HLTH 122	3	HLTH 126	3
HLTH 118	3 credits	HLTH 123	2	HLTH 127	2
HLTH 119	2 credits	HLTH 125	1	HLTH 128	1
Total credits	8		6		6

**Assessment of Intended Student Learning Outcomes Standards**

**Key:**

**3 = Major Emphasis:** The student is actively involved (uses, reinforces, applies, and evaluated) in the student learning outcomes..

The learner outcome is the focus of the class

**2 = Moderate Emphasis:** The student uses, reinforces, applies and is evaluated by this learner outcome.

but it is not the focus of the class

**1 = Minor Emphasis:** The student is provided an opportunity to use, reinforce, and apply this learner outcome,

but does not get evaluated on this learner outcome

**0 = No Emphasis:** The student does not address this learner outcome

	COURSE ALPHA NUMBER											
	HLTH 118	HLTH 119	FAMR 230	PSY 240	HLTH 122	HLTH 123	HLTH 125	HLTH 126	HLTH 127	HLTH 128		
<b>Therapeutic Activity Aide II (CC)</b>												
<b>Standard 1 - Written Communication</b>												
Write effectively to convey ideas that meet the needs of specific audiences and purposes												
<b>Outcome 1.1 - Use writing to discover and articulate ideas.</b>	2	1	2	2	2	1	2	2	1	2		2
<b>Outcome 1.2 - Identify and analyze the audience and purpose for any intended communication.</b>	1	0	1	1	1	1	2	2	2	2		2
<b>Outcome 1.3 - Choose language, style, and organization appropriate to particular purposes and audiences.</b>	1	0	1	1	1	1	1	2	1			2
<b>Outcome 1.4 - Gather information and document sources appropriately.</b>	2	2	2	2	2	2	1	2	2			2
<b>Outcome 1.5 - Express a main idea as a thesis, hypothesis, or other appropriate statement.</b>	2	1	2	2	2	1	0	2	1			2

<b>Outcome 1.6</b> - Develop a main idea clearly and concisely with appropriate content.	1	1	1	2	1	1	1	0	1	1	1	1
<b>Outcome 1.7</b> - Demonstrate a mastery of the conventions of writing, including grammar, spelling, and mechanics.	2	1	2	2	2	2	1	1	2	1	1	2
<b>Outcome 1.8</b> - Demonstrate proficiency in revision and editing.	1	0	1	2	2	1	1	0	1	1	1	1
<b>Outcome 1.9</b> - Develop a personal voice in written communication.	1	0	1	2	2	1	0	0	1	1	1	2
<b>Standard 2 - Quantitative Reasoning</b>												
Synthesize and articulate information using appropriate mathematical methods to solve problems of quantitative reasoning accurately and appropriately.												
<b>Outcome 2.1</b> - Apply numeric, graphic, and symbolic skills and other forms of quantitative reasoning accurately and appropriately.	1	0	1	0	1	1	1	1	1	1	1	1
<b>Outcome 2.2</b> - Demonstrate mastery of mathematical concepts, skills, and applications, using technology when appropriate.	0	0	0	0	0	0	0	0	0	0	0	0
<b>Outcome 2.3</b> - Communicate clearly and concisely the methods and results of quantitative problem solving.	1	1	0	1	1	1	1	0	1	1	1	1

<b>Outcome 2.4 - Formulate and test hypotheses using numerical experimentation.</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Outcome 2.5 - Define quantitative issues and problems, gather relevant information, analyze that information, and present results.</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Outcome 2.6 - Assess the validity of statistical conclusions.</b>	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1
<b>Standard 3 - Information Retrieval and Technology</b>																			
<b>Access, evaluate, and utilize information effectively, ethically, and responsibly.</b>																			
<b>Outcome 3.1 - Use print and electronic information technology ethically and responsibly.</b>	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>Outcome 3.2 - Demonstrate knowledge of basic vocabulary, concepts, and operations of information retrieval and technology.</b>	1	1	0	1	1	1	1	2	1	2	1	1	1	1	1	1	1	1	1
<b>Outcome 3.3 - Recognize, identify, and define an information need.</b>	1	2	1	1	1	1	2	1	1	1	1	1	1	2	2	2	2	2	2
<b>Outcome 3.4 - Access and retrieve information through print and electronic media, evaluating the accuracy and authenticity of that information.</b>	2	2	1	2	2	2	2	2	2	1	2	2	2	2	2	2	2	2	2
<b>Outcome 3.5 - Create, manage, organize, and communicate information through electronic media.</b>	0	0	0	0	0	1	1	1	0	1	1	0	1	1	1	1	1	1	1





<b>Outcome 5.8 - Communicate clearly and concisely the methods and results of logical reasoning.</b>	2	1	1	1	1	2	1	0	2	1	2
<b>Outcome 5.9 - Reflect upon and evaluate their thought processes, value system, and world views in comparison to those of others.</b>	2	2	2	2	2	2	2	0	2	2	2
<b>Standard 6 - Creativity</b>											
<b>Able to express originality through a variety of forms.</b>											
<b>Outcome 6.1: Generate responses to problems and challenges through intuition and non-linear thinking.</b>	1	1	2	2	2	1	1	0	1	1	1
<b>Outcome 6.2: Explore diverse approaches to solving a problem or addressing a challenge.</b>	2	2	3	2	2	2	2	0	2	2	2
<b>Outcome 6.3: Sustain engagement in activities without a preconceived purpose.</b>	1	1	2	2	1	1	1	0	1	1	1
<b>Outcome 6.4: Apply creative principles to discover and express new ideas.</b>	2	2	1	1	1	1	1	0	1	1	1
<b>Outcome 6.5: Demonstrate the ability to trust and follow one's instincts in the absence of external direction</b>	1	1	1	1	1	1	1	0	1	1	1
<b>Outcome 6.6: Build upon or adapt the ideas of others to create novel expressions or new solutions.</b>	2	2	2	2	2	2	2	0	2	2	2



Maui Community College  
Curriculum Action Request (CAR) Signature Page

Proposed by: Annunzio-Rosa Program Coordinator  
Date: 3/5/10

Checked by: M Ward Academic Subject Area Representative to Curriculum Committee  
Date: 3/12/10

Requested by Nancy Harris Department Chair  
Date: 3/12/10

Recommended by: [Signature] Curriculum Chair  
Date: 3/2/10

Approved by Charles Kesterson Academic Senate Chair  
Date: 3/12/10

Endorsed by: [Signature] Chief Academic Officer  
Date: 4/12/10

Approved by: [Signature] Chancellor  
Date: 7/24/10