

~~NEW DEPT~~

IRAO OFFICE USE ONLY	
Received	5/18/17
In Banner	
MTVCOMP/Codeset	
Master Curriculum	
CIP Code	
Program Code	
Program Description	

University of Hawai'i  
Code Request Form for Academic Programs for

**NEW OR MODIFY PROGRAM CODE**

**Reset Form**

**New Program Code**       **Modify Program Code**      Date: 04/18/2017

**REQUESTOR CONTACT INFORMATION**

Name Kathlen Lee      Campus Kauai CC  
 Title Educational Specialist      Email kathlen@hawaii.edu  
 Office/Dept Academic Affairs      Phone 808-245-8204

**NEW PROGRAM CODE TO CREATE**

Institution KAU - Kauai CC      Campus KAU - Kauai CC  
 Level UG - Undergraduate      Effective Term Summer 2017

	Code (Max. Characters)	Description	Check if requesting new code:
College	(2) <u>IN</u>	<u>Instructional</u>	<input type="checkbox"/> See Banner form STV_COLL
Department	(4) <u>HED</u>	<u>Health Education</u>	<input type="checkbox"/> See Banner form STV_DEPT
Degree/Certificate	(6) <u>CO</u>	<u>Certificate of Competence</u>	<input type="checkbox"/> See Banner form STV_DEGC
Major	(4) <u>CHW</u>	<u>Community Health Worker</u>	<input type="checkbox"/> See Banner form STV_MAJR
Concentration	(4) <del>CHW</del>	<del>Community Health Worker</del>	<input type="checkbox"/> See Banner form STV_MAJR
Minor	(4) _____	_____	<input type="checkbox"/> See Banner form STV_MAJR

If a similar major/concentration code exists in Banner, please list the code: \_\_\_\_\_

Justification to warrant a new major/concentration code similar to an existing major/concentration code: \_\_\_\_\_

Is this major/concentration code being used the same way at the other UH campuses?       Yes       No  
 Should this program be available for applicants to select as their planned course of study on the online application? *If yes, student may select the code as their only program of study.*       Yes       No

**RULES PERTAINING TO FINANCIAL AID AND 150% DIRECT SUBSIDIZED LOAN LIMIT LEGISLATION**

Is 50% or greater of the classes in this program offered at a location other than the Home Campus?       Yes       No  
 Is this program/major/certificate financial aid eligible?       Yes       No  
 Does this certificate qualify as a Gainful Employment Program (Title IV-eligible certificate program)?       Yes       No

See <http://www.ifap.ed.gov/GainfulEmploymentInfo/index.html>

Program Length  
*In academic years; decimals are acceptable. The length of the program should match what is published by the campus in any online and/or written publication.*      1.25 years      37.5W

Special Program Designations       A       B       N       P       T       U  
 See Special Program Designations Code Definitions on IRAO Program Code Request webpage

Required Terms of Enrollment:       Fall       Spring       Summer       Extended

ADDITIONAL COMMENTS

Requesting to add a new program: Certificate of Competence for Community Health Worker. Due to grant funding, the first cohort of students must graduate by Spring 2018. As a result, the first semester will be offered this summer to allow students time to complete all courses required for this certificate by Spring 2018.

ATTACHMENTS

**BOR Approved:** Associate, Bachelor and Graduate Degrees, and sole credential certificates

BOR Meeting Minutes & Supporting Documents  Curriculum

**Chancellor Approved:** Certificates related to authorized BOR program & Associate in Technical Studies (ATS) Degree

Memo from Chancellor to notify VPAA about new program  Curriculum

For new certificates approved by the Chancellor, the related BOR authorized academic program is:  
In accordance with UHCCP #5.203, section IV.B.10.

VERIFICATIONS

*By signing below, I verify that I have reviewed and confirm the above information that is pertinent to my position.*

**Registrar:**

Kailana Soto

Print Name



Signature

4/24/17

Date

**Financial Aid Officer:**

Jeff Anderson

Print Name



Signature

4/19/17

Date

**For Community Colleges, verification of consultation with OVPCC Academic Affairs:**

Suzette Robinson

Print Name



Signature

5/5/17

Date



UNIVERSITY of HAWAII  
**KAUA'I**  
COMMUNITY COLLEGE

OFFICE OF THE CHANCELLOR

April 18, 2017

**MEMORANDUM**

TO: Risa E. Dickson  
Vice President for Academic Planning and Policy

VIA: James R. Dire *Jim R. Dire*  
Vice Chancellor for Academic Affairs

FROM: Helen A. Cox *Helen A. Cox*  
Chancellor

SUBJECT: Curriculum Approval

I have approved the following on 4/11/2017 effective Summer 2017.

New  
*Community Health Worker*  
Certificate of Competence (C.O.)

kl

Enclosure

c Division Chairs



**Kaua'i Community College  
University of Hawai'i  
Program Action Request**

VCAA Office Use Only	
Effective <del>Fall</del> <i>SUM</i> 2017	
Date Approved	<u>4/17</u>
Replaces	<u>NEW</u>

1. **Type of Program Action:**       New

<b>PROPOSED</b>	<b>Community Health Worker CO</b>
<b>Summer Semester 1</b>	
CHW 101 (pending approval)	3
<b>Fall Semester 2</b>	
CHW 130 (pending approval)	3
CHW 135 (pending approval)	3
<b>Spring Semester 3</b>	
CHW 140 (pending approval)	3
CHW 145 (pending approval)	3
<b>Total Credits</b>	<b>15</b>

2. **Program Type:**

- |   |   |
|---|---|
| <input type="checkbox"/> Associate in Applied Science (AAS)<br><input type="checkbox"/> Associate in Arts (AA)<br><input type="checkbox"/> Associate in Arts–Concentration<br><input type="checkbox"/> Associate in Science (AS)<br><input type="checkbox"/> Associate in Science Natural Sciences–Concentration (ASNS) | <input type="checkbox"/> Certificate of Achievement (CA)<br><input checked="" type="checkbox"/> Certificate of Competence (CO)<br><input type="checkbox"/> Academic Subject Certificate (ASC) |
|---|---|

3. **Program Title:** Community Health Worker

4. **Program Description (for catalog):**

The Community Health Worker (CHW) Certificate of Competence prepares individuals to work in health and community service settings providing culturally appropriate health promotion and outreach services, mediating between communities and health and human service systems, assuring access to healthcare, and building individual and community capacity.

**Program Admission Requirements:**

High school diploma or equivalent.

**To meet graduation requirements, all programs require a cumulative GPA of 2.0 or higher for all courses applicable toward the certificate or degree. Include any additional graduation requirements:**

None.

5. **List Program Student Learning Outcomes** that were approved by the Assessment Committee on 1/25/2017.

1. Describe the roles and functions of community health workers in Hawaii and within the broader context of public health practice.
2. Demonstrate the attitudes, skills and knowledge of best practice strategies across a variety of populations in diverse human service settings.
3. Identify vulnerable populations and the social conditions that contribute to their vulnerability and suggest advocacy strategies to help alleviate those conditions.
4. Integrate the roles of CHWs into case management phases demonstrating engagement, assessment and documentation/communication of the special needs and characteristics of unique individuals and communities.

6. **Proposed Date of First Offering:** Summer 2017

7. **Is this program offered at another UH campus?**  Yes  No  
If Yes, specify campus. If No, why is this program offered at KCC:

Kapi'olani CC, UH Maui College.

8. **Reason for this Program Action:**

Under the Department of Labor, the TAACCCT IV Grant has established a need for the professional development and training of CHWs. In order to meet the demands for employment and projected growth of the profession, the CHW program has been developed as community colleges statewide. The CHW curriculum will provide training culminating in a certificate of competence upon completion of the five-course curriculum.

9. **Board of Regents Approval Needed:**  Yes  No

10. **Indicate the number of semesters required to complete each certificate and degree.**

Certificate/Degree	Number of Semesters
Certificate of Competence	3

11. **Program Course Sequencing:** Complete one for each certificate/degree if sequencing is not provided with question #1.

PROGRAM ACTION REQUEST APPROVAL

PROGRAM: Community Health Worker Certificate of Competence

Effective date: Summer 2017

PSLOs Approved by: Mary C. Summers 2/16/17  
Assessment Committee Chairperson Date

Proposed by: [Signature] 2/16/17  
Originator Date

Requested by: [Signature] 2/17/17  
Department/Division Chairperson Date

Approved by: [Signature] 3/17/17  
Curriculum Committee Chairperson Date

[Signature] 4/4/17  
Vice Chancellor for Academic Affairs Date

[Signature] 4/10/17  
Chancellor Date