University of Hawai'i Code Request Form

Print Form

CRF 325

Page 1 of 2

12/11/09

University of Hawai'i Code Request Form

| 12/11/09 | Page 2 of 2 | | | CRF 325 |
|---|---|--|---|---|
| Code processing completion date: Copies sent to: | Copies | | RLE/SOACURR: AJR: UBJ: | Entered into SMAPRLE/SOACURR: Entered into STVMAJR: Entered into STVSUBJ: Other: |
| NOTES: | □NO | ived: DYES | nentation Receive | Appropriate Documentation Received: Approval Status: Major code: Concentr. code: Program code: Subject code: TYES GYES GYES GYES GYES GYES GYES GYES G |
| | nd completed form with supporting documentation to: Institutional Research Office ● 1635 Bachman Place ● Sinclair Annex 2, Room 4 ● Honolulu, HI 98822 Fax: 808-956-9870 Pnone: 808-956-7532 | g documentation to: Bachman Place ● Sinclair P 10ne: 808-956-7532 | rm with supportin arch Office ● 1635 70 | Send completed form with supporting documentation to: institutional Research Office • 1635 Bachman Place • Si Fax: 808-956-9870 |
| 10-26-11 Date | Signature | Jon J. Consh. | Joni OnIshi Name of Requestor (print or type) | Joni Onlshi Name of Reque |
| | CAMPUS VERIFICATION The appropriate parties (faculty, administrators, registrar) have been consulted. | administrators, re | IFICATION Parties (faculty, | IV. CAMPUS VERIFICATION The appropriate parties (faculty, administrators, re- |
| lion provided to BOR | BOR minutes from | ncellor resident to the Guide to A | ☐ BOR minutes from | BOR m Memo f Signed None re |
| d Approval et: | See Guide to Academic Program Actions en 121006.pdf | ON COMMENTAL PORTING TO A COMMENT OF THE PORTING TO A COMM | SUPPORTING DOCUMENTATION Please attach the required supporting documentation. http://www.hawaii.edu/vpaa/cms/guide to acad proq | III. SUPPORTING DOCUMENTATION Please attach the required supporting http://www.hawaii.edu/vpaa/cms/quide |
| 'Assistant' better reflects the preparation provided by and general students completing the program could fill, it is too specific as students but not limited to administrative, clerical, and clinical. | Please briefly describe your request and explain why you are requesting the codes: Assistant" better reflects the preparation provided to outcome resulting from completion of the program. While "receptionist" would be a position students completing the program could fill, it is too would also be prepared for other positions within a medical office involving duties related, but not limited to administrative, clerical, and clinical. | and explain why of the program, | ribe your request g from completion | Please briefly desc outcome resultin would also be pr |
| | | | | U OTHER: |



To:

Noreen Yamane, Chancellor

Via:

Joni Onishi, Interim Vice Chance for Academic Affairs

From:

James Yoshida, Interim Dean for Career and Technical Education

Subject:

Program Title Change Request

Date:

August 3, 2011

Specific Action Requested:

The Nursing and Allied Health Division requests your approval to change the title of the Medical Office Receptionist Program (Certificate of Completion) to Medical Office Assistant.

Additional Cost:

No additional costs are incurred by this action.

Recommended Effective Date: Fall 2011

Background Information:

In accordance with UH BOR Policy 5-1 g (1), the Chancellor's approval is required to change the program title with no substantive change in the curriculum.

"Assistant" better reflects the preparation provided by and general outcome resulting from completion of the program. While "receptionist" would be a position students completing the program could fill, it is too specific as students would also be prepared for other positions within a medical office involving duties related, but not limited to administrative, clerical and clinical.

Noreen Yamane Page 2 August 3, 2011

Action Recommended:

Approval to change the Medical Office Receptionist program title to: Medical Office Assistant

Approved / Not Approved

Noreen Yamane, Chancellor

AUG 1 0 2010

Date

c: Linda Johnsrud, Vice President for Academic Planning and Policy John Morton, Vice President for Community Colleges Peter Quigley, Associate Vice President for Academic Affairs, Community Colleges Elizabeth Ojala, Director/Division Chair, Nursing and Allied Health Joyce Hamasaki, Associate Professor, Nursing and Allied Health

FAX

| To: | | From: | Glenn-Dee Kuwaye |
|----------------|-----------------------|------------------------------------|--|
| Fax: | 808-956-9870 | Pages: | 5 including cover page |
| Phone: | 808-956-7532 | Dates | 10.27.2011 |
| Re: | Code request form | CC: | |
| Urgent | x For Review | Please Comment | Please Recycle Please Recycle |
| Comments: | | | |
| Plcase contact | Glenn Dcc at 808-934- | 2518 regarding any questions regar | rding this form or when the request is |