# UNIVERSITY OF HAWAI'I CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

REQUESTOR CONTACT INFORMATION		i i i i i i i i i i i i i i i i i i i			
Date: 14 May 2012		Effective term of request (Semester-Year): Fall 2008 (200910)			
Name: Louise Pagotto  Campus: Kapi'olani		Title: Vice-Chancel	Title: Vice-Chancellor for Academic Affairs		
		Office/Department: Academic Affairs			
Phone: 808 734-9519		Email: pagotto@hawaii.edu			
1. PROGRAM CODE, MAJOR CODE, CONCENTRAT	ION CODE		Banner forms: SMAPRLE, SOACURR, STVMAJR		
Institution: Kapiolani CC (KAP)	College: Health Ed	ucation	Department: Health Sciences		
New program code Change/replace exis	ting program code:				
Level: Undergraduate Graduate	First-Professional	Post-Baccalaureate	Other:		
Degree:		Certificate: CO Cer	tificate of Competence		
If requesting an existing Major code and/or Cond	entration code in Ba	nner:			
Existing Major: OTA Occupational Thera		Existing Concentrati	On: Code Description		
If requesting a new Major code or Concent	ration code that doe	s not exist in Banner:			
New Code [4 char/space limit]: ACTA	Description [	30 char/space limit]: Activ	ity Aide		
If a similar major/concentration code exists in Bar	nner, please list the c	ode:			
Is this major/concentration code being used the s	ame way at other Uh	I campuses? no			
Is 50% or greater of the classes in this program of	fered at a location ot	her than the Home Car (Please consult your Fir	npus? Yes V No nancial Aid Officer on Program Participation Agreement impact)		
Is this program/major/certificate financial aid elig	ible? ✓ Yes	No (Financial Aid Of	ficer consultation required for all new program codes)		
Should this program be available for applicants to	select as their plann		he online application?		

# UNIVERSITY OF HAWAI'I CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

Replacing or eliminating an existing program code:				
If replacing an existing program code, are current students "grandfathered" under the old code?				
Should the old program code be available for use in Ba	anner?	☐ No		
Onlin Recr Adm Gene	ner Module ne Application uitment iissions eral Student demic History	Yes	No	Ending Term (Semester-Year)
2. CERTIFICATES ONLY:	· · · · · · · · · · · · · · · · · · ·			A CONTRACTOR OF THE STATE OF TH
Does this certificate qualify as a Gainful Employment Program (Title IV-eligible certificate program)? Yes Volume No (Please consult your Financial Aid Officer or see: <a href="http://www.ifap.ed.gov/GainfulEmploymentInfo/index.html">http://www.ifap.ed.gov/GainfulEmploymentInfo/index.html</a> )				
For new certificates approved by the Chancellor, the related BOR authorized academic program is:				
3. NEW CAMPUS, COLLEGE, DIVISION, OR DEPARTMENT CODE  Banner forms: STVCAMP, STVCOLL, STVDIVS, STVDEPT				
Campus code [3 char]:	Campus descri	ption [30 c	har/spac	e limit]:
College code [2 char]:	College descrip	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]:				

### UNIVERSITY OF HAWAI'I CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

CAMPUS VERIFICATION	"""一大学·特殊·埃兰·特别·埃兰·	the same of the sa
Requestor Signature	m Pag AP	ate 14 May 2012
Registrar (If different from Requestor)		
Jeri Lorenzo	Acremos)	14 May 2012
Print name Email/memo in lieu of Registrar's signature m	O Signature	Date
Financial Aid Officer (Financial Aid Off	icer consultation required for all new program codes)	
Jennifer Bradley	ILRE	14 May 2012
Print name	Signature	Date
Email/memo in lieu of Financial Aid Officer's s	gnature may be attached	C. Comp.
For Community Colleges, verificat	ion of consultation with OVPCC Academic	Affairs:
Print name	Signature	Date
Email/memo in lieu of signature may be attack	ned	

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

Institutional Research and Analysis Office (IRAO)

1633 Bachman Place Email: iro-mail@lists.hawaii.edu

Sinclair Annex 2, Room 4 Fax: 808-956-9870 Honolulu, HI 96822 Phone: 808-956-7532

After <u>all</u> 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	Date form/docs received:	
Program code [12]:	Program Description [30]:	
CIP code [6]:	CIP description [30]:	

1850C-47

(Date)

(Date)

#### KAPI'OLANI COMMUNITY COLLEGE University of Hawai'i PROGRAM ACTION REQUEST (Form: 2/22/02)

(Attach an Action Request Memorandum Stating the Justification for This Request; Submit One Request for Each Proposal)

- 1a. Type of Program Action Addition
- 2. Program Type CERTIFICATE OF COMPETENCE
- 3. Program Name and Program Description: ACTIVITY AIDE

(Dean of Curriculum Management)

(Chancellor)

The Certificate of Competence prepares students to use specific craft materials and procedures in activities adapted to the needs of the patient and to communicate effectively with residents of long-term care facilities. The certificate is aimed at expanding the capabilities of health care providers to take on additional responsibilities as activity aides employed in long-term care settings.

the department of notific care providers to take on addition	tional responsionities as ac	artify aldes employed in long-term care sear	1163.
4. Effective Term (semester/year): Fall / 2	2008		
	version of the KCC Ge	neral Catalog.:	
6. Is this program offered at another UH Campus? (ple			
If YES, specify campus, and program name. If NO, wh			t of the
first semester of the revised A.S. degree in Occupationa			
semester of the Occupational Therapy Assistant program			
in long-term care settings. Non-majors such as certified			
Certificate of Competence independently.			
7. Justification This Certificate of Competence is aim			
term care facilities such as nursing homes or adult			
in AY 2007-08, a community needs survey was con			
this area and the availability of positions in the lo	ng term care area. See at	tached ARM to Chancellor for additional	details.
Requested by: Carol Paul-Watanabe	Harlet Calanas	04/10/2008	
(Name)	Health Sciences (Department)	04/10/2008 (Date)	
	(Beparanent)	11/19/07	
Aaron Koseki ((Cepartment Chairperson)		(Date of Depaytment Vote)	
		4/20/201	
Approved by: (Curriculum Chairperson)		(Date)	
(Current Champerson) 34		5/5/08	
(Faculty Schate Chairperson)		(Date) ;	
(i dealty Dynate Chairperson)		$\leq 1.2 \log \sqrt{2}$	

### PROPOSED GRID FOR NEW CERTIFICATE OF COMPETENCE ACTIVITY AIDE

CERTIFICATE OF COMPETENCE ACTIVITY AIDE (5 CREDITS)		
Course	Title	Credits
HLTH 118	Therapeutic Interpersonal Skills	3
OTA 119	Therapeutic Activities Lecture/Laboratory	2
	TOTAL	5

The issuance of this certificate of competence requires that the students achieve a grade of "C" or higher in all the required courses.

### CERTIFICATE OF COMPETENCE REQUEST (Jan. 2004)

Name of Certificate: Certificate of Competence

Kapi'olani Community College (Attach a Memorandum Justifying this Proposal Tollow the CCCM #6004 Guidelines and the KCC Procedures and Guidelines)

Effective Date: Fall 2008

Type of Action: [2	X]NEW Certificate []MODIFY o	or [] DELETE Existing Certificate
Credential: Certifi	cate of Competence in Activity Aic	ie
Employment Obje	ctive:	
Employment as Act	ivity Aides in long-term care setting	<b>3</b> S.
Certificate of Com	petence Objective/Competencies:	See Attachment.
Certificate of Com	petence Requirements:	
OTA 119 HLTH 118	Therapeutic Activities Therapeutic Interpersonal Skills	2 cr 3 cr
Certificate of Comp	petence Justification:	
aides and allowing the inlong-term care set craft materials and procommunicate effection.  Certificate of Company No. Certificate of Company No. Certificate of Company No. Certificate of Company No. No. No. No. no.	competence is aimed at expanding them to take on additional responsibilitings. The courses in this certificate rocedures in activities adapted to the vely with patients in a culturally send to be the vely with patients in a culturally send to be the vely with patients in a culturally send to be the vely with patients in a culturally send to be the vely with patients in a culturally send to be the vely with patients in a culturally send to be the vely with patients in a culturally send to be the vely with patients in the current leads to be the vely with the vely with the current leads to be the vely with the vely	illities as activity aides employed e prepare them to use specific e needs of the patient and to asitive manner.  N) the proposed certificate. he student's job skills and  KCC General Catalog.
Approved by:  (Vice-Chancellor for	Program Coordinator)  Academic Services)	2-03-07 Date 12/28/5-7 Date
(Chancellor)	·	Date

#### 03 December 2007

#### MEMORANDUM

To: Leon Richards, Chancellor

Louise Pagotto War & A Interim Vice Chancellor for Academic Affairs Via:

From: Carol Paul-Watanabe

Acting Program Director, OTA

Re: Request for Approval of New Certificate of Competence

Certificate title: Activity Aide

#### Certificate of Competency Objectives/Competencies

Objectives of the certificate:

• Provide basic theory and practice in analyzing and fabricating selected therapeutic crafts and other activities for residents in long-term care facilities.

- Develop skills in grading and adapting crafts and other activities for residents with decreased functional abilities due to aging or disease.
- Provide guidelines for safe implementation of activities and patient handling.
- Provide self-awareness concepts for health care practitioners.
- Provide basic principles and practice in identifying and resolving moral or ethical dilemmas.
- Provide basic theory and practice in effective communication to establish rapport with residents in long-term care and their significant others.
- Develop stress management techniques to prevent burnout and to benefit health care workers.

#### Competencies of the certificate:

Upon satisfactory completion of this certificate, the student will be able to do the following:

- 1. Fabricate crafts most commonly utilized in Occupational Therapy treatment and activity programs
- 2. Provide therapeutic use of activities through grading, adapting and modifying the environment, tools, materials and occupations.
- 3. Use the teaching-learning process and effectively interact through written, oral and nonverbal communication with client.
- 4. Apply basic client management techniques to enhance mobility, including physical transfers, wheelchair management, and positioning.

- 5. Use sound judgment in regard to safety of self and others, and adhere to safety regulations.
- 6. Demonstrate proper maintenance and storage of various materials, equipment, tools and inventory of supplies.
- 7. Define self awareness and values and their effect on human behavior and helping.
- 8. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
- 9. Describe the effects of disability on the individual within the cultural context of family and society, as well as on occupational performance.
- 10. Describe how sociocultural, socioeconomic, diversity factors and lifestyle choices impact contemporary society.
- 11. Describe positive health behaviors and identify the importance of balancing areas of occupation with the achievement of health and wellness.
- 12. Identify effective communication techniques and application using characteristics of effective helping, cultural sensitivity and assertiveness.
- 13. Define professional burnout and identify stress management techniques to promote wellness.

#### Certificate of Competency Requirements:

The objectives will be satisfied by the completion of:

OTA 119 Therapeutic Activities 2 cr HLTH 118 Therapeutic Interpersonal Skills 3 cr

Total credits required for this certificate: 5 cr

The issuance of this certificate of competence requires that the students achieve a grade of C or higher in all required courses.

#### Certificate of Competence Justification:

Completion of this certificate will enable certified nurse aides employed in long-term care facilities to expand their skills and effectively fulfill the role of activity aide in long-term care facilities.

#### **MEMORANDUM**

To: Leon Richards, Chancellor

Via: Louise Pagotto. Interim Vice Chancellor Academic Affairs

From: Carol Paul-Watanabe

Re: Request for Approval of New Certificate of Competence

Certificate title: Activity Aide

#### Certificate of Competency Objectives/Competencies

Objectives of the certificate:

- Provide basic theory and practice in analyzing and fabricating selected therapeutic crafts and other activities for long-term care facilities.
- Provide concepts in grading and adapting crafts and other activities for residents with decreased functional abilities due to aging or disease.
- Provide guidelines for safe implementation of activities and patient handling.
- Provide self awareness concepts for health care practitioners.
- Provide basic principles and practice in identifying and resolving moral or ethical dilemmas.
- Provide basic theory and practice for effective communication to establish rapport with residents in long-term care and their significant others.
- Provide concepts of burnout and stress management techniques to benefit health care workers.

#### Competencies of the certificate:

Upon satisfactory completion of this certificate, the student will be able to do the following:

- 1. Define self awareness and values and their effect on human behavior and helping.
- 2. Discuss strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
- 3. Describe the effects of disability on the individual within the cultural context of family and society, as well as on occupational performance.
- 4. Describe how sociocultural, socioeconomic, diversity factors and lifestyle choices impact contemporary society.
- 5. Describe positive health behaviors and identify the importance of balancing areas of occupation with the achievement of health and wellness.
- 6. Give examples of effective communication techniques and application using characteristics of effective helping, cultural sensitivity and assertiveness.
- 7. Define professional burnout and identify stress management techniques to promote wellness.
- 8. Fabricate crafts most commonly utilized in Occupational Therapy treatment and activity programs

- 9. Demonstrate therapeutic use of activities through grading, adapting and modifying the environment, tools, materials and occupations.
- 10. Use the teaching-learning process and effectively interact through written, oral and nonverbal communication with client.
- 11. Demonstrate competency in basic client management techniques to enhance mobility, including physical transfers, wheelchair management, and positioning.
- 12. Use sound judgment in regard to safety of self and others, and adhere to safety regulations.
- 13. Demonstrate proper maintenance and storage of various materials, equipment, tools and inventory of supplies

#### **Certificate of Competency Requirements:**

The objectives will be satisfied by the completion of:

OTA 119 Therapeutic Activities 2 cr HLTH 118 Therapeutic Interpersonal Skills 3 cr.

Total credits required for this certificate: 5 cr.

The issuance of this certificate of competence requires that the students achieve a grade of C or higher in all required courses.

#### Certificate of Competence Justification:

Completion of this certificate will prepare students for entry level employment in activity departments in long-term care facilities. Completion of this certificate will also provide employment opportunities for certified nurse aides employed in long-term care by expanding their skills to effectively fulfill the role of activity aide in long-term care facilities.