



UNIVERSITY of HAWAII'S
KAUAI
COMMUNITY COLLEGE

Fax to: (808) 956-9870
Total pages = 4

January 14, 2010

TO: Institutional Research Office
FR: Leighton Orde, Admissions Officer & Registrar *Leighton Orde*
RE: New Program Code Request for CO-CHO

Attached find Kauai Community College's request.

CO-CHO Adult Residential Care Home Operator Program

Requested Kauai CC title: CO-CHO CO-Adult Care Home Op-Kauai

The CHO code existed previously as (23) students were awarded a CC-CHO degree between the period Spring 1987 to Fall 1990.

CC-CHO Adult Care Home Operator

Since there wasn't any activity on this code during the Banner migration in Summer 2002, the code was not rebuilt in Banner.

Should there be any questions or concerns, please let me know.

I may be reached at loride@hawaii.edu.

Thanks.

Maui CC title:	CO-CHO	CO-Care Home Operator-Mauui
Hawaii CC title:	CC-CHO	CC-Adult Care Home Op-Hawaii
Kapiolani CC title:	CO-CHO	CO-Care Home Operator-Kap

University of Hawai'i Code Request Form

I. REQUESTOR CONTACT INFORMATION	
Name: <u>Leighton Oride</u> Title: <u>Admissions Officer & Registrar</u> Phone Number: <u>(808) 245-8226</u> Email Address: <u>loride@hawaii.edu</u> Campus/Office/Department/Address: _____	Action Requested: <input checked="" type="checkbox"/> NEW Program Code (new major/concentration, etc.) <input type="checkbox"/> NEW Subject Code <input type="checkbox"/> Change of existing code Type (subject, program, etc): _____ Old: _____ New: _____ <input type="checkbox"/> OTHER: _____

II. CODE REQUEST	
Academic program code preferences for consideration: *** Adult Residential Care Home Operator Program	
<input checked="" type="checkbox"/> NEW Program Code Major: <u>CHO</u> Major Description: <u>***</u> Is the major code being used the same way at other UH campuses? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Does the same or similar major code exist in Banner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Effective Term (semester/year): <u>Summer 2010</u> Is this major financial aid eligible? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Comment: _____ If YES, please list code: <u>CO-CHO</u>
Concentration (if applicable): _____ Concentration Description: _____ Is the concentration code being used the same way at other UH campuses? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the same or similar concentration code exist in Banner? <input type="checkbox"/> YES <input type="checkbox"/> NO Attach concentration to program code? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please list code: _____
Level: <input checked="" type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> First-Professional <input type="checkbox"/> Other: _____ Degree/Certificate: <u>CO-CHO</u> College: <u>IN = Instruction</u> Department: <u>Health Education</u>	If requesting a program name change, will current students be grandfathered in under the old program name? <input type="checkbox"/> YES <input type="checkbox"/> NO If requesting a program name change, will the old code be available for: Recruitment? <input type="checkbox"/> YES <input type="checkbox"/> NO List the end term of old code: _____ Admissions? <input type="checkbox"/> YES <input type="checkbox"/> NO List the end term of old code: _____ General Student? <input type="checkbox"/> YES <input type="checkbox"/> NO List the end term of old code: _____ Academic History? <input type="checkbox"/> YES <input type="checkbox"/> NO List the end term of old code: _____
<input type="checkbox"/> NEW Subject Alpha/Code Code: _____ Description: _____ College: _____ Department: _____ Does the same or similar subject code exist in Banner? <input type="checkbox"/> YES <input type="checkbox"/> NO Is the subject code being used the same way at other UH campuses? <input type="checkbox"/> YES <input type="checkbox"/> NO	Effective Term (semester/year): _____ If YES, please list code: _____

**University of Hawai'i
Code Request Form**

OTHER: _____

Please briefly describe your request and explain why you are requesting the codes: _____


II. SUPPORTING DOCUMENTATION

Please attach the required supporting documentation. See *Guide to Academic Program Actions and Approval* at:
http://www.hawaii.edu/vpaa/cms/guide_to_acad_prog_121006.pdf

- BOR minutes from _____ (date) meeting with supporting documentation provided to BOR
- Memo from campus Chancellor
- Signed memo from UH President
- None required according to the Guide to Academic Program Actions and Approval

IV. CAMPUS VERIFICATION

The appropriate parties (faculty, administrators, registrar) have been consulted.

Leighton Oride		1/14/10
Name of Requestor (print or type)	Signature	Date

Send completed form with supporting documentation to:

Institutional Research Office (Attn: Lynn Inoshita or Christine Shaw) • 1633 Bachman Place • Sinclair Annex 2, Room 4 • Honolulu, HI 96822
Fax: 808-956-9870 Phone: 808-956-7532

For Internal Use Only

Appropriate Documentation Received:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Approval Status:			NOTES:
Major code:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Concent code:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Program code:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Subject code:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Entered into SMA/PRL/GOAC/URR:	_____	Code processing completion date:	_____
Entered into STVMA/JR:	_____	Copies sent to:	_____
Entered into STVSE/JR:	_____		

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

Type of Program Action: New Change Cancel

PRESENT	CC	PROPOSED	CO
NURS 11	4		
NURS 12	1	NURS 12	1
NURS 13	1	NURS 13	2
NURS 14	1	NURS 14	1
	8		4

2. Program Type:

- | | |
|---|---|
| <input type="checkbox"/> Associated in Applied Science Degree | <input type="checkbox"/> Associate in Science |
| <input type="checkbox"/> Certificate of Achievement | <input type="checkbox"/> Certificate of Completion |
| <input checked="" type="checkbox"/> Certificate of Competence | <input type="checkbox"/> Academic Subject Certificate |

3. Program Title: Adult Residential Care Home Operator Program (CHO)

4. Program Description:

Students in the Adult Residential Care Home Operator (CHO) program will receive instruction in common diseases, nutrition, making medication available, communication, rehabilitation, regulations accounts, and community resources. Students will receive a solid understanding of the elements of the Hawai'i Administrative Rules title 11 chapter 100.1. This program will allow students to apply for licensure as a state approved adult residential care home operator.

5. Proposed Date of First Offering: Summer 2010

6. Revise current KCC catalogue pages 56, 80-81, 131 Other:

7. Is this program offered at another UH campus? Yes No If Yes, specify campus.

The program is offered at Maui CC, Hawai'i CC, and Kapi'olani CC.

8. Reason for this Program Action:

Completing the Adult Residential Care Home Operator program is a requirement for licensure by the State. Completion of NURS 12, NURS 13, and NURS 14 will meet the state requirements.

Proposed by:	<u>Victoria Mathis</u> Victoria Mathis, Originator	<u>12.15.09</u> Date
Requested by:	<u>Charlene Ono</u> Charlene Ono, Department/Division Chairperson	<u>12/15/09</u> Date
Approved by:	<u>[Signature]</u> Curriculum Committee Chairperson	<u>12/17/09</u> Date
	<u>[Signature]</u> Vice Chancellor for Academic Affairs	<u>12/18/09</u> Date
	<u>[Signature]</u> Chancellor	<u>12/18/09</u> Date