Course Change Request

Indiana University

Indianapolis Campus

Check Appropriate Boxes: Undergraduate credit ☑ Graduate credit ☐ Professional credit ☐

1. School/Division: Informatics
2. Academic Subject Code: HIAMB
3. Current Course Number: 441
4. Current Credit Hours: 1-4
5. Current Title: Professional Practice Experience I
6. Effective Semester/Year for changes listed below: 4108
7. Instructor: TBA

Type of Change Requested (Check appropriate boxes and indicate changes)

☐ 8. Change course number to: ______ (must be cleared with University Enrollment Services)

☑ 9. Change course title: Professional Practice Experience I
   Change to: Transitional Professional Practicum in Health Information Management
   Recommended abbreviation (optional): ______ (Limited to 32 Characters including spaces)

☐ 10. Current credit hours fixed at: ______ or variable from: ______ to ______
    Change to credit hours fixed at: ______ or variable from: ______ to ______

☐ 11. Current lecture contact hours fixed at: ______ or variable from: ______ to ______
    Change to lecture contact hours fixed at: ______ or variable from: ______ to ______

☐ 12. Current non-lecture contact hours fixed at: ______ or variable from: ______ to ______
    Change to non-lecture contact hours fixed at: ______ or variable from: ______ to ______

☐ 13. Is this course currently graded with S-F (only) grades? Yes ☐ No ☑
    Change to S-F (only) grading? Yes ☐ No ☑

☐ 14. Does this course presently have variable title approval? Yes ☐ No ☑
    Is variable title approval being requested? Yes ☐ No ☑

☐ 15. Is this course being discontinued? For all campuses ☐ or for this campus only ☑

☐ 16. Current course description: Supervised laboratory practice with onsite observations of medical, technical and administrative systems. Study in the function of health information management procedures in the clinical setting

Change course description to (not to exceed 50 words): Designed for students who have completed an Associate Degree in HIM from a CAHIIM accredited program. Professional practice experience in a clinical site under direction of an HIA faculty member and an onsite clinical instructor. Practicum experience in the classroom. Emphasis on health information management, business administration and information systems

17. Justification for change: Course needed for students transitioning from an AS to a BS degree in Health Information Administration

18. Are the necessary reading materials currently available in the appropriate library? Yes ☑ No ☐

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by:

[Signature]
[Name]
Department Chairman/Division Director

Date: 1/2-09

Approved by:

[Signature]
[Name]
Dean

Date: ______

Dean of Graduate School (when required)

Date: ______

Chancellor/Vice-President

Date: ______

University Enrollment Services