Program Change Request

Date Submitted: 11/16/18 10:12 am

Viewing: CERT-AEGD : Advanced Education in General Dentistry - Certificate

Last approved: 04/19/17 9:06 am
Last edit: 11/16/18 10:12 am
Changes proposed by: kluman

Contact(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>E-mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Luman</td>
<td><a href="mailto:kluman@tamhsc.edu">kluman@tamhsc.edu</a></td>
<td>214 828 8182</td>
</tr>
</tbody>
</table>

Academic level: Graduate
Effective Term: 2019-2020
Department: General Dentistry
College: Dentistry
Program type: Certificate
Associated Program: Not Applicable
With a certificate in: Advanced Education in General Dentistry

Catalog Program Requirements

<table>
<thead>
<tr>
<th>Rationale for Proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program hours</td>
</tr>
<tr>
<td>Is this program eligible for financial aid?</td>
</tr>
<tr>
<td>Will program hours change (increase/decrease) due to the proposed curriculum changes?</td>
</tr>
</tbody>
</table>

Certificate type: Degree-dependent
Program delivery mode: On-campus

Catalog Program Requirements

https://nextcatalog.tamu.edu/courseleaf/approve/?role=Faculty%20Senate

12/20/2018
Course List

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Semester Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEGD 600</td>
<td>Clinical Dentistry I</td>
<td>0.0</td>
</tr>
<tr>
<td>AEGD 601</td>
<td>Clinical Dentistry II</td>
<td>0.0</td>
</tr>
<tr>
<td>AEGD 602</td>
<td>Clinical Dentistry III</td>
<td>0.0</td>
</tr>
<tr>
<td>AEGD 603</td>
<td>Implant Dentistry</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 604</td>
<td>Practice Management I</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 605</td>
<td>Practice Management II</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 606</td>
<td>Advanced Removable Prosthodontics</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 607</td>
<td>Advanced Fixed Prosthodontics</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 608</td>
<td>Advanced Clinical Periodontics</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 611</td>
<td>Advanced Clinical Endodontics I</td>
<td>2.0</td>
</tr>
<tr>
<td>AEGD 611</td>
<td>Advanced Clinical Endodontics I</td>
<td>2.0</td>
</tr>
<tr>
<td>AEGD 614</td>
<td>Advanced Dentistry for Special Care Patients</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 615</td>
<td>Treatment Planning Conference I</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 616</td>
<td>Treatment Planning Conference II</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 617</td>
<td>Treatment Planning Conference III</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 618</td>
<td>Current Literature Review I</td>
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</tr>
<tr>
<td>AEGD 619</td>
<td>Current Literature Review II</td>
<td>1.5</td>
</tr>
<tr>
<td>AEGD 620</td>
<td>Current Literature Review III</td>
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<tr>
<td>AEGD 621</td>
<td>Clinical Pathology I</td>
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<tr>
<td>AEGD 622</td>
<td>Clinical Pathology II</td>
<td>2.0</td>
</tr>
<tr>
<td>AEGD 623</td>
<td>Clinical Pathology III</td>
<td>1.5</td>
</tr>
<tr>
<td>OMFS 615</td>
<td>Physical Diagnosis</td>
<td>1.0</td>
</tr>
<tr>
<td>OMFS 620</td>
<td>Internal Medicine</td>
<td>2.0</td>
</tr>
<tr>
<td>AEGD 625</td>
<td>Current Concepts in Operative Dentistry</td>
<td>1.5</td>
</tr>
<tr>
<td>OMFS 625</td>
<td>Physical Diagnosis and Internal Medicine</td>
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</tr>
<tr>
<td>PROS 651</td>
<td>Implant Concepts and Techniques, Surgical Placement</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Total Semester Credit Hours: 24.5

Must complete 12 months of residency, total credit hours specified, any non-credit courses specified, and be approved by the Promotions Committee for this certificate to be awarded.

In accordance with Student Rule 10.4.1, grades of S or U may be assigned in certain officially designated certificate courses.

Additional Requirements

Additional Information

- **Required Proposal Forms**
  - [AEGD Degree Evaluation for Program Update - Fall 2019.pdf](https://nextcatalog.tamu.edu/courseleaf/approve/?role=Faculty%20Senate)
  - [THEBC Request to Change Semester Credit Hours - AEGD - Effective Fall 2019.docx](https://nextcatalog.tamu.edu/courseleaf/approve/?role=Faculty%20Senate)

- **Reviewer Comments**
  - Angel Mario Carrizales (carri1214) (11/15/18 5:23 pm): Rollback: Program hours listed on the form’s ”Program hours” field (24 SCH), the catalog program requirements (24.5) and the degree evaluation (20) and the THECB form (24 SCH) do not match. Also, changes in program SCH should have been at the November Graduate Council meeting. Not sure it will make Fall 2019 catalog. Please refer to the posted curricular deadlines listed on our website. [http://registrar.tamu.edu/Our-Services/Curricular-Services/Curricular-Approvals#0-DeadlineforCurricularApprovals](http://registrar.tamu.edu/Our-Services/Curricular-Services/Curricular-Approvals#0-DeadlineforCurricularApprovals)
  - Angel Mario Carrizales (carri1214) (11/18/18 11:50 am): Initial concerns addressed. Workflow has been adjusted to include Provost and External Approval Roles.
Program Evaluation

Advanced Education in General Dentistry

Limitation: No more than 50% of courses required for the degree plan can be taken as Distance Education Courses for non-distance degree programs.

Requirements: Must complete 12 months of residency, a total of 20 credit hours, one section each of AEGD 600, 601, 602; PROS 651, and be approved by the Promotions Committee for certificate to be awarded.

Program: Cart-Adv Ed in Gen Dent
Catalog Term: Spring 2019 - College Station
Campus: College Station
College: Dentistry
Degree: GID Certificate
Level: Graduate
Majors: Adv Educ in General Dentistry
Departments: General Dentistry

24.5 SCH

Met Credits Courses

<table>
<thead>
<tr>
<th>Required</th>
<th>Used</th>
<th>Required</th>
<th>Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0.000</td>
<td>0</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Program GPA: No
Overall GPA: Yes

Other Course Information
Transfer: 0.000 0

This is NOT an official evaluation.

unofficial evaluation

24.5 SCH

Area: CT-Adv Ed in Gen Dentistry (20.000 credits) - Not Met

<table>
<thead>
<tr>
<th>Net Condition</th>
<th>Rule Subject</th>
<th>Attribute</th>
<th>Low</th>
<th>High</th>
<th>Required Credits</th>
<th>Required Courses</th>
<th>Term Subject</th>
<th>Course Title</th>
<th>Attribute</th>
<th>Credits</th>
<th>Grade</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>A.</td>
<td></td>
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</tbody>
</table>

unofficial evaluation

24.5 SCH

Area: Non-Credit Requirement (4 courses) - Not Met

<table>
<thead>
<tr>
<th>Net Condition</th>
<th>Rule Subject</th>
<th>Attribute</th>
<th>Low</th>
<th>High</th>
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</tr>
</tbody>
</table>

unofficial evaluation

Add: 1.0 CMFS 625

1.5 AEGD 603, 606, 607, 608, 614, 625

2.0 AEGD 611, 611 - Taking two times.
Texas Higher Education Coordinating Board
Request to Change Semester Credit Hours

Directions: An institution shall use this form to request a change in the number of semester credit hours (SCH) required for a degree program already on the institution’s program inventory in accordance with Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.55 – Revisions to Approved Programs.

Options:

1) Revisions that reduce the number of SCH require notification of change and affirmation that the reduction does not fall below the minimum requirements of the Southern Association of Colleges and Schools Commission on Colleges, program accreditors, and licensing bodies, if applicable.

2) Revisions that increase the number of SCH require detailed written documentation describing the compelling academic reason for the increase in the number of required hours.

NOTE: No request or notification is needed if revisions to the degree program curriculum do not result in a change in SCH.

Options 1 and 2 require the signature of the Provost or Chief Academic Officer.

Please submit Request to Change Semester Credit Hour via the Online Submission Portal: https://www1.thecb.state.tx.us/apps/proposals/

Information: Contact the Division of Academic Quality and Workforce at 512/427-6200.

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Administrative Information

1. **Institution:** Texas A&M University

Note: This change will be reflected on the Program Inventories of both Texas A&M University and the Texas A&M University Health Science Center.

2. **Program Name:** Certificate in Advanced Education in General Dentistry

3. **Program CIP Code:** 51.0502.00

4. **Contact Person:** Provide contact information for the person who can answer specific questions about the program.

    Name: Dr. Amirali Zandinejad
    Title: AEGD Program Director
    E-mail: zandinejad@tamhsc.edu
    Phone: 214 828 8919

Form for SCH Changes
Page 2

Notification/Request for Change in Semester Credit Hours (SCH):

Current SCH: 20.0*

Proposed SCH: 24.5

Implementation Date: Fall 2019

*The current SCH is not reflected on the THECB Program Inventory. The Certification Form for New Certificate Programs at Universities and Health-Related Institutions submitted to the THECB on August 31, 2012 reflected 20 SCH.

Complete Option 1 or 2 as appropriate

Option 1: Reduction in Semester Credit Hours

Is the change in the number of SCH compatible with the requirements of accreditation for the program?

a. Southern Association of Colleges and Schools Commission on Colleges
   ☐ YES ☐ NO

b. Program Accradiator(s)
   Name of Program Accradiator: ____________________________
   ☐ YES ☐ NO ☐ NA

c. Licensing Body(ies)
   Name of Licensing Body(ies): ____________________________
   ☐ YES ☐ NO ☐ NA

Option 2: Increase in Semester Credit Hours

Provide detailed documentation, such as changes in accrediting agency or licensing body requirements, workforce needs, or academic professional standards and needs, describing a compelling reason for the change in the number of SCH:

To enhance the educational experience and better meet the CODA (Commission on Dental Accreditation) requirements, the curriculum has been updated. Some courses have been eliminated and others re-worked. Courses in Implant Dentistry, Current Concepts in Operative Dentistry, Advanced Clinical Periodontics, Advanced Removable Prosthodontics, Advanced Fixed Prosthodontics, Advanced Clinical Endodontics, and Advanced Dentistry for Special Care Patients have been added.

Signature of Compliance

I hereby certify that all of the above changes have been approved in accordance with the procedures outlined in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.55.

Provost/Chief Academic Officer ____________________________ Date ____________________________