Program Change Request

Date Submitted: 09/25/17 8:08 am

Viewing: CERT-DDPH : Dental Public Health - Certificate

Last approved: 04/21/17 8:52 am
Last edit: 02/05/18 4:24 pm
Changes proposed by: kluttman

Catalog Pages Using this Program

Contact(s)

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

Academic level: Graduate
Effective Term: 2018-2019
Department: Public Health Sciences
College: Dentistry
Program type: Certificate
With a certificate in: Dental Public Health
Catalog Program Title
Dental Public Health - Certificate
CIP and Fund code: 51050400

Rationale for Proposal
Program hours: 24
Is this program eligible for financial aid?
Yes
Will program hours change (increase/decrease) due to the proposed curriculum changes?
Yes

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

Catalog Program Requirements

In Workflow
1. DPHS Department Head
2. Curricular Services Review
3. Grad Edu Council Chair
4. DN College Dean
5. Provost
6. GC Preparer
7. GC Chair
8. Faculty Senate Preparer
9. Faculty Senate
10. Provost II
11. President
12. External Approval
13. Curricular Services

Approval Path
1. 10/31/17 12:13 pm
   Daniel Jones (djones): Approved for DPHS Department Head
2. 11/01/17 11:32 am
   Angel Mario Carrizales (carril214): Approved for Curricular Services Review
3. 01/22/18 3:15 pm
   Larry L. Belling (larry-l-belling): Approved for Grad Edu Council Chair
4. 01/22/18 3:23 pm
   Lawrence Wolinsky (wolinsky): Approved for DN College Dean
5. 02/05/18 4:24 pm
   Deena McConnell (dj): Approved for Provost
6. 02/16/18 12:49 pm
   Meagan Kelly (meagankelly): Approved for GC Preparer
7. 03/01/18 3:29 pm
   LaRhesa Johnson (lrjohnson): Approved for GC Chair

History
1. Oct 17, 2016 by Sandra Williams (sandra-williams)
2. Apr 19, 2017 by Angel Mario Carrizales (carril214)

https://nextcatalog.tamu.edu/courseleaf/approve/
Course List

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Semester Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPHS 600</td>
<td>Dental Public Health Practicum</td>
<td>2.5</td>
</tr>
<tr>
<td>DPHS 610</td>
<td>Practice Transformation</td>
<td>1.0</td>
</tr>
<tr>
<td>DPHS 689</td>
<td>Special Topics In...</td>
<td>4.3</td>
</tr>
<tr>
<td>OBIO 660</td>
<td>Teaching Skills for Health Professions Educators</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Total Semester Credit Hours: 24

Must complete 12 months of residency, total credit hours specified, any noncredit 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

Degree Evaluation - CARS - Program Change - September 2017 - Dental Public Health.pdf
THEBC Request to Change Semester Credit Hours - Dental Public Health - 2-5-18.docx

Reviewer Comments

- Daniel Jones (djones) (09/11/17 9:48 am): Rollback: Per your request
- Angel Mario Carrizales (carril1214) (09/12/17 9:34 am): DPHS 600 is a variable credit and repeatable course.
- Angel Mario Carrizales (carril1214) (09/12/17 10:09 am): Effective term changed to 2018-2019. The 2017-2018 terms deadlines have passed.
- Angel Mario Carrizales (carril1214) (09/13/17 5:18 pm): Program SCH are changing, workflow has been adjusted to include Provost and External Approval roles.
- Angel Mario Carrizales (carril1214) (09/18/17 6:18 pm): Note: THECB form attached list JULY 1, 2017 as the Implementation date.
- Mark J. Zoran (mjzoran) (09/20/17 5:42 pm): The THECB requires that any revision that increases the number of SCH required must be accompanied by detailed documentation describing the compelling academic reason for the increase in the number of required hours. It is the opinion of the Provost's Office and OGAPS that allowing student access to financial aid is not a compelling academic reason or justification for increasing required hours. Perhaps the academic reasoning could be better justified and stated.
- Mark J. Zoran (mjzoran) (09/20/17 5:43 pm): Rollback: The THECB requires that any revision that increases the number of SCH required must be accompanied by detailed documentation describing the compelling academic reason for the increase in the number of required hours. It is the opinion of the Provost's Office and OGAPS that allowing student access to financial aid is not a compelling academic reason or justification for increasing required hours. Perhaps the academic reasoning could be better justified and stated.
- Deena McConnell (djm) (02/05/18 3:03 pm): 2-5-18 - Sent revised THECB form to Dentistry for review/approval.
- Deena McConnell (djm) (02/05/18 4:24 pm): Dentistry approved the revised THECB form. Substituted it for originally submitted form.
# Detail Requirements

**Information for Degree Evaluation**

This is NOT an official evaluation.

## Program Instructions

**Program Evaluation**

**Dental Public Health**

Complete the following:

- Complete 12 months of residency, 2 credit hours, and be approved by the Promotions Committee.

<table>
<thead>
<tr>
<th>Program</th>
<th>Degree</th>
<th>Level</th>
<th>Majors</th>
<th>Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cert-Dental Public Hlth</td>
<td>GR Certificate</td>
<td>Graduate</td>
<td>Dental Public Health</td>
<td>Public Health Sciences</td>
</tr>
</tbody>
</table>

- Catalog Term: Fall 2017 - College Station
- Evaluation Term: Fall 2017 - College Station
- Expected Graduation Date: Sep 05, 2017
- Request Number: 758
- Results as of: Sep 05, 2017
- Minors: 
- Concentrations: 

## Met Credits Courses

<table>
<thead>
<tr>
<th>Area</th>
<th>Courses Counting in GPR - Not Met</th>
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</thead>
<tbody>
<tr>
<td>Met</td>
<td>Condition</td>
</tr>
<tr>
<td>No</td>
<td>A.</td>
</tr>
</tbody>
</table>

**Total Required:**

- No

**Program GPA:**

- No

**Overall GPA:**

- Yes

**Other Course Information**

- Transfer: 0.000

This is NOT an official evaluation.

<table>
<thead>
<tr>
<th>No</th>
<th>Requirement</th>
<th>Credits</th>
<th>Course Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>OBIO 660</td>
<td>1.0</td>
<td>OBIO 660</td>
<td>1.0</td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>DPHS 610</td>
<td>1.0</td>
<td>DPHS 610</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>DPHS 689</td>
<td>4.5</td>
<td>DPHS 689</td>
<td>4.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>DPHS 600</td>
<td>17.5</td>
<td>DPHS 600</td>
<td>17.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Credits and GPA: 0.000 0.00

unofficial evaluation
# Detail Requirements

## Information for Degree Evaluation

This is NOT an official evaluation.

## Print Instructions

**Program Evaluation**

Dental Public Health

**Complete the following:**

- Complete 12 months of residency, 20 credit hours, and be approved by the Promotions Committee.

**Program:** Cert-Dental Public Hlth

**Campus:** College Station

**College:** Dentistry

**Degree:** GR Certificate

**Level:** Graduate

**Majors:** Dental Public Health

**Departments:** Public Health Sciences

**Catalog Term:** Fall 2017 - College Station

**Evaluation Term:** Fall 2017 - College Station

**Expected Graduation Date:**

**Request Number:** 758

**Results as of:** Sep 05, 2017

**Minors:**

**Concentrations:**

### Area: Courses Counting in GPR - Not Met

<table>
<thead>
<tr>
<th>Met</th>
<th>Condition</th>
<th>Rule</th>
<th>Subject</th>
<th>Attribute</th>
<th>Low</th>
<th>High</th>
<th>Required Credits</th>
<th>Required Courses</th>
<th>Term</th>
<th>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>Additional Unused Courses</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is NOT an official evaluation.

### Program Evaluation:

#### Total Required:

- No

#### Program GPA:

- No

#### Overall GPA:

- Yes

#### Other Course Information:

- Transfer:

  - 0.00

**Total Credits and GPA:**

0.000 .00

unofficial evaluation

https://howdy.tamu.edu/uPortal/p/TAMU-APP-Launcher.cff2/detached/render.uP?pCm=view&pP_targetEndpoint=BWXKADD.p_searchRouter?p_term_in=201731%26p_last_name_in=%26p_first_name_in%26...
<table>
<thead>
<tr>
<th>No</th>
<th>Area: CT-Dental Public Health (9000 credits) - Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Dental Public Health 9hrs</td>
</tr>
<tr>
<td></td>
<td>Complete 9 hours of DPHS 600.</td>
</tr>
</tbody>
</table>

unofficial evaluation

<table>
<thead>
<tr>
<th>Credits</th>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>OBIO 660</td>
<td></td>
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<td>DPHS 689</td>
<td></td>
</tr>
<tr>
<td>17.5</td>
<td>DPHS 600</td>
<td></td>
</tr>
</tbody>
</table>

Total Credits and GPA 0.000 0.00
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/](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 Dental Public Health

3. **Program CIP Code:** 51.0504.00

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

   Name: Dr. Peggy Timothé  
   Title: Dental Public Health Program Director  
   E-mail: ptimothe@tamhsc.edu  
   Phone: 214 828 8480
Notification/Request for Change in Semester Credit Hours (SCH):

Current SCH: 3.0*

Proposed SCH: 24.0

Implementation Date: May 1, 2018

*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 September 6, 2012 reflected 3 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 Accreditor(s)
   Name of Program Accreditor: ___________________________________________
   ☐ 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:

During a recent CODA (Commission on Dental Accreditation) site visit, it was recommended that we improve the quality of the program related to education, patient care, research, and service. They also recommended that we include a supervised field experience. To meet these recommendations, didactic courses of Teaching Skills and Practice Transformation have been added. We have also added additional off-campus rotations and an off-site learning experience.

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