Program Change Request

Date Submitted: 11/02/17 11:20 am

Viewing: CERT-PEDD : Pediatric Dentistry - Certificate

Last approved: 04/21/17 8:57 am
Last edit: 02/05/18 4:25 pm
Changes proposed by: kluttman

Catalog Pages Using this Program

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Dentistry - Certificate</td>
<td>Pediatric Dentistry</td>
</tr>
</tbody>
</table>

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 | Pediatric Dentistry
College | Dentistry
Program type | Certificate
With a certificate in | Pediatric Dentistry

Catalog Program Title
Pediatric Dentistry - Certificate

CIP and Fund code | 51050900

Rationale for Proposal

Program hours | 48.5
Is this program eligible for financial aid? | Yes
Will program hours change (increase/decrease) due to the proposed curriculum changes? | Yes No

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

Catalog Program Requirements

https://nextcatalog.tamu.edu/courseleaf/approve/
Cert-PedD: Pediatric Dentistry - Certificate

Course List

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Semester Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBIO 611</td>
<td>Research Design and Methodology</td>
<td>2.0</td>
</tr>
<tr>
<td>OBIO 621</td>
<td>Applied Biostatistics</td>
<td>2.0</td>
</tr>
<tr>
<td>OBIO 630</td>
<td>Growth and Mechanisms of Development</td>
<td>1.0</td>
</tr>
<tr>
<td>OBIO 631</td>
<td>Advanced Craniofacial Development and Craniofacial Anomalies</td>
<td>1.0</td>
</tr>
<tr>
<td>OBIO 632</td>
<td>Physical Growth and Maturation</td>
<td>1.0</td>
</tr>
<tr>
<td>OBIO 660</td>
<td>Teaching Skills for Health Professions Educators</td>
<td>1.0</td>
</tr>
<tr>
<td>OMFR 611</td>
<td>Advanced Oral and Maxillofacial Radiology</td>
<td>1.0</td>
</tr>
<tr>
<td>PEDD 611</td>
<td>Pediatric Dentistry I</td>
<td>3.0</td>
</tr>
<tr>
<td>PEDD 612</td>
<td>Pediatric Dentistry II</td>
<td>3.0</td>
</tr>
<tr>
<td>PEDD 613</td>
<td>Pediatric Dentistry III</td>
<td>3.0</td>
</tr>
<tr>
<td>PEDD 614</td>
<td>Pediatric Dentistry IV</td>
<td>2.5</td>
</tr>
<tr>
<td>PEDD 615</td>
<td>Pediatric Dentistry V</td>
<td>5.0</td>
</tr>
<tr>
<td>PEDD 616</td>
<td>Pediatric Dentistry VI</td>
<td>4.0</td>
</tr>
<tr>
<td>PEDD 621</td>
<td>Hospital Dentistry I</td>
<td>2.0</td>
</tr>
<tr>
<td>PEDD 622</td>
<td>Hospital Dentistry II</td>
<td>2.5</td>
</tr>
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<td>PEDD 623</td>
<td>Hospital Dentistry III</td>
<td>3.0</td>
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<td>PEDD 624</td>
<td>Hospital Dentistry IV</td>
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</tr>
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<td>PEDD 625</td>
<td>Hospital Dentistry V</td>
<td>4.0</td>
</tr>
<tr>
<td>PEDD 626</td>
<td>Hospital Dentistry VI</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Total Semester Credit Hours: 48.5

To receive a certificate in Pediatric Dentistry, students must remain continuously enrolled for 24 months, and successfully complete the semester credit hours as indicated on their degree plan, and an approved research project. There is no advanced standing granted for previous clinical specialty training or advanced degrees.

The MS in Oral Biology and the Master of Public Health (MPH) programs are optional.

Students in the Certificate, MS or MPH program must remain continuously enrolled and be enrolled the semester in which the degree is to be awarded.

Please see the catalog pages for the MS in Oral Biology and Master of Public Health (MPH) programs for more information regarding application and curriculum for these programs.

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 Updated - Pediatric Dentistry.pdf
THECB Request to Change Semester Credit Hours - Pediatric Dentistry - 2-5-18.docx

Reviewer Comments

Angel Mario Carrizales (carri1214) [09/04/17 4:41 pm]: Rollback: Initiator has been email with instructions.
Angel Mario Carrizales (carri1214) [09/12/17 10:09 am]: Effective term changed to 2018-2019. The 2017-2018 terms deadlines have passed.
Angel Mario Carrizales (carri1214) [09/18/17 6:55 pm]: Additional concerns have been identified. Initiator has been emailed with detailed comments.
Angel Mario Carrizales (carri1214) [09/18/17 6:58 pm]: Rollback: Additional concerns have been identified. Initiator has been emailed with detailed comments.
Alton McWhorter (alton-g-mcwhorter) [09/18/17 10:07 pm]: Rollback: as requested
Angel Mario Carrizales (carri1214) [09/22/17 3:40 pm]: Rollback: Program hours are increasing from 48 to 48.5 this type of change requires that a THECB Request to Change Semester Credit Hours form be attached.
Angel Mario Carrizales (carri1214) [11/01/17 11:39 am]: Rollback. Degree Evaluation does not reflect the proposed edits(Program Hrs). Please update and resubmit.
Angel Mario Carrizales (carri1214) [11/02/17 2:17 pm]: Update received.
Angel Mario Carrizales (carri1214) [11/02/17 2:18 pm]: Program SCH are changing, workflow has been adjusted to include Provost and External Approval roles.
Deena McConnell (djm) [02/05/18 3:05 pm]: 2-5-18 - Sent revised THECB form to Dentistry for review/approval.
Deena McConnell (djm) [02/05/18 4:25 pm]: Dentistry approved revised THECB form. Substituted it for the originally submitted form.

https://nextcatalog.tamu.edu/courseleaf/approve/
Information for **Degree Evaluation**

This is NOT an official evaluation.

### Print Instructions

#### Program Evaluation

**Pediatric Dentistry**

**Requirements:** Must complete 24 months of residency, a total of 48 credit hours, and be approved by the Promotions Committee for certificate to be awarded.

<table>
<thead>
<tr>
<th>Program</th>
<th>Catalog Term</th>
<th>Fall 2017 - College Station</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus</td>
<td>College Station</td>
<td>Fall 2017 - College Station</td>
</tr>
<tr>
<td>College</td>
<td>Dentistry</td>
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<tr>
<td>Degree</td>
<td>GR Certificate</td>
<td></td>
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<tr>
<td>Level</td>
<td>Graduate</td>
<td></td>
</tr>
<tr>
<td>Majors</td>
<td>Pediatric Dentistry</td>
<td></td>
</tr>
<tr>
<td>Departments</td>
<td>Pediatric Dentistry</td>
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</table>

<table>
<thead>
<tr>
<th>Met</th>
<th>Credits</th>
<th>Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Required</td>
<td>Used</td>
</tr>
<tr>
<td>Total Required</td>
<td>No</td>
<td>48.000</td>
</tr>
<tr>
<td>Program GPA</td>
<td>No</td>
<td>3.00</td>
</tr>
<tr>
<td>Overall GPA</td>
<td>Yes</td>
<td>.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transfer</th>
<th>Other Course Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Required</td>
<td>Used</td>
</tr>
<tr>
<td>Area Courses Counting in GPR - Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Met</td>
<td>Condition Rule Subject Attribute Low High Required Required Term Subject Course Title Attribute Credits Grade Source Credits Courses</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>A.</td>
<td>Additional Unused Courses</td>
</tr>
</tbody>
</table>

| Total Credits and GPA | 0.000 | .00 |

unofficial evaluation

<table>
<thead>
<tr>
<th>Met</th>
<th>Condition Rule Subject Attribute Low High Required Required Term Subject Course Title Attribute Credits Grade Source Credits Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>A. Pediatrics Dentistry 48hrs</td>
</tr>
</tbody>
</table>

**Complete the following courses:**

- 0.5 hr of OBIO 630
- 1 hr each of OBIO 631, 632, 660; OMPR 621; 2 hrs each of OBIO 611, 621; PEDD 621; 2.5 hrs each of PEDD 616, 622; 3 hrs each of PEDD 611, 612, 613, 623; 3.5 hrs each of OBIO 624; 4 hrs each of OBIO 616, 625, 626; 5 hrs each of PEDD 615.

| Total Credits and GPA | 0.000 | .00 |

unofficial evaluation

Delete 0.5 of OBIO 630

Add 1.0 of OBIO 630

\[48.0 + 1.0 = 49.0\]
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.

### 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 Pediatric Dentistry

3. **Program CIP Code:** 51.0509.00

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Dr. Carolyn Kerins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Pediatric Dentistry Program Director</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:ckerins@tamhsc.edu">ckerins@tamhsc.edu</a></td>
</tr>
<tr>
<td>Phone</td>
<td>214 828 8127</td>
</tr>
</tbody>
</table>
Notification/Request for Change in Semester Credit Hours (SCH):

Current SCH: 48.0*  
Proposed SCH: 48.5  
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 August 31, 2012 reflected 48 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:

On the old curriculum, there was an Oral Biology course, OBIO 630, Growth and Mechanisms of Development, which was being taken for 0.5 SCH. However, it is a 1.0 SCH course. The updated curriculum now gives it the same credit hours as all other clinical graduate students earn for taking it.

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
Information for Degree Evaluation
This is NOT an official evaluation.

Print Instructions

Program Evaluation

Pediatric Dentistry
Requirements: Must complete 24 months of residency, a total of 48 credit hours, and be approved by the Promotions Committee for certificate to be awarded.

Program: Cert-Pediatric Dent
Campus: College Station
College: Dentistry
Degree: GR Certificate
Level: Graduate
Majors: Pediatric Dentistry
Departments: Pediatric Dentistry

Catalog Term: Fall 2017 - College Station
Evaluation Term: Fall 2017 - College Station
Expected Graduation Date: 
Request Number: 1049
Results as of: Nov 02, 2017

Met Credits Courses
Required Used Required Used
Total Required: No 48.00 0.00 48.5
Program GPA: No 3.00 .00
Overall GPA: Yes .00 .00

Total Credits and GPA 0.00 .00

This is NOT an official evaluation.

Area Courses Counting in GPR - Not Met:
Met Condition Rule Subject Attribute Low High Required Required Term Subject Course Title Attribute Credits Grade Source Courses
No A. Additional Unused Courses

unofficial evaluation

Area CT-Pediatric Dentistry (48.000 credits) - Not Met:
Met Condition Rule Subject Attribute Low High Required Required Term Subject Course Title Attribute Credits Grade Source Courses
No A. Pediatric Dentistry 48hrs Complete the following courses: 0.5 hr of OBIO 630; 1hr each of OBIO 631, 632, 660; OMFR 621; 2hrs each of OBIO 611, 621; PEDD 621; 2.5 hrs each of PEDD 614, 622; 3hrs each of PEDD 611, 612, 613, 623; 3.5hrs each of PEDD 624; 4hrs each of PEDD 616, 625, 626; 5hrs each of PEDD 615.

unofficial evaluation

Delete 0.5 of OBIO 630
Add 1.0 of OBIO 630

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

   - **Name:** Dr. Carolyn Kerins
   - **Title:** Pediatric Dentistry Program Director
   - **E-mail:** ckerins@tamhsc.edu
   - **Phone:** 214 828 8127
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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:

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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 ___________________________