SOUTH DAKOTA BOARD OF REGENTS
New Course Request

SDSU  Nursing  Laurie Stenberg Nichols  12/11/13
Institution  Division/Department  Institutional Approval Signature  Date

Section 1. Course Title and Description

Prefix & No.  Course Title  Credits
NURS 435  Clinical Application IV  4

This clinical course provides opportunities at the advanced beginner nursing student level for the provision of nursing care to individuals/families with acute/chronic conditions in a variety of health care settings. Emphasis is on the roles of nurse as member of profession, provider of care, and designer/manager/coordinator of care for childbearing families and complex patients.
C- NURS 434, NURS 444, NURS 444L, HSC 452
P- NURS 360, NURS 344, NURS 372, NURS 345

Section 2. Review of Course

Will this be a common or unique course? (select the appropriate option below)

X  This course will be a unique course. (Go to Section 3.)

Section 3. Other Course Information

1. Are there instructional staffing impacts?
   X  No. Current program courses will be phased out as new courses are introduced.

2. Existing program in which course will be offered:  BS in Nursing

3. Proposed instructional method:  C – Clinical Laboratory
   (may be found at http://www.sdbor.edu/services/academics/AAC/guidelines.htm )
   Provide a brief justification: Course material is best in this format.

4. Proposed primary delivery:  001 – Face to Face
   (may be found at http://www.sdbor.edu/services/academics/AAC/guidelines.htm )

5. Term in which change will be effective:  Spring 2016 (Brookings, Rapid City); Summer 2016 (Aberdeen);
   Spring 2017 (Sioux Falls Standard, Sioux Falls Accelerated)

6. Can this course be repeated for additional credit? No

7. Will the grade for this course be limited to S/U (pass/fail)?  Yes  X  No
8. Will section enrollments be capped? Yes, 0 Maximum (Internal registration of students)

9. Will this course be equated (i.e. considered the same course for degree completion) with any other unique or common course in the course database? Yes X No

10. Is this prefix already approved for your university? X Yes No

---

Section 4. To be completed by Academic Affairs

1. University department code: SNURS

2. Proposed CIP code: 513801

   Is this a new CIP code for this university? Yes X No

---

NEW COURSE REQUEST
Supporting Justification for On-Campus Review

Linda M. Herrick
Request Originator  Signature  Date

Linda M. Herrick
Department Chair  Signature  Date

Nancy Fahrenwald
School/College Dean  Signature  Date

---

1. Provide specific reasons for the proposal of this course and explain how the changes enhance the curriculum. Existing curriculum for BS degree in nursing is being replaced with new courses

2. Note whether this course is: X Required  Elective

3. In addition to the major/program in which this course is offered, what other majors/programs will be affected by this course? NA

4. If this will be a dual listed course, indicate how the distinction between the two levels will be made.

5. Desired section size 8

6. Provide qualifications of faculty who will teach this course. List name(s), rank(s), and degree(s). Paula Carson, Assoc.Prof, PhD; Lois Tschetter, Assoc Prof, EdD; Sandra Mordhorst, Instructor, MS

7. Note whether adequate facilities are available and list any special equipment that will be needed for the course. Current technology enhanced classrooms will be used

8. Note whether adequate library and media support are available for the course. Yes

9. Will the new course duplicate courses currently being offered on this campus? No

10. If this course may be offered for variable credit, explain how the amount of credit at each offering is to be determined. NA