

**PORTERVILLE COLLEGE
CURRICULUM PROGRAM REVIEW UPDATE**

Name of Division: Kinesiology Contact Person: Bret Davis/Pam Kelley
[Note: The information in this area will repeat on all pages.]

Please submit this form to the Curriculum Committee **before** adding the course to eLumen when proposing a new Course or a new Program. Once the form is received, the course and/or program will be added as a discussion items at the next available Curriculum Committee meeting.

Please include this form as an attachment when submitting the course for final evaluation in eLumen.

All new Courses/Programs must be directly tied to the Institutional Goals, Strategic Plan, Educational Master Plan, General Education Outcomes, and Institutional Outcomes as appropriate through the Division Program Review.

Is this new Course/Program addressed in your current Program Review: YES NO

If YES, please attach the appropriate sections.

If NO, please complete the attached New Course/Program documents.

PORTERVILLE COLLEGE
CURRICULUM COMMITTEE

COURSE ADDITION

The items enumerated below are to assist you in filling out the Course Addition Form. Short descriptions and examples have been given to guide you in completing this form

ATTACH COURSE OUTLINE (DRAFT)

1. INITIATED BY

Bret Davis/Pam Kelly	Kinesiology	Kinesiology
Instructor	Division	Department

2. Subject

KIN	Number	Kin P101z	Title	First Aid
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Units

0

 Lecture Hours

9

 Lab Hours

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Computer Assisted Instruction

--

 Distance Learning

Yes

3. CONTENT REVIEW

If a prerequisite, corequisite or recommended preparation is listed below, content review forms (entrance, exit and/or corequisite) must be included with this proposal. Forms are available on the web under the Curriculum Committee tab. **ALL INFORMATION BELOW MUST BE IDENTICAL ON THE ATTACHED COURSE OUTLINE.**

Prerequisite:

Adult and Pediatric CPR

Corequisite:

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Other Recommended Preparation (Advisory):

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4. CATALOG DESCRIPTION

Provide a draft of the course description as you wish it to appear in the catalog. **This must match the attached course outline.**

The course involves the theory and detailed demonstration of First Aid needed to care for a victim in dlife threatening distress or sudden illness. This course will teach the skills necessary to perform life saving first aid skills and how to use a tourniquet. First Aid Certification Certification will be granted upon successful completion of the course.

5. REASON FOR ADDITION

Provide a concise statement as to why the course is being added. Be clear regarding the evidence of need for the addition of this course (e.g., articulation with other colleges/universities, student demand, recommendation from advisory committee or external accreditation review, campus program review).

New Course

The course involves the theory and detailed demonstration of First Aid needed to care for a victim in dlife threatening distress or sudden illness. This course will teach the skills necessary to perform life saving first aid skills and how to use a tourniquet. First Aid certification will be granted upon successful completion of the course.

6. DESCRIBE ANY FISCAL IMPACT THIS ADDITION WILL HAVE ON THE DEPARTMENT, COLLEGE AND/OR DISTRICT: Address significant changes in staffing, facilities, equipment, supplies, learning resources or state reimbursement (e.g. loss of eligibility for basic skills, matriculation, and/or other categorical funding). Example: Adding a component of computer assisted instruction to a class could mean a change in identification of facilities, the need to purchase computers and software and the need for additional staff.

[Empty box for describing fiscal impact]

7. CHECK ANY OF THE FOLLOWING CATEGORIES FOR WHICH THIS COURSE WILL BE USED.

- a. None
- b. AA/AS Degree
- c. Associate Degree for Transfer (ADT)
- d. Area of Emphasis
- e. Certificate of Achievement
- f. Certificate of Proficiency

[Four horizontal lines for marking categories]

8. GENERAL EDUCATION: Forms for the appropriate Associate Degree area are available from Instructional Operations. CSU and IGETC requests approved by the Curriculum Committee are submitted each December for review by the specific four-year system office.

a.	Not applicable			
b.	General Education – Associate Degree	Area	<input type="text" value="no"/>	Section
c.	General Education – CSU Certification	Area	<input type="text" value="no"/>	Section
d.	General Education – IGETC	Area	<input type="text" value="no"/>	Section

9. **FOR ARTICULATION OFFICER USE ONLY:**

CSU Articulation Probability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	UC Articulation Probability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CSU Transfer Probability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	UC Transfer Probability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Articulation Officer

Date

10. **THIS COURSE MEETS OR EXCEEDS STATE TITLE 5 STANDARDS AND CRITERIA FOR COURSES AND CLASSES (Check one)**

- Credit course applicable as units to the associate degree (within degree/certificate requirements or elective toward graduation) – Title 5: Section 55002
- Credit course not applicable as units toward an associate degree – Title 5: Section 55002
- Basic skills (when designated as non-degree credit; courses in reading, writing, computation, and ESL) – Title 5: 55002/55000(j)
- Noncredit course (offered for zero units) – Title 5: Section 55002

11. Porterville College CROSS-LISTING COLLABORATION AND LETTER OF INTENT

Cross-listed

Yes No

If yes, please list cross-listed course(s)

The original Letter of Intent, with sign off by the affected department at Porterville, must be included with this proposal. **The Curriculum Committee will not review any proposal that affects any division or department at Porterville unless a completed Letter of Intent is on file.** Please meet and collaborate with the appropriate chair or coordinator when this course modification affects another program or certificate or if this course is to be cross-listed at Porterville.

Date sent

Date returned

Similarity in course content in another department

Yes No

If yes, please list similar course

12. FOR LEARNING RESOURCES REPRESENTATIVE USE ONLY:

To assess learning resources support for your course or program, please consult with your departmental liaison librarian to determine the adequacy of the resources available and have the liaison librarian sign below.

Resources Adequate

Resources Require Upgrading

Estimated Costs to Upgrade \$ _____

Funding Available to Upgrade? Yes _____ No _____

Departmental Liaison or Library Chair

Date

13. STUDENT LEARNING OUTCOMES

Please meet with the Outcomes Coordinator to submit your SLOs for review and have the Outcomes Coordinator sign below.

Outcomes Coordinator

Date

14. VOTE OF DEPARTMENT

Indicate the date that the department met to consider the curriculum proposal, the number of full-time faculty members in the department, the number voting and the number absent at the time the vote was taken.

Date of meeting

Number of full time members in department

Yes

No

Abstaining

Absent

15. SIGNATURES

I have reviewed this form for accuracy and completeness and recommend this course addition.



Department Chairperson/Coordinator

10 Oct 24

Date



Dean

October 7, 2024

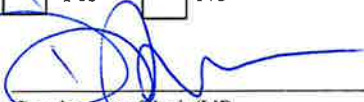
Date

16. FOR CURRICULUM CHAIR and VP OFFICE USE ONLY:

STAND-ALONE COURSE APPROVAL

This course addition meets the state Chancellor's Office regulations and guidelines requiring state approval as a stand-alone course outside of a program.

Yes No



Curriculum Chair/VP

10/8/24

Date