



**COMMUNITY COLLEGE PROGRAM AMENDMENT FORM**  
(For changes to State Approved Associate of Applied Science degree, AAS option and Certificate of Completion programs)

**This form should be completed electronically and the boxes will expand to accommodate text.**  
Current instructions, forms, handouts and other useful resources are located at  
<http://www.ode.state.or.us/search/results/?id=231>

<b>College:</b>	Clackamas Community College	<b>Date</b>	11/16/16
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CAREER LEARNING AREA	
<input type="checkbox"/> Ag, Food & Natural Resource Systems	<input type="checkbox"/> Health Services
<input type="checkbox"/> Arts, Information & Communications	<input checked="" type="checkbox"/> Human Resources
<input type="checkbox"/> Business & Management	<input type="checkbox"/> Industrial & Engineering Systems

PROGRAM INFORMATION					
APPROVED Program Title  <small>(For Official Program Title, refer to your directory at <a href="http://www.ode.state.or.us/search/results/?id=232">http://www.ode.state.or.us/search/results/?id=232</a>)</small>	APPROVED CIP Code <small>(Include 7<sup>th</sup> &amp; 8<sup>th</sup> digits used for OCCURS reporting.)</small>			APPROVED Recognition Award	Current Credits
	6-digit CIP	7 <sup>th</sup> digit	8 <sup>th</sup> digit		
<b>AAS Title:</b> Human Services Generalist				<input type="checkbox"/> Associate of Applied Science (AAS) Degree	
<b>Option Title**</b>				<input type="checkbox"/> OPTION to AAS Degree	
<b>Certificate Title:</b> <i>Within</i> AAS Degree? <input type="checkbox"/> Yes** <input type="checkbox"/> No Alcohol & Drug Counselor				<input checked="" type="checkbox"/> Certificate of Completion	15

\*\*Enter name of base degree in 'AAS Title' box

TYPE OF PROGRAM AMENDMENT (Check ALL That Apply)		
<input type="checkbox"/> New Program++	<input checked="" type="checkbox"/> Curriculum Revision	<input checked="" type="checkbox"/> Revision in Program Credits
<input type="checkbox"/> Title Change for Program		<b>Proposed Total Credits: 16</b>
<b>Proposed AAS Title:</b>		
<b>Proposed OPTION Title:</b>		
<b>Proposed Certificate Title:</b>		
<input type="checkbox"/> <b>SUSPENSION</b> of Program	<i>Reason for Suspension:</i>	
<b>Suspension Effective Date:</b>		

++If new program is an additional award for an existing degree or certificate, complete 'Program Information' section for existing program.

## CURRICULUM AMENDMENT

[List in a Defined Sequence of Courses Format, e.g., Quarter-to-quarter mapping.  
For a New Program, complete the Proposed Curriculum section only.]

<b>CURRENT CURRICULUM</b> [List entire curriculum as last approved]				<b>PROPOSED CURRICULUM</b> [List only course(s) to be amended]			
Course Number	Course Title	Clock Hours	Credits	Course Number	Course Title	Clock Hours	Credits
HS-103	Ethics for Human Service Workers	22	2				
HS-156	Introductory Interviewing Skills	33	3	HS-156	Conducting Human Services Interviews	33	3
HS-211	HIV, TB, and Infectious Diseases	11	1				
HS-216	Group Counseling Skills	33	3				
HE-163	Body and Drugs I: Introduction to Abuse & Addiction	33	3				
HE-255	Body and Alcohol	33	3	HE-164	Body and Drugs II: Alcohol	33	3
				HS-104	Using Diagnostic Criteria in Addiction Treatment	11	1
<b>TOTAL CURRENT CREDITS:</b>			15	<b>TOTAL PROPOSED CREDITS:</b>			16

<b>College Contact</b>	Yvonne Smith	<b>Telephone No.</b>	503-594-3207
<b>E-Mail Address</b>	<a href="mailto:yvonne@clackamas.edu">yvonne@clackamas.edu</a>	<b>Fax No.</b>	503-650-6679
<b>Chief Academic Officer or PTE Dean Signature</b>		<b>Date</b>	