



**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> 04/05/18
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CAREER LEARNING AREA	
<input type="checkbox"/> Ag, Food & Natural Resource Systems	<input checked="" type="checkbox"/> Health Services
<input type="checkbox"/> Arts, Information & Communications	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Business & Management	<input type="checkbox"/> Industrial & Engineering Systems

PROGRAM INFORMATION					
<u>APPROVED</u> 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>	<u>APPROVED</u> CIP Code <small>(Include 7<sup>th</sup> &amp; 8<sup>th</sup> digits used for OCCURS reporting.)</small>			<u>APPROVED</u> Recognition Award	<u>Current</u> Credits
	6-digit CIP	7 <sup>th</sup> digit	8 <sup>th</sup> digit		
<b>AAS Title:</b>				<input type="checkbox"/> Associate of Applied Science (AAS) Degree	
<b>Option Title**</b>				<input type="checkbox"/> <b>OPTION</b> to AAS Degree	
<b>Certificate Title:</b> <i>Within</i> AAS Degree? <input checked="" type="checkbox"/> Yes** <input type="checkbox"/> No <b>Emergency Medical Technology</b>	<b>51.0904</b>			<input checked="" type="checkbox"/> Certificate of Completion	<b>53</b>

\*\*Enter name of base degree in 'AAS Title' box  
LAST AMENDMENT APPROVED ON 11/03/17

TYPE OF PROGRAM AMENDMENT (Check ALL That Apply)	
<input type="checkbox"/> New Program++ <input type="checkbox"/> Title Change for Program	<input checked="" type="checkbox"/> Curriculum Revision
	<input type="checkbox"/> Revision in Program Credits <i>Proposed Total Credits:</i> _____
<i>Proposed AAS Title:</i>	_____
<i>Proposed OPTION Title:</i>	_____
<i>Proposed Certificate Title:</i>	_____
<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.]

### CURRENT CURRICULUM 2018-19

[List entire curriculum as last approved]

### PROPOSED CURRICULUM 2018-19

[List only course(s) to be amended]

Course Number	Course Title	Clock Hours	Credits	Course Number	Course Title	Clock Hours	Credits
<b>Fall Term</b>							
BI-231	Human Anatomy & Physiology I	66	4				
COMM-111	Public Speaking	44	4		MOVE TO SPRING TERM		
EMT-101*	EMT Part I	77	5				
EMT-105	Introduction to Emergency Medical Services	33	3				
MTH-065	Algebra II	44	4				
				MA-110	Medical Terminology	33	3
<b>Winter Term</b>							
BI-232	Human Anatomy & Physiology II	66	4				
EMT-102	EMT Part II	77	5				
EMT-109	Emergency Response Communication/Documentation	22	2				
MA-110	Medical Terminology	33	3		MOVE TO FALL TERM		
WR-121	English Composition	44	4				
				CJA-203	Crisis Intervention	33	3
<b>Spring Term</b>							
BI-233	Human Anatomy & Physiology III	66	4				
CJA-203	Crisis Intervention	33	3		MOVE TO WINTER TERM		
EMT-107	EMT Rescue	49	3				
EMT-108	Emergency Response Patient Transportation	44	2				
PSY-101	Human Relations	33	3				
				COMM-111	Public Speaking	44	4
<b>*Student Petition Required</b>							
Current Healthcare Provider level CPR (AHA or ASHI) are required; criminal history background check, proof of immunization, and students will be asked to take a drug test as arranged by the department							
<b>TOTAL CURRENT CREDITS:</b>			53	<b>TOTAL PROPOSED CREDITS:</b>			

<b>College Contact</b>	Tana Sawzak	<b>Telephone No.</b>	6025
<b>E-Mail Address</b>	tanas@clackamas.edu	<b>Fax No.</b>	
<b>Chief Academic Officer or PTE Dean Signature</b>	<i>Guthrie Rueden</i>	<b>Date</b>	4/5/18