



UNIVERSITY OF ALASKA ANCHORAGE
Office of Academic Affairs
3211 Providence Drive
Anchorage, AK 99508-4614

Date: May 1, 2013

To: Thomas Case, Chancellor *T Case 1 May 2013*

From: Elisha Baker, Provost and Vice Chancellor for Academic Affairs *E Baker 01/05/13*

Subject: Request for Approval to Delete Practical Nursing Undergraduate Certificate

The College of Health has proposed the deletion of the Practical Nursing undergraduate certificate. This program was initially approved in 2001, and has been suspended since 2005. The School of Nursing has determined that the need for licensed practical nurses (LPNs) has decreased, because their partner institutions prefer to hire Registered Nurses (RNs) rather than LPNs.

Since this program has been suspended since 2005, there are no students enrolled in the program. Fiscal resources and personnel have been redirected to other active programs within the School of Nursing.

The program proposal has been approved by the faculty, dean, and appropriate UAA curriculum committees. Following your approval, the prospectus will be submitted to the Statewide Academic Council for the next stage of review and approval.

Attachments:

UA Program Deletion Template
BOR Program Action Request Form



Reference 25

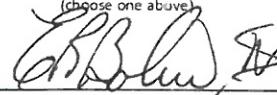
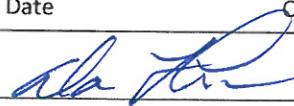
Board of Regents Program Action Request

University of Alaska

Proposal to Add, Change, or Delete a Program of Study

1a. Major Academic Unit (choose one) UAA	1b. School or College College of Health	1c. Department or Program School of Nursing																					
2. Complete Program Title Undergraduate Certificate, Practical Nursing																							
3. Type of Program																							
<input checked="" type="checkbox"/> Undergraduate Certificate <input type="checkbox"/> AA/AAS <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Post-Baccalaureate Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Doctorate																							
4. Type of Action	5. Implementation date (semester, year)																						
<input type="checkbox"/> Add <input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring Year 2013																						
6. Projected Revenue and Expenditure Summary. Not Required if the requested action is deletion. (Provide information for the 5 th year after program or program change approval if a baccalaureate or doctoral degree program; for the 3 rd year after program approval if a master's or associate degree program; and for the 2 nd year after program approval if a graduate or undergraduate certificate. If information is provided for another year, specify (1st) and explain in the program summary attached). Note that Revenues and Expenditures are not always entirely new; some may be current (see 7d.)																							
Projected Annual Revenues in FY N/A <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Unrestricted</td> <td style="width: 50%;">Projected Annual Expenditures in FY N/A</td> </tr> <tr> <td>General Fund</td> <td>Salaries & benefits (faculty and staff)</td> </tr> <tr> <td>Student Tuition & Fees</td> <td>Other (commodities, services, etc.)</td> </tr> <tr> <td>Indirect Cost Recovery</td> <td>TOTAL EXPENDITURES</td> </tr> <tr> <td>TVEP or Other (specify):</td> <td>One-time Expenditures to Initiate Program (if >\$250,000) (These are costs in addition to the annual costs, above.)</td> </tr> <tr> <td>Restricted</td> <td>Year 1</td> </tr> <tr> <td>Federal Receipts</td> <td>Year 2</td> </tr> <tr> <td>TVEP or Other (specify):</td> <td>Year 3</td> </tr> <tr> <td>TOTAL REVENUES</td> <td>Year 4</td> </tr> </table>		Unrestricted	Projected Annual Expenditures in FY N/A	General Fund	Salaries & benefits (faculty and staff)	Student Tuition & Fees	Other (commodities, services, etc.)	Indirect Cost Recovery	TOTAL EXPENDITURES	TVEP or Other (specify):	One-time Expenditures to Initiate Program (if >\$250,000) (These are costs in addition to the annual costs, above.)	Restricted	Year 1	Federal Receipts	Year 2	TVEP or Other (specify):	Year 3	TOTAL REVENUES	Year 4				
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Page # of attached summary where the budget is discussed, including initial phase-in: 2																							
7. Budget Status. Items a., b., and c. indicate the source(s) of the General Fund revenue specified in item 6. If any grants or contracts will supply revenue needed by the program, indicate amount anticipated and expiration date, if applicable.																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 66%;">Revenue source</th> <th style="width: 16%;">Continuing</th> <th style="width: 18%;">One-time</th> </tr> </thead> <tbody> <tr> <td>a. In current legislative budget request</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>b. Additional appropriation required</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>c. Funded through new internal MAU redistribution</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>d. Funds already committed to the program by the MAU¹</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>e. Funded all or in part by external funds, expiration date</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>f. Other funding source Specify Type:</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>			Revenue source	Continuing	One-time	a. In current legislative budget request	\$	\$	b. Additional appropriation required	\$	\$	c. Funded through new internal MAU redistribution	\$	\$	d. Funds already committed to the program by the MAU ¹	\$	\$	e. Funded all or in part by external funds, expiration date	\$	\$	f. Other funding source Specify Type:	\$	\$
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8. Facilities: New or substantially (>\$25,000 cost) renovated facilities will be required. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
If yes, discuss the extent, probable cost, and anticipated funding source(s), in addition to those listed in sections 6 and 7 above.																							
9. Projected enrollments (headcount of majors). If this is a program deletion request, project the teach out enrollments.																							
Year 1: 0	Year 2: 0	Year 3: 0	Year 4: 0																				
Page number of attached summary where demand for this program is discussed:																							

¹Sometimes the courses required by a new degree or certificate program are already being taught by an MAU, e.g., as a minor requirement. Similarly, other program needs like equipment may already be owned. 100% of the value is indicated even though the course or other resource may be shared.

<p>10. Number* of new TA or faculty hires anticipated (or number of positions eliminated if a program deletion):</p> <table border="1" data-bbox="114 211 571 348"> <tr><td>Graduate TA</td><td>0</td></tr> <tr><td>Adjunct</td><td>0</td></tr> <tr><td>Term</td><td>0</td></tr> <tr><td>Tenure track</td><td>0</td></tr> </table>	Graduate TA	0	Adjunct	0	Term	0	Tenure track	0	<p>11. Number* of TAs or faculty to be reassigned:</p> <table border="1" data-bbox="660 158 1117 285"> <tr><td>Graduate TA</td><td>0</td></tr> <tr><td>Adjunct</td><td>0</td></tr> <tr><td>Term</td><td>0</td></tr> <tr><td>Tenure track</td><td>0</td></tr> </table> <p>Former assignment of any reassigned faculty: N/A For more information see page 2 of the attached summary.</p>	Graduate TA	0	Adjunct	0	Term	0	Tenure track	0
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<p>12. Other programs affected by the proposed action, including those at other MAUs (please list):</p> <table border="1" data-bbox="114 454 1444 549"> <thead> <tr> <th>Program Affected</th> <th>Anticipated Effect</th> </tr> </thead> <tbody> <tr> <td>UAA Nursing Programs</td> <td>The BS and AAS Programs in the School of Nursing approved of this program deletion.</td> </tr> </tbody> </table>		Program Affected	Anticipated Effect	UAA Nursing Programs	The BS and AAS Programs in the School of Nursing approved of this program deletion.												
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<p>Page number of attached summary where effects on other programs are discussed: 1</p> <table border="1" data-bbox="114 591 1444 876"> <tr> <td data-bbox="114 591 636 876"> <p>13. Specialized accreditation or other external program certification needed or anticipated. List all that apply or 'none': N/A</p> </td> <td data-bbox="636 591 1444 876"> <p>14. Aligns with University or campus mission, goals, core themes, and objectives (list): Consolidating programs to assure the best use of limited resources and focusing program offerings on the needs of our partner institutions are both consistent with the UAA Strategic Plan and the UA Academic Master Plan and Strategic Direction Initiative.</p> </td> </tr> </table> <p>Page in attached summary where alignment is discussed: 2</p>		<p>13. Specialized accreditation or other external program certification needed or anticipated. List all that apply or 'none': N/A</p>	<p>14. Aligns with University or campus mission, goals, core themes, and objectives (list): Consolidating programs to assure the best use of limited resources and focusing program offerings on the needs of our partner institutions are both consistent with the UAA Strategic Plan and the UA Academic Master Plan and Strategic Direction Initiative.</p>														
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<p>15. State needs met by this program (list): The AAS and BS programs will continue to meet state needs.</p> <p>Page in the attached summary where the state needs to be met are discussed: 1-2</p>	<p>16. Program is initially planned to be: (check all that apply)</p> <p><input type="checkbox"/> Available to students attending classes at campus(es). <input type="checkbox"/> Available to students via e-learning. <input type="checkbox"/> Partially available students via e-learning.</p> <p>Page # in attached summary where e-learning is discussed: N/A</p>																
<p>Submitted by the University of Alaska Anchorage with the concurrence of its Faculty Senate.</p> <p>(choose one above)</p> <p> Provost <u>10/05/13</u>  Chancellor <u>1 May 2013</u></p> <p> UA Vice President for Academic Affairs on behalf of the Statewide Academic Council <u>5/14/2013</u></p>																	
<p><input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Disapproval</p>																	

*Net FTE (full-time equivalents). For example, if a faculty member will be reassigned from another program, but his/her original program will hire a replacement, there is one net new faculty member. Use fractions if appropriate. Graduate TAs are normally 0.5 FTE. The numbers should be consistent with the revenue/expenditure information provided.

Attachments: Summary of Degree or Certificate Program Proposal

Other (optional)

Revised: 10/10/2012



UNIVERSITY of ALASKA ANCHORAGE

To: University of Alaska Board of Regents
From: Catherine H. Sullivan, School of Nursing
Date: April 26, 2013
Re: Proposed Deletion of Practical Nursing Undergraduate Certificate Program

Program Background:

The Practical Nursing Certificate Program was initially approved in 2001 and has been suspended since 2005.

Justification for Program Deletion:

The need for licensed practical nurses (LPNs) has decreased. Our partner institutions prefer to hire RNs over LPNs.

Impact on Other Programs:

No other UAA programs will be impacted by this deletion. The BS and AAS Programs in the School of Nursing approved of the deletion of the Practical Nursing Certificate Program.

Impact on Students:

There are no students currently enrolled in the Practical Nursing Certificate Program.

Impact on Stakeholders:

There is a program in the community (AVTEC), which trains LPNs and produces sufficient numbers of graduates to meet community need.

Plans for Program Deletion:

Fall 2013

**Section Two: External Approval Requirements****Specialized Accreditation or Other External Program Certification:**

The Practical Nursing Certificate Program is not currently accredited.

Program Resources:

There are no resources currently dedicated to this program.

Projected Enrollments:

There are no students currently enrolled in the Practical Nursing Certificate Program.

Projected enrollments (headcount of majors) during teach-out:

Year 1:	0	Year 2:	0	Year 3:	0	Year 4:	0
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Personnel Implications:

No positions will be eliminated as a result of this program deletion.

Number of positions planned for elimination:

Graduate TA:	0	Adjunct:	0	Term Faculty:	0	Tenure Track Faculty:	0
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Alignment with UA or Campus Strategic Plans:

The Provost requested that the UAA School of Nursing delete this certificate program because it has been suspended since 2005, and there is no student interest in it. Consolidating programs to assure the best use of limited resources and focusing program offerings on the needs of our partner institutions are both consistent with the UAA Strategic Plan and the UA Academic Master Plan and Strategic Direction Initiative.