<p style="text-align: center;">**CONNECTICUT BOARD OF REGENTS FOR HIGHER EDUCATION**
Connecticut State Colleges & Universities</p>

MODIFICATION OF AN ACCREDITED PROGRAM – BELOW THRESHOLD REPORT

SECTION 1: GENERAL INFORMATION

Institution: CT State Community College	Please enter the following dates: Final approval by institution: Submission to CSCU Office of the Provost for Academic Council:

Most Recent NECHE Institutional Accreditation Action and Date:

Use this form for modifications that fall below the threshold required for full BOR review, defined as "more than 15 credits in a previously approved undergraduate degree program or more than 12 credits in a previously approved graduate degree program". For changes not below this threshold, use form 201 (*Application for Modification of an Accredited Program*).

Total Number of courses and course credits to be modified by this application: **1 Course/1 Credit**

For the singular changes noted below, alternate forms are available:
- If only modifying modality, use form XXX *Application to Modify Instructional Modality*
- If only modifying program name, use form XXX *Application for Name Change*
- If only modifying CIP code, use form XXX *Application to Change CIP Code*
- If only adding auxiliary site, use form XXX *Application for Adding an Auxiliary Instructional Site*

Original Program Characteristics
Name of Program: Medical Assisting
OHE #:
Modality of Program *(check all that apply)*: ☒On ground   ☒ Online   ☒ Hybrid, % of fully online courses 10%
Locality of Program: ☐ On Campus   ☐ Off Campus   ☒ Both
Program Type *(degree type, abbreviation, name, e.g., Associates, AS, Associate of Science)*:   **Certificate**
Date Program was Initiated: F2023 (aligned program)
Total # Credits in Program: 31
Credits in General Education: 0
CIP Code Number: 51.08   Title of CIP Code: Allied Health and Medical Assisting Services

Modified Program Characteristics
Name of Program: Medical Assisting
Modality of Program *(check all that apply)*: ☒On ground   ☒ Online   ☒ Hybrid, % of fully online courses 10%
Locality of Program: ☐ On Campus   ☐ Off Campus   ☒ Both
Program Type *(degree type, abbreviation, name, e.g., Associates, AS, Associate of Science)*:   **Certificate**
Initiation Date for Modified Program: ASAP
Anticipated Date of First Graduation: 1/2025
Total # Credits in Program: 32
Credits in General Education: 0
CIP Code Number: 51.08   Title of CIP Code: Allied Health and Medical Assisting Services

Department where program is housed: Allied Health
Location Offering the Program *(e.g., main campus)*: Asnuntuck, Capital, Housatonic, Northwestern, Norwalk, Quinebaug Valley, Three Rivers

If modification of the program is concurrent with discontinuation of related program(s), please list for each program:
Program Discontinued: CIP: OHE#:   BOR Accreditation Date:
Phase Out Period   Date of Program Termination
Discontinuation of a program requires submission of form 301. Discontinuation form submitted? ☐ Yes ☐ No

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Institutional Contact for this Proposal: Melissa Bettigole	Title: Program Coordinator	Tel.: 860-738-6393 e-mail: mbettigole@nwcc.commnet.edu

SECTION 2: BACKGROUND, RATIONALE, AND NATURE OF MODIFICATION

Rationale for Modification

Describe the context and need for the proposed modification(s) and the relationship to the originally approved program:

A modification request was submitted last spring to add MDAS 2050L to the Medical Assisting program. The paperwork may have been completed incorrectly and MDAS2050L was added only to MDAS-AS and not to MDAS-CC though the intent to was to add it to both. Medical Assisting accreditation requires psychomotor competencies requiring a lab course for pharmacology to cover medication administration and other skills.

Curriculum

Present side-by-side listing of curricular modifications (insert/delete rows as needed)

Original Program		Proposed Modified Program	
Course Name & Number	**Credits**	**Course Name & Number**	**Credits**
MDAS 1025 Medical Terminology for Clinical and Administrative Professions	3	**MDAS 1025 Medical Terminology for Clinical and Administrative Professions**	3
MDAS 1011 Administrative Medical Assisting	3	**MDAS 1011 Administrative Medical Assisting**	3
MDAS 1012 Medical Insurance and Billing	3	**MDAS 1012 Medical Insurance and Billing**	3
MDAS 1033 Clinical Medical Assisting	4	**MDAS 1033 Clinical Medical Assisting**	4
MDAS 2016 Electronic Medical Records	3	**MDAS 2016 Electronic Medical Records**	3
MDAS 2042 Clinical Procedures and Practices	4	**MDAS 2042 Clinical Procedures and Practices**	4
MDAS 2045 Clinical Laboratory Procedures	4	**MDAS 2045 Clinical Laboratory Procedures**	4
MDAS 2050 Principles of Pharmacology	3	**MDAS 2050 Principles of Pharmacology**	3
MDAS 2095 Medical Assisting Practicum/Externship	4	**MDAS 2095 Medical Assisting Practicum/Externship**	4
		MDAS 2050L Principles of Pharmacology Lab	1
Total Credits Original Program	31	**Total Credits Modified Program**	32

Learning Outcomes - L.O.

List the student learning outcomes for the program – add lines as necessary. If the program will seek external accreditation or qualifies graduates to opt for a professional/occupational license, please frame outcomes with attention to such requirements. Note new or modified learning outcomes. Map these learning outcomes to courses listed under the "Curriculum" section below.

1. Apply for a national medical assisting certification examination.
2. Perform all medical assisting skills at entry level competency.
3. Become a professional collaborative member of the health care team delivering safe quality care.
4. Obtain strong oral, written, and interpersonal communication skills.
5. Use Critical thinking skills for handling issues related to effective patient care.
6. Develop social skills, respect, and empathy appropriate for dealing with patients from a variety of backgrounds and cultures.
7. Develop business skills for gathering and updating data accurately across a range of data management systems.

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Assessment of Learning Outcomes

Briefly describe assessment methodologies to be used in measuring the program learning outcomes:

Interactive homework assignments, case studies, practical skill assessments, exams, simulation exercises.

Detailed Curriculum for Modified Program

Please list all courses in the modified program, including the core/major area of specialization, prerequisites, electives, required general education courses, etc. Using numerals, map the Learning Outcomes listed above to relevant program courses. Note any new courses or significantly modified courses and include/attach course descriptions. Insert/delete rows as needed.

Course Number and Name	Learning Outcome # (from above)	Pre-Requisite(s)	Credit Hours
MDAS 1025 Medical Terminology for Clinical and Administrative Professions	2, 4	MDAS 1025 requires placement into ENG 1010	3
MDAS 1011 Administrative Medical Assisting	2, 4, 6, 7	MDAS 1011 requires placement into ENG 1010.	3
MDAS 1012 Medical Insurance and Billing	2	MDAS 1012 requires placement into ENG 1010. MDAS 1012 suggests a corequisite MDAS 1025.	3
MDAS 1033 Clinical Medical Assisting	2, 4, 5, 6	MDAS 1033 requires placement into ENG 1010. MDAS 1033 requires a corequisite of MDAS 1025, if not previously completed	4
MDAS 2016 Electronic Medical Records	2, 4, 5, 7	MDAS 2016 requires placement into ENG 1010.	3
MDAS 2042 Clinical Procedures and Practices	2, 4, 5	MDAS 2042 requires a C or higher in MDAS 1025 AND MDAS 1033, or concurrent enrollment.	4
MDAS 2045 Medical Laboratory Procedures	2, 4, 5	MDAS 2045 requires a C or higher in MDAS 1025 AND MDAS 1033.	4
MDAS 2050 Principles of Pharmacology	3, 4	MDAS 2050 requires placement into ENG 1010 AND MATH 1002 (or higher).	3
MDAS 2095 Medical Assisting Practicum/Externship	1, 2, 3, 4, 5, 6	MDAS 2095 requires a C or higher in all MDAS courses. Permission of Program Coordinator required.	4
MDAS 2050L Principles of Pharmacology Lab	2, 4, 5	MDAS 2050L requires eligibility for MATH 1000 or higher.	1
Open Electives (*Indicate number of credits of open electives*)			
Total Program Credits:			32

Description of Related Modification(s)

Provide a summary of other changes, if any, necessitated by curricular modification, such as admissions or graduation requirements

Description of Resources Needed

As appropriate, summarize faculty and administrative resources, library holdings, specialized equipment, etc. required to implement the proposed modification and estimate the total cost.

SECTION 3: ADDITIONAL PROGRAM CHARACTERISTICS

Program website: https://catalog.ctstate.edu/preview_program.php?catoid=15&poid=5455

IPEDS defined program duration *(if no IPEDS data, provide standard duration of program for full-time student in years)*:

Provide estimated cost of program (tuition and fees): $5500 OR url for link to tuition/fee information:

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Request for SAA Approval for Veterans Benefits? ☐ Yes ☐ No

Catalog Description

Provide the catalog description for this program (with proposed modifications if applicable): The Medical Assisting Certificate prepares students for entry level positions as multi-skilled practitioners. There are career positions available in medical offices, hospitals, hospice care, laboratories, ambulatory care centers, and more. The program provides the student the opportunity to acquire clinical and administrative knowledge and skills in the classroom, the laboratory, and during practicum/externship.

Careers/Professions and Earnings

Identify the careers and professions available to graduates of the program using the Standard Occupational Classification (SOC) system. Provide SOC code number(s) and name(s): 31-9092

What would be the median estimated earnings for a graduate in this profession (*if more than one SOC code listed, include earnings for each*)? $47,683

Applicable Industries

Identify the industry applicable to this program using the North American Industry Classification System (NAICS). Provide NAICS code(s) and title(s): 62 Health Care and Social Assistance

Career/Program Pathways

Does this program prepare students for another program? ☐ Yes, specify program: ☒ No

Program Administration and Faculty

Provide the name, email, and phone number for the individual who will serve as the program administrator (or provide timeframe for prospective hiring):

How many full-time faculty, if any, will teach in the program's core curriculum (include proposed new hires)? ~8

How many adjunct and/or part-time faculty, if any, will teach in the program's core curriculum? ~15

Admissions Requirements

What are the admissions requirements for the program? n/a

Graduation Requirements

Does this program have special graduation requirements (e.g., capstone or special project)? ☐ Yes ☒ No
If yes, describe:

Program Work Experiences

Does this program require fieldwork (e.g., clinical affiliations, internships, externships, etc.)? ☒ Yes ☐ No
If yes, describe and attach copies of the contracts or other documents ensuring program support: Numerous established contracts including Hartford Healthcare

Prospective Students

Describe the prospective students for the program:

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CT STATE
COMMUNITY COLLEGE

REQUIRED APPROVALS

Check all Campuses making this proposal.		ALL Proposals	New Programs/Courses		
		DC/PC Signature	CEO Signature *(CEO signature is required for all new programs and any new courses that have new facility/resource costs associated with the course)*	New Program Approval Supplement B *("Budget" included for each campus)*	New Program Approval Section 6 *("Cost Effectiveness and Resources" included for each campus)*
X	ACC	*M Swan*			
X	CCC	*Sash Zou*			
	GWCC				
X	HCC	*Ldora Morris*			
	MCC				
	MxCC				
	NVCC				
X	NWCC	*M Both*			
X	NCC	*Drahlina Erol*			
X	QVCC	*Rn Clints*			
X	TRCC	*LuAnn Wolff*			
	TxCC				

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REQUIRED SIGNATURES

GOVERNANCE BODY	SIGNATURES	DATE
Statewide Discipline Council		
School Area Curriculum Council		
Curriculum Congress		
School Area Academic Dean		
CT State Provost		
*Campus CEO (if applicable)		
*CT State President (if applicable)		