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| A blue and white logo  Description automatically generated | **SOUTH DAKOTA BOARD OF REGENTS**  ACADEMIC AFFAIRS FORMS |
| Substantive Program Modification Form |
|  |  |
|  |  |

Use this form to request minor changes in existing programs (majors, minors, certificates, or specializations).

|  |  |
| --- | --- |
| **UNIVERSITY:** | DSU |
| **CURRENT PROGRAM DEGREE:** | **Certificate** |
| **CURRENT PROGRAM MAJOR/MINOR:** | **Healthcare Coding Certificate** |
| **CURRENT SPECIALIZATION** *(If applicable)***:** |  |
| **CIP CODE:** | **51.0713** |
| **UNIVERSITY DEPARTMENT:** | **HIIM** |
| **BANNER DEPARTMENT CODE:** | **DHIM** |
| **UNIVERSITY COLLEGE:** | **College of BIS** |
| **BANNER COLLEGE CODE:** | **CBIS** |

**University Approval**

*To the Board of Regents and the Executive Director: I certify that I have read this proposal, that I believe it to be accurate, and that it has been evaluated and approved as provided by university policy.*

|  |  |  |
| --- | --- | --- |
| A picture containing text  Description automatically generated |  | 4/5/2024 |
| Vice President of Academic Affairs or President of the University |  | Date |

|  |
| --- |
|  |

1. **This modification addresses a change in (*place an “X” in the appropriate box*):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total credits required within the discipline |  | Total credits of supportive course work |
|  |  |  |  |
|  | Total credits of elective course work |  | Total credits required for program |
|  |  |  |  |
|  | Program name |  | Existing specialization |
|  |  |  |  |
|  | CIP Code |  | Other (explain below) |
|  | Modification requiring Board of Regents approval  *Must have prior approval from Executive Director or designee* | | |

1. **Effective date of change: 5/13/2024**
2. **Program Degree Level (*place an “X” in the appropriate box*):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Associate |  | Bachelor’s |  | Master’s |  | Doctoral |  |

1. **Category (*place an “X” in the appropriate box*):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Certificate |  | Specialization |  | Minor |  | Major |  |

1. **If a name change is proposed, the change will occur (*place an “X” in the appropriate box*):**

|  |  |
| --- | --- |
|  | On the effective date for all students |

|  |  |
| --- | --- |
|  | On the effective date for students new to the program (enrolled students will graduate from existing program) |
|  |

|  |  |
| --- | --- |
| **Proposed new name:** |  |
|  | *Reminder: Name changes may require updating related articulation agreements, site approvals, etc.* |

1. **Is the program being modified associated with a current articulation agreement?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

* 1. **If yes, will the articulation agreement need to be updated with the partner institution following the approve of the program change? Please explain:**

1. **Primary Aspects of the Modification (*add lines or adjust cell size as needed*):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Existing Curriculum* | | | | | *Proposed Curriculum (highlight changes)* | | | | |
| **Pref.** | **Num.** | **Title** | **Cr.**  **Hrs.** |  | | **Pref.** | **Num.** | **Title** | **Cr. Hrs.** |
| Core Requirements | | | 31 |  | | Core Requirements | | |  |
| BIOL | 106/106L | Human Health and Biology and Lab | 3 |  | | BIOL | 106/106L | Human Health and Biology and Lab | 3 |
| CSC | 105 | Introduction to Computers | 3 |  | | CSC | 105 | Introduction to Computers | 3 |
| HIM | 130 | Basic Medical Terminology | 2 |  | | HIM | 130 | Basic Medical Terminology | 2 |
| HIM | 150 | Introduction to Digital Health Informatics & Information Management | 4 |  | | HIM | 150 | Introduction to Digital Health Informatics & Information Management | 4 |
| HIM | 169 | Legal Aspects of Health information I | 1 |  | | HIM | 169 | Legal Aspects of Health information I | 1 |
| HIM | 180 | Fundamentals of Human Disease | 3 |  | | HIM | 180 | Fundamentals of Human Disease | 3 |
| HIM | 240 | ICD Healthcare Coding Systems | ~~4~~ |  | | HIM | 240 | ICD Healthcare Coding Systems | ~~4~~ |
| ~~HIM~~ | ~~252~~ | ~~Health Statistics~~ | ~~3~~ |  | |  |  |  |  |
| HIM | 362 | Healthcare Procedure Coding Systems | 3 |  | | HIM | 362 | Healthcare Procedure Coding Systems | 3 |
| ~~HIM~~ | ~~364~~ | ~~Revenue Cycle Management~~ | ~~3~~ |  | |  |  |  |  |
| HIM | 370 | Practical Coding Application | 2 |  | | HIM | 370 | Practical Coding Application | 2 |
|  |  | Total Hours Required | 31 |  | |  |  | Total Hours Required | **25** |

1. **Explanation of the Change:**

The change requested is to decrease the number of healthcare coding certificate credits to 25. This will allow students to shorten the time to complete the certificate program by two semesters and will be more attractive to students.