
**SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS**

New Course Request

<u>SDSU</u>	<u>Pharmacy & Allied Health Professions /Pharmacy Practice</u>
Institution	Division/Department
Dennis D. Hedge	2/7/2018
Institutional Approval Signature	Date

Section 1. Course Title and Description

Prefix & No.	Course Title	Credits
PHA 419	Fundamentals of Health Care Practice II	1

Course Description

Continuation of Fundamentals of Health Care Practice I. Knowledge, skills, and attitudes that

BHSU

DSU

NSU

SDSMT

3. In addition to the major/program in which this course is offered, what other majors/programs will be affected by this course?
None
4. If this will be a dual listed course, indicate how the distinction between the two levels will be made.
NA
5. Desired section size 80
6. Provide qualifications of faculty who will teach this course. List name(s), rank(s), and degree(s).
Teresa Seefeldt, Pharm.D., Ph.D., Associate Professor of Pharmaceutical Sciences
Brittney Meyer, Pharm.D., Associate Professor of Pharmacy Practice
Chamika Hawkins-Taylor, Assistant Professor of Pharmacy Practice
7. Note whether adequate facilities are available and list any special equipment needed for the course.
Adequate facilities are available to teach this course. No special equipment is needed.
8. Note whether adequate library and media support are available for the course.
Adequate library and media support are available for this course.
9. Will the new course duplicate courses currently being offered on this campus?
Yes No
10. If this course may be offered for variable credit, explain how the amount of credit at each offering is to be determined.
NA