



OREGON STATE UNIVERSITY

Category I Proposal Transmittal Sheet

Submit proposals to: Office of Academic Programs
110 Kerr Admin -- Oregon State University

For instructions, see <http://oregonstate.edu/dept/academic/cph1998/>. Please attach Proposal, Library Evaluation (performed by the library), Liaison Correspondence, Faculty Curriculum Vitae, and Budget Sheets, as appropriate.

Check one:

Full Proposal

- New degree program
- New certificate program or administrative unit
- Major change in existing program
- Establishment of a new College or Department

Abbreviated Proposal

- Rename of an academic program or unit
- Reorganization – moving responsibility for an academic program from one unit to another
- Merging or splitting an academic unit
- Termination of an academic program or unit
- Suspension or reactivation an academic program or unit

For proposals to establish a new center or institute, contact the Research Office (737-3437).

For requests to offer existing certificate and degree programs at new locations, use the New Location Request Form available on the Web: <http://www.ous.edu/aca/aca-forms.html>

Title of Proposal:

Effective Date:

Graduate Certificate in Health Management and Policy

Fall 2005

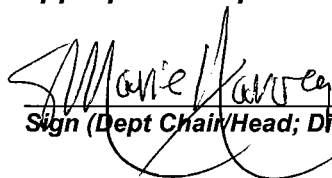
Department/Program:

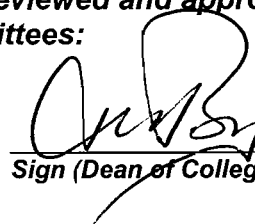
College:

Public Health

Health and Human Sciences

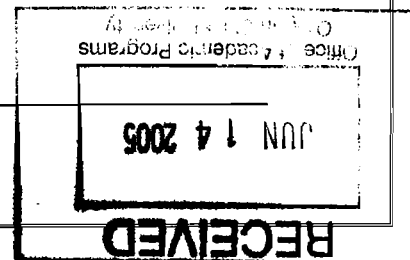
I certify that the above proposal has been reviewed and approved by the appropriate Department and College committees:


 Sign (Dept Chair/Head; Director) 5/14/05
 Date


 Sign (Dean of College) 5/14/05
 Date

S. Marie Harvey
Print (Department Chair/Head; Director)

Tammy Bray
Print (Dean of College)



**Proposal to Change the Name of the
Graduate Certificate in Health Care Administration to
Graduate Certificate in Health Management and Policy**

Oregon State University
Department of Public Health
College of Health and Human Sciences
CIP 510701
03 May 2005
Proposed Effective Date: Spring 2006

A. Title of propose instructional, research, or public service unit. For name changes, give both the current and proposed names. Describe the reason(s) for the proposed change.

Current Name: Graduate Certificate in Health Care Administration

Proposed Name: Graduate Certificate in Health Management and Policy

Reasons: The term Health Care Administration does not adequately describe the scope of professional opportunities and preparation our students receive. Health Management and Policy is a much more accurate reflection of the curricular requirements for our students. We seek to change the name of the Graduate Certificate to bring it in line with our MPH (track concentration in Health Management and Policy) and PhD (emphasis in Health Management and Policy). Concurrent with this proposal is one that seeks to change the name of the BS in Health Care Administration to Health Management and Policy.

B. Location with the institution's organizational structure. Include "before" and "after" organizational charts

N/A

C. Objectives, functions, and activities of the proposed unit

There will be absolutely no change in course offerings, admission requirements, program requirements, student learning outcomes and experiences, or advising structure and availability.

D. Resources needed, if any: personnel, FTE academic, FTE classified, facilities and equipment

No additional resources will be needed to support this proposal. The proposed name change has been approved by and is fully supported by the faculty in the Department of Public Health, members of our external advisory committee, and program alumni.

(OUS and OSU)

Category I Proposal Budget Outline

Estimated Costs and Sources of Funds for the Proposed Program

Total new resources required to handle the increased workload, if any. If no new resources are required, the budgetary impact should be reported as zero.

See "Budget Outline Instructions" on the OUS Forms and Guidelines Web site: www.ous.edu/aca/aca-forms.html

Institution: Oregon State University

Category I Proposal Name: Graduate Certificate in Health Management and Policy

Academic Year: 2005-06

Operating Year: _____

Completed by: _____

(indicate 1st, 2nd, 3rd, or 4th year--prepare one page for each)

	Column A	Column B	Column C	Column D	Column E	Column F	Column G	
	From Current Budgetary Unit		Institutional	From Special State	From Federal Funds &	From Fees, Sales, &	Endowment	LINE ITEM TOTAL
	FTE	Dept	College	Reallocation from Other Budgetary Unit	Appropriation Request	Other Grants/Contracts	Other Income	
Personnel								
Faculty (Include FTE)								\$0
Support Staff (Include FTE)								\$0
Graduate Assistants (Include FTE)								\$0
Fellowships/Scholarships								\$0
*OPE: Faculty								\$0
Staff								\$0
GTA/GRA								\$0
Nonrecurring								\$0
Personnel Subtotal:		0	0	0	0	0	0	\$0
Other Resources								
Library/Printed								\$0
Library/Electronic								\$0
Supplies and Services								\$0
Equipment								\$0
Travel								\$0
Other Expenses		250						\$250
Other Resources Subtotal:		250	0	0	0	0	0	\$250
Physical Facilities								
Construction								\$0
Major Renovation								\$0
Other Expenses								\$0
Physical Facilities Subtotal:		0	0	0	0	0	0	\$0
GRAND TOTALS:		250	0	0	0	0	0	\$250
Percentage of Total		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

* See current OPE tables at <http://oregonstate.edu/dept/budgets/budghand/tables.htm>