



UNIVERSITY of WASHINGTON

Michael K. Young
President

June 11, 2013

Dean Paul Ramsey
School of Medicine
Box 357110

Dear Paul:

Based on the recommendation of its Subcommittee on Admissions and Programs, the Faculty Council on Academic Standards has recommended approval of the revised program requirements for the Bachelor of Science degree in Medical Technology. A copy of the change is attached.

I am writing to inform you that the School of Medicine is authorized to specify these requirements beginning autumn quarter 2013.

The new requirements should be incorporated in printed statements and in individual department websites as soon as possible. The *General Catalog* website will be updated accordingly by the Registrar's Office.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Michael K. Young".

Michael K. Young
President

Enclosure

cc: Ms. Kara Hansen-Suchy (with enclosure)
Mr. Robert Corbett (with enclosure)
Ms. Virjean Edwards (with enclosure)



UNIVERSITY OF WASHINGTON

CREATING AND CHANGING UNDERGRADUATE
ACADEMIC PROGRAMS

MAY 21 2013

OFFICE USE ONLY

Control #

LAB M - 20130502

After college/school/campus review, send a signed original and 1 copy to the Curriculum Office/FCAS, Box 355850.

For information about when and how to use this form: <http://depts.washington.edu/uwcr/1503instructions.pdf>**College/Campus** School of Medicine/Seattle**Department/Unit** Laboratory Medicine**Date** May 2, 2013**New Programs**

- ☐ Leading to a Bachelor of _____ in _____ degree.
- ☐ Leading to a Bachelor of _____ degree with a major in _____.
- ☐ Leading to a _____ Option within the existing major in _____.
- ☐ Leading to a minor in _____.

Changes to Existing Programs

- ☐ New Admission Requirements for the Major in _____ within the Bachelor of _____.
- ☐ Revised Admission Requirements for the Major in _____ within the Bachelor of _____.

X Revised Program Requirements for the Major in Medical Technology within the Bachelor of Science.

- ☐ Revised Requirements for the Option in _____ within the major in _____.
- ☐ Revised Requirements for the Minor in _____.

Other Changes

- ☐ Change name of program from _____ to _____.
- ☐ Change delivery method or location of program.
- ☐ New or Revised Continuation Policy for _____.
- ☐ New Honors Requirements for _____.
- ☐ Eliminate program in _____.

Proposed Effective Date: **Quarter:** X Autumn ☐ Winter ☐ Spring ☐ Summer **Year:** 20 13

Contact Person: Kara Hansen-Suchy

Phone: 598-
0428Email: khsuchy@uw.edu

Box: 357110

EXPLANATION OF AND RATIONALE FOR PROPOSED CHANGEFor new program, please include any relevant supporting documentation such as student learning outcomes, projected enrollments, letters of support and departmental handouts. *(Use additional pages if necessary).*

We would like to increase the number of credits for the course LAB M 431, which is a clinical rotation, from 3 to 7 because we are increasing the number of weeks of this clinical rotation from 2 to 4 weeks in order to comply with the requirements of the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). This will ultimately increase the number of credits required in the major from 102 to 106.

OTHER DEPARTMENTS AFFECTED

List all departments/units/ or co-accredited programs affected by your new program or changes to your existing program and acquire the signature of the chair/director of each department/unit listed. Attach additional page(s) if necessary. *See online instructions.

Department/Unit:
N/A

Chair/Program Director:

Date:

Department/Unit:

Chair/Program Director

Date:

CATALOG COPY

Catalog Copy as currently written. Include only sections/paragraphs that would be changed if your request is approved. Please cross out or otherwise highlight any deletions.

LAB M 431 Clinical Immunohematology Rotation (3)**PROPOSED CATALOG COPY**

Reflecting requested changes (Include exact wording as you wish it to be shown in the printed catalog. Please underline or otherwise highlight any additions. If needed, attach a separate, expanded version of the changes that might appear in department publications).
Please note: all copy will be edited to reflect uniform style in the General Catalog.

LAB M 431 Clinical Immunohematology Rotation (7)**APPROVALS**

Chair/Program Director: <i>Kara Hansen-Sueby</i>	Date: <i>5/2/2013</i>
College/School/Campus Curriculum Committee: <i>Ellen M. Cosgrove, M.D.</i>	Date: <i>u</i>
Dean/Vice Chancellor: <i>Ellen M. Cosgrove, M.D.</i>	Date: <i>u</i>
Faculty Council on Academic Standards/ General Faculty Organization/Faculty Assembly Chair: <i>Deena Wilb</i>	Date: <i>5/31/13</i>
POST TRI-CAMPUS APPROVAL (when needed)	
Faculty Council on Academic Standards/ General Faculty Organization/Faculty Assembly Chair:	Date:

Current:

Major requirements

~~148-151~~ credits as follows:

1. *Courses Required for Admission (48-51 credits)*: See list above.
2. *Didactic Courses (59 credits)*: IMMUN 441, MICROM 442, MICROM 443, MICROM 444, MICROM 445; LAB M 418, LAB M 419, LAB M 420, LAB M 421, LAB M 426, LAB M 428, LAB M 429, LAB M 430, LAB M 434.
3. *Clinical Rotations (46 credits)*: LAB M 423, LAB M 424, LAB M 425, LAB M 431, LAB M 432, LAB M 433.
4. A minimum grade of 2.0 in all LAB M courses and a minimum GPA of 2.00, both cumulative and in required courses, are required for graduation.

Proposed:

Major requirements

152-155 credits as follows:

1. *Courses Required for Admission (48-51 credits)*: See list above.
2. *Didactic Courses (59 credits)*: IMMUN 441, MICROM 442, MICROM 443, MICROM 444, MICROM 445; LAB M 418, LAB M 419, LAB M 420, LAB M 421, LAB M 426, LAB M 428, LAB M 429, LAB M 430, LAB M 434.
3. *Clinical Rotations (50 credits)*: LAB M 423, LAB M 424, LAB M 425, LAB M 431, LAB M 432, LAB M 433.
4. A minimum grade of 2.0 in all LAB M courses and a minimum GPA of 2.00, both cumulative and in required courses, are required for graduation.