Verification Team Report

A. Unit Under Review
   Respiratory Therapy

   Self-Study Team Member
   Kate Benscoter

   Verification Team Members:
   Dianna Chiabotti, John Liscano, Bonnie Virmelson

B. Statement of Completion
   The verification team believes that the Program Evaluation and Planning Report (PEPR) is complete for this unit. The verification team believes that the PEPR addresses all the applicable elements.
   1. Analysis and Interpretation of Data – The PEPR appears to utilize the data provided in their evaluation.
   2. An Action Plan – Proposed actions are included as part of the unit plan.
   3. Executive Summary – A program Evaluation Summary is included in the PEPR.

C. Strengths of the Unit
   The verification team concurs with the Program Evaluation Summary. The unit has the following strengths:
   - Stable faculty
   - Quality adjunct faculty
   - Excellent and supportive clinical facilities
   - High demand for graduates

   In addition, the unit has developed SLO’s and their courses are aligned with the program SLO’s. We also believe that the quality of the full time faculty has supported the student success rates.

D. Challenges (concerns, difficulties, areas for improvement)
   The validation team concurs with the PEPR. The unit has the following challenges:
   - Respiratory care is still not well known as a health care career option
   - The Respiratory Care classroom/laboratory is not large enough to accommodate full classes
- One full time permanent faculty is not sufficient to carry the workload.

E. Summary of the Verification Team’s Recommendations

The verification team believes that the PEPR for this unit is excellent and provides a wonderful model for future PEPR teams.

The verification team recommends:
1. The college increase marketing for the Respiratory Care Program;
2. The Respiratory Care Program work toward completion of the activities/actions in the Unit Plan enclosed in the PEPR;
3. The Respiratory Care Program Coordinator consult with their Dean and possibly the NVC Foundation or other sources of funding to support the purchase of the Mechanical Ventilator;
4. The college look at the feasibility of implementing the facilities improvements request since the need for the renovation is clear;
5. The Respiratory Therapy Program Coordinator look at applying for a PDC Mini Grant and/or staff development TTIP money for their technology requests; and
6. The Respiratory Therapy Program Coordinator consult with their Dean, the PDC, and the TLC to look at meeting the professional development needs of the unit.
1. MISSION
   A. Program Mission Statement
      The Respiratory Care Program provides students with a high quality education in a supportive environment so that they enter the community as knowledgeable, skilled, and enthusiastic health care providers.

   B. The program falls within one or more of the following categories (check all that apply):
      - Transfer/Degree
      - Vocational
      - Remediation
      - Non-Credit/Community Services

2. CURRICULUM AND INSTRUCTION
   A. Review the course outline data and assess the following:
      - Currency of course outlines. Course outlines must be reviewed every five years. If all course outlines have not been reviewed, include a timeline for review in your unit plans.
         All the current courses have been revised in the last five years. The program was redesigned with input from the Advisory Committee and all the new and revised courses were approved in April 2002 (the Respiratory Therapy Program officially changed its name to the Respiratory Care program at that time). It was recently discovered that the new curriculum was never entered into WebCMS. In addition, one of the current courses, RESP 250, is shown as "deleted." Also, after having had two groups of students go through the program under the new revision, there are some minor course changes that need to be made. The Program Director will work with the Office of Instruction to remedy these issues.

      - Appropriateness of courses to the program.
         All of the courses are appropriate to the program.

      - Appropriateness of current pre- and co-requisites and recommended preparation.
         All current pre- and co-requisites are appropriate for the program. The addition of Human Anatomy as a prerequisite has helped with the preparation of incoming students. Robert Chudnofsky offered an online course in the summer of 2005 called "Orientation to the Profession of Respiratory Care," which was taken by many, but not all, of the incoming class. We plan to offer this course again in the spring or summer of 2006 and consider making it a prerequisite for the program.
Appropriateness of the degree and certificate requirements.

The Associate of Science degree is required by the Respiratory Care Board of California (licensing board) to take the state exam and earn a license as a Respiratory Care Practitioner. All of the current courses are appropriate to assist the student in earning their state license. The Program Director should evaluate the necessity of the current psychology requirement (Psych 124). Also, the new upcoming requirement for the A.S. degree (intermediate algebra) is a concern, as to when the students will fit this into their schedules.

B. Review the Student Learning Outcomes Program Map and assess the following:

- Complete the SLO Matrix (attached).
- What timeline have you established for developing course-level student learning outcomes?
  All first year and summer courses: SLOs completed by August 2006.
  All second year courses: SLOs completed by December 2006.
- Once established, in what ways will students in your program demonstrate achievement of stated learning outcomes? Check all that apply:
  - ✔ Student internships and clinical rotations
  - ✔ Complete program competency exams
  - ❑ Assessment by departmental rubric
  - ✔ Obtain jobs in the field
  - ✔ Pass state/national examinations
  - ✔ Success in a subsequent course sequence
  - ❑ Performance after transfer
  - ❑ Portfolios/capstone projects
  - ✔ Other: Graduate and Employer Satisfaction Surveys

- Discuss the methods used (above) to assess whether the students achieved the stated student learning outcomes. What was the success rate?
  Not applicable: SLOs not yet implemented

- For those students who did not achieve the SLOs, what interventions were used to support those students? What programmatic changes will be made to ensure future SLO achievement?
  Not applicable: SLOs not yet implemented

- An accreditation standard requires that the institution makes public expected learning outcomes for its degree and certificate programs. In what ways are the program’s expected learning outcomes made public? Check all that apply:
  - ✔ Syllabi
  - ❑ Catalog
  - ✔ Brochure
  - ❑ Articulation/Transfer agreements
  - ✔ Website
  - ❑ Other ______________________________
C. Describe how your program ensures that the syllabi for each instructor are congruent with the course outline. Describe what measures are taken if any syllabi are incongruent with the course outline.

The Program Director reviews each course syllabus to make sure it is congruent with the course outline. In addition, the program is working on a consistent syllabus format for all the courses in the program.

D. What methods are used by the program to ensure that similar standards of academic rigor of the course outline of record are followed by all instructors in the discipline?

The Program Director works with each of the faculty so that the academic rigor is consistent throughout the program. The two full-time faculty regularly "recredential" (take the state and national exams) so that we stay in touch with the exams' content and difficulty level.

E. What instructional methods are used by the program faculty to address the diverse student population and to encourage retention and persistence of the program’s students?

Both full-time faculty have been trained in learning styles and diversity issues and continue to seek training in these areas. The faculty meet with students who are having trouble in the courses very early in the semester and frequently make referrals to appropriate student services.

F. What instructional methods are used by the program faculty to address the differences in learning styles and to encourage retention and persistence of the program’s students?

See "E" above. The courses are taught with all learning styles in mind. Also, the campus learning specialist visits the classroom early in the program to help students identify their preferred learning styles and create strategies for success. Students who are struggling are often referred to the Diagnostic Learning Center to test for learning disabilities.

G. Review existing articulation agreements with high schools and other colleges. Are they adequate? Current? Effective? If not, what changes will be made?

Not applicable.

H. Reflect on your responses in Section 2, Curriculum and Instruction, and write objectives for improvement on Schedule A, Unit Plan, as needed.

3. **Student Success and Equity**

A. Review the data on enrollment, retention, and successful course completion (and grade distribution to be phased in). Discuss program trends relative to college-wide trends. Identify areas where disparity exists for any demographic group (ethnicity/race, gender, age, disability).

Enrollment is strong in the Respiratory Care Program. We have had many more applicants in the past two years than we had in prior years. The reasons for this are many. First, people who were laid off from technical positions are drawn to the technical aspects of our profession. Second, the extreme shortages of personnel in the medical fields have been well advertised. Third, the long waiting list for nursing programs has encouraged people to look for alternative medical professions.
Enrollment trends by equity group show a decreasing percentage of white students (55.6% in summer 2002 to 37.5% in spring of 2005) and an increasing percentage of new majority students, most particularly Asian/Pacific Islander (none in summer 2002, 13.1% in spring 2005), and Filipino (11.1% to 24.4%). These are consistent with college-wide trends.

Retention rates average 83% in the first semester courses, 96.2% in the second semester courses, 96.7 in the summer courses, and 100% in the second year courses. This reflects the fact the students who are successful in the first year of the program generally have the skills necessary to succeed in the more difficult second year. There is no evidence of disparity regarding retention among the demographic groups.

Successful course completion rates average 75.8% in the first semester courses, 90.5% in the second semester courses, 95.5% in the summer courses, and 100% in the second year courses. There might be a slight upward trend from fall 2002 to fall 2004 among first year students, but I am not sure if this is statistically significant. I can find no evidence of any disparity among the demographic groups.

These rates of retention and success are equal to or exceed the college-wide numbers. The applicant pool has increased not only in number but also in preparation, so these percentages of retention/success might increase even more. We recently added Biology 218 (Human Anatomy) as a prerequisite rather than a corequisite, and in the last two years have admitted more students into our program who have all three of the required sciences done, as well as many of their general education courses. It seems reasonable to assume that students will be more successful if they are only taking Respiratory Care courses. In addition, when students leave our program, it is usually for personal reasons, something we have little control over.

B. Identify strategies used to identify and assist students at risk. Discuss their effectiveness.

Early in the program, an NVC learning specialist is invited to the classroom to have the students identify their preferred learning style(s) and how to use this information to their benefit. Collaborative learning is used regularly in the classroom and outside study groups are strongly encouraged. The Program Director (PD) meets with each student soon after midterms when grades have been calculated. Students identified as at high risk for failing are prioritized for these meetings. Students are regularly referred to the Diagnostic Learning Center to be tested for learning disabilities, to the Financial Aid office, or to their counselors as appropriate. Students who are having problems with attendance or punctuality are counseled very early in the semester. All faculty are extremely proactive in identifying any barriers to success that students might have.

The strategies listed above are effective overall. We are always looking for ways to improve success rates. We address problems early and honestly. We hold a required orientation session in which we stress the level of commitment this program requires. Still, some of the unsuccessful students say, "I just didn't realize that this program was so difficult."

We are currently evaluating which factors contribute to students being successful in the classroom but unsuccessful in the clinical setting. To succeed in the hospitals, students need a strong work ethic, effective interpersonal skills, and the ability to communicate clearly. Some of our students struggle in these areas. We plan to evaluate whether offering sessions in assertive communication, time management, and customer service topics would benefit some or all of our students.
C. What has the program done to formalize links with support services for students?

As mentioned above, we have learning specialists visit the classroom. In the future, we will also have a counselor come to our summer orientation to inform the students about all the support services on campus.

D. Review the full-time/part-time instructor ratio (to be phased in). Discuss trends, and needs.

The majority of courses in the Respiratory Care program are taught by the two full-time faculty. The ratio has varied over the last year because in the fall of 2004 one of the full time faculty had reassigned time, so many more courses were taught by part-time faculty than normal. The program currently has only one full-time, permanent faculty member, and a full time leave replacement whose contract expires at the end of Fall Semester 2005.

The Committee on Accreditation for Respiratory Care (CoArc) requires programs to have two, permanent, full-time faculty members, one Program Director (PD), and one Director of Clinical Education (DCE). "Temporary" or "Acting" people in these positions is tolerated for only short periods of time by the CoArc. As of Friday, November 4, 2005, the Respiratory Care Program has received permission to hire a full time, tenure track faculty member into the DCE position. This will put the program back into compliance with accreditation requirements and ensure continuity and quality within the program.

E. Review the data on degree/certificate completion and any job placement data available. Assess the effectiveness of your program. (vocational programs only)

All the students who complete the Respiratory Care Program receive an Associate of Science degree in Respiratory Care. The Respiratory Care Board of California (licensing board) requires the A.S. degree before allowing graduates to attempt the state exam and awarding the license to practice as a Respiratory Care Practitioner. All twenty of the 2005 graduates have passed the licensing exam (two relocated to other states and passed exams in their new locations), and have received their licenses.

100% of our graduates find employment (assuming they look for employment). All twenty of the 2005 graduates are employed, and many were offered multiple jobs. Hospitals are coming to our classroom during fall semester to recruit students rather than waiting until spring when many students have chosen where they want to work.

F. Reflect on your responses in Section 3 Student Success and Equity and write objectives for improvement on Schedule A, Unit Plan, as needed.

4. **Enrollment Trends and Student Satisfaction**

A. Review the enrollment trends data, and describe recent trends. Are there external factors such as community demographics or the economy that have affected the program? What are the plans to address these factors?

There are several factors that explain the increased enrollment in Respiratory Care programs nationwide:

1. When the economy experiences a downturn, people often turn to the service professions, including healthcare.

2. There has been a lot of media attention on the shortage of health care providers.
3. Many people have focused on nursing as a goal, only to find long waiting lists. Many of these people have discovered that Respiratory Care programs do not have the long waiting lists. Some of these people have also found that the Respiratory Care profession is a better "fit" for them.

B. Review the load (WSCH/FTEF), productivity (FTES/FTEF), average class size, and financial data and describe recent trends.

Load: The Respiratory Care Program has shown a significant increase in WSCH/FTEF (load) from Fall 2002 (225.66) through Spring 2005 (363.13). This is due to an increase in WSCH as the enrollment has climbed, while using approximately the same number of faculty.

Productivity: There has also been a significant increase in productivity during this time period for the same reason as above.

Average Class Size: The average class size has steadily increased each year as we fill classes with more prepared students and retain them.

C. Review the schedule of classes for the program and the results of the student satisfaction surveys, and discuss whether the course offerings are scheduled appropriately to meet student need.

All of the Respiratory Care classes are offered at only one time per semester (one section), so our students are required to tailor their schedules to attend the required classes. We are able to offer flexible scheduling for the clinical shifts the students are required to work; many students do their required clinical hours during evening, nightshift, and weekend hours. This helps them with scheduling jobs and family obligations. Many prospective students ask if we offer evening classes; unfortunately, we are not able to offer courses in the evenings and we lose prospective students for this reason.

No student satisfaction surveys have been done as a part of Program Evaluation, but our program is in the habit of having each faculty member evaluated by each group of students each semester. We ask for honest, anonymous feedback and are constantly working at improving our teaching techniques. In addition, we survey both graduates and employers of our graduates each year; these surveys are generally very positive. Again, we take suggestions for improvement seriously. Finally, the Committee on Accreditation for Respiratory Care (CoArc) collects student satisfaction surveys during their site visits (March 2004). We don't receive the results directly, but were told by the CoArc that the results were extremely positive.

There has been some concern on the part of our current students about the change of personnel with one of the long-time faculty doing little teaching (due to reassigned time), and the use of more part-time faculty who are less familiar with the program. I believe they have confidence in their primary instructor; but they are feeling a loss of stability. With the hiring of a full time Director of Clinical Education (DCE) next fall, this concern should be alleviated.

D. Discuss the results of the student satisfaction survey, identifying areas for improvement and continued success.

See above
E. What documented labor market demand does this program address? Does the program offer unique training (and not represent unnecessary duplication of manpower training) in the area? (vocational programs only)

F. Reflect on your responses to Section 4 Enrollment Trends and Student Satisfaction, and write objectives for improvement on Schedule A, Unit Plan, as needed.

5. Community Outreach

A. What recruitment and/or community outreach activities has the program engaged in or initiated?

- Recruitment – The Respiratory Care (RC) Program participates in recruitment activities regularly to foster and maintain an adequate applicant pool. The Program Director (PD) holds monthly informational meetings for interested people, mostly on campus but sometimes at local hospitals. These meetings are advertised in local newspapers. The program faculty visit classes on campus to discuss respiratory care as a career. We visit all the local high schools. One of the best recruitment tools has been the banner that we have out on the highway on a regular basis.

- Community Outreach – Most of our community outreach is educational and service oriented, all related to respiratory care. We have taught asthma classes to childcare workers, both in English and in Spanish. We work with the American Lung Association to raise awareness and money to research causes and treatments for asthma (32 students and family members walked in the Asthma Walk in September 2005). We give lectures to the Better Breathers Club at Queen of the Valley Hospital. Our program is also involved in tobacco and clean air issues.

- The RC Program provides education to the medical community. We hold a large conference for respiratory care practitioners and nurses every two years (held this year on September 17), as well as smaller meetings.

B. What has the program done to establish relationships with secondary schools and/or four-year institutions?

Our program works with the Outreach Coordinator on campus to provide visits to all the high schools in the Napa Valley. We also have high school students visit our programs on campus. All of the Health Occupations programs met with several high school counselors last spring, so they could better guide the students who wish to pursue a health care career.

C. What has the program done to establish relationships with the business community (if a vocational program)?

We have relationships with nearly all the hospitals in Napa, Solano, Sonoma, and Marin Counties. In addition, we have contracts with many hospitals in Contra Costa, Alameda, and Sacramento counties. We have students rotating through 18 different facilities and we try to keep in close touch with each of the clinical sites. Most of the hospitals with which we do not have current relationships are pursuing contracts with us, due to the critical shortage of respiratory care practitioners.
D. How has the involvement of the advisory committee helped in improving and/or promoting the program? (vocational programs only)

We have a dedicated Advisory Committee, made up of our Medical Director, the Respiratory Care Department managers of our clinical facilities, other community members, and students. The committee meets three times per year. The group was instrumental in assisting us with our major curriculum revision of a few years ago. This year, we are creating subcommittees, so the Advisors can work on specific tasks we would like to complete this year.

E. Reflect on your responses in Section 5 Community Outreach and Articulation and write objectives for improvement on Schedule A, Unit Plan, as needed.

6. **ACCREDITATION AND EXTERNAL REVIEWS**

Review the Accreditation Self-Study Planning Agenda, Accreditation Final Report, and results of previous program evaluations that are included in the attached data. Discuss the recommendations of the review teams relevant to the program and how the program responded.

A. Indicate the sources of information used in Question 6A.
   - Accreditation Self-Study Planning Agenda
   - Accreditation Final Report
   - Previous program evaluation recommendations

B. Review the recommendations from any other licensing or accreditation bodies. Discuss the recommendations of the review teams relevant to the program and how the program responded.

The Respiratory Care Program went through the self-study process in 2003 and had a site visit from the Committee for Accreditation for Respiratory Care (CoArc) in March of 2004. All the Standards were met with the exception of the following:

- The site team felt the RC computer resources were inadequate. We subsequently purchased eight computers for our program and Health Occupations Division bought twelve additional computers (RC students have access to all 20 computers). Twenty–two Clinical Simulation Software programs and thirteen Tutorials have been installed onto these computers. A progress report was provided to CoArc.

The Site Visitors also listed several “Suggestions for Enhancement”:

1. Recruitment
   - Monies for advertisement – TV, Radio, and in movie theatres
     Update: The Community Relations department has advertised our Informational meetings in the newspaper and via electronic sign. Our applicant pool is larger than in the recent past, so we don’t plan to pursue advertising in movie theatres or radio ads at this time.
   - Replace torn banner – Done
   - Waiting list for nursing matriculations should be a resource for respiratory care – Done
2. Competitive salaries to fill clinical/lab specialist positions and increase the number of hours available
   Update: Hourly wage recently increased, though still less than bay area RT wage.

3. Increase tutors – replace prior mini-grant funding for tutors, childcare, counseling, and success counseling.
   Update: The RT Program will use some of the available vocational monies to hire students as lab assistants and tutors. Plan: get students trained as tutors through the college’s Learning Skills and Testing Center.

4. Laboratory too small for 25 students. Break up into 2 or more lab sections for adequate teaching and increase availability of clinical/lab specialists.
   Plan: We currently have 33 first year students and the lab space and personnel are inadequate to properly train them in the skills necessary. Request room 1001 in addition to 1002 for labs. Also, request that labs be divided into two sections.

5. Maintain budget for ventilator purchase as recommended by Program Director to maintain state of the art equipment. Plan: Request monies to purchase Servo i ventilator.

6. Self-assessment exams
   A. Increase the number of SAE’s given. Plan: Increase number from 3 to 5 this year.
   B. Multiple attempts for assessment of weakness. Plan: will implement.
   C. Consider Secure SAE as summative exam for graduation. Plan: Spring 2006
   D. Multiple attempts will allay student apprehension of advance level exams and better ensure credentialing success. Plan: Agreed.

   C. Reflect on your responses in Section 6 Accreditation and External Reviews and write objectives for improvement on Schedule A, Unit Plan, as needed.

7. **RESOURCES**

   The results of program evaluation feed into the planning and budget process. Consider the staffing and financial data provided, as well as the Unit Plan forms you completed during this evaluation, while answering the questions in this section. Requests must be linked to the 2005-2011 NVC Strategic Plan Goals and Objectives.

   A. **Staffing**

      Summarize the staffing resource needs identified in the unit plans. Discuss any changes needed. (Complete Schedule B, Staffing, as needed)

      See Schedule B.

   B. **Program-Specific Equipment**

      Discuss the strengths and weaknesses of the program-specific equipment available to enhance program success. What needs remain? What strategies are planned to meet those needs? (Complete Schedule C, Program-Specific Equipment Request, as needed.)

      The program needs to purchase or upgrade a state of the art mechanical ventilator (life support device) approximately every 4-5 years. In the past, we have been able to do this
with VATEA monies, but our VATEA funds have not been as large in the last few years. It would be helpful to have large budget items such as these built into a budget cycle.

See Schedule C.

C. Facilities Improvement/Renovation

Discuss the strengths and weaknesses of the physical resources available to enhance program success. What needs remain? What strategies are planned to meet those needs? (Complete Schedule D, Building Improvement/Renovation, as needed.)

See Schedule D.

D. Technology

Discuss the strengths and weaknesses of the technology available to enhance program success. What needs remain? What strategies are planned to meet those needs? (Complete Schedule E, Request for Technology, as needed.)

See Schedule E.

E. Professional Development

1) Using the results of the Faculty/Staff Accomplishments survey, summarize the professional development activities undertaken by faculty and staff.

See Schedule F.

2) Based on the goals that resulted from this program evaluation, complete Schedule F, Professional Development Needs, to indicate what areas of focus have been identified for future faculty/staff development. Note: Budget requests for Travel and Conference should be addressed or requested in the question 7G.

F. Learning Resources

What learning resources (e.g., books, periodicals, videos) are needed to enhance program success? (Complete Schedule G, Learning Resources Needs, as needed.)

$1000 for computer software/instructional videos

See Schedule G.

G. Operational Budget

Are operational funds appropriate to enhance program success? If not, how would additional operational funds be used to enhance program success? (Complete Schedule H, Request for Budget Augmentation, as needed.)
Complete the following sections based on the program evaluation completed. This summary will be forwarded to the Planning Committee after the verification phase is complete.

Program Achievements  (major achievements, changes, implementations, progress since last program review)

- Performed a complete revision of the program and all courses in 2002.
- Excellent accreditation status; now on a 10-year site visit schedule.
- Enrollment greatly increased in past two years.
- 100% pass rate on California licensing exam; greater than national average pass rate on Advanced level exam.
- Excellent results on graduate and employer satisfaction surveys.
- Increased use of technology in the classroom and distance education in the past three years.
- American Heart Association Training Center for Basic and Advanced Life Support.

Strengths  (unique characteristics, special capacities)

- Stable faculty (only three full time faculty in 35 years)
- Quality adjunct faculty
- Excellent and supportive clinical facilities
- High demand for graduates

Challenges  (concerns, difficulties, areas for improvement)

- Respiratory Care still not well known as a health care career option
- Respiratory Care classroom/laboratory not large enough to accommodate full classes
- One full time permanent faculty not sufficient to carry workload (also, this is outside of accreditation standards)

Optional:  What additional data, if any, would have been helpful to effectively evaluate the program?
The program evaluation report is reviewed by the program faculty or staff, signed by the program evaluation chair and division chair or supervisor, and forwarded to the Office of Research, Planning, and Development by _____________________, for the verification phase.

| Program Evaluation Chair Signature: ______________________________ |
| Division Chair/Supervisor Signature: ______________________________ |
| Date: ________________________________________________________ |

**VERIFICATION PHASE**

The verification team will review the Program Evaluation Report for accuracy and completeness, and the process used to develop the report (see verification team duties). The program evaluation will be verified by _______________________. Once the report is verified and shared with the PEP team, will be forwarded to the appropriate Vice President or President (for administrative services) by _________________________.

| Verified on: ________________________________________________ |
| Verification Committee Signatures: ____________________________ |

**ACKNOWLEDGEMENT PHASE**

The Vice President (or President for administrative services) will read and acknowledge the program and planning document and send a letter to the program team and discipline/program faculty or staff, with copies to the Academic Senate President, the Planning Committee, and the President of the college (who will forward them to the Board of Trustees). The vice presidents and/or President will use program review results to 1) base discussions and decision making on data and evaluation provided by program evaluation; 2) inform program planning; and (3) advocate for program needs.

| Vice President/President ____________________________________________ |
| Date Letter Sent: ________________________________________________ |
| Recommend review in 2 years: Yes _____ No _____ |
## Program Outcome Guide
### Respiratory Care
Napa Valley College
November 15, 2005

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<tr>
<th>Concepts and Issues</th>
<th>Skills</th>
<th>Performance Tasks</th>
<th>Student Learning Outcomes</th>
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<tbody>
<tr>
<td><strong>What must the student understand to demonstrate the intended outcome?</strong></td>
<td><strong>What skills must the student master to demonstrate the intended outcome?</strong></td>
<td><strong>What will students do here to demonstrate evidence of the outcome?</strong></td>
<td><strong>What do students need to be able to DO “out there” that we’re responsible for “in here”?”</strong></td>
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<td>Concepts:</td>
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<td>1. Demonstrate understanding of respiratory care equipment and therapeutic modalities, on written tests, verbally, and via return demonstration.</td>
<td><strong>1. Students will comprehend, apply, and evaluate clinical information relevant to their roles as advanced-level respiratory therapists (cognitive domain).</strong></td>
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<td>Issues</td>
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<td>2. Demonstrate knowledge in patient safety, patient identification, confidentiality, and cultural diversity issues.</td>
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<td>3. Pass the Respiratory Care Board’s “Legal and Ethical Obligations” course prior to graduation.</td>
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<td>4. Take the National Board for Respiratory Care (NBRC) self-assessment exams:</td>
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<td></td>
<td></td>
<td>a. Certified Respiratory Therapist (CRT)</td>
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<td>b. Written Registered Respiratory Therapist (WRRT)</td>
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<td>c. Clinical Simulation Exam (CSE)</td>
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<td>5. Pass the “Secure Written Registered Respiratory Therapy (RRT) exam” prior to graduation.</td>
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<td>1. Perform a complete cardiopulmonary assessment in lab and in clinical.</td>
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<td>2. Demonstrate competency in medication delivery, in lab and in clinical.</td>
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<td>3. Demonstrate competency in skills related to airway clearance, in lab and in clinical.</td>
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<td>4. Demonstrate competency in advanced airway skills, in lab and in clinical.</td>
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<td>5. Safely apply manual and mechanical ventilation in lab and in clinical.</td>
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<td>6. Demonstrate physical abilities consistent with hospital requirements of employees.</td>
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<td>7. Demonstrate computer literacy i.e. patient charting, medication access and delivery, as required by clinical sites.</td>
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2. Students will be technically proficient in all the skills necessary to fulfill their roles as advanced-level respiratory therapists (psychomotor domain).
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<tr>
<td>1. Communicate effectively, verbally and in writing.</td>
<td>2. Attend 94% of classroom and clinical hours.</td>
<td>3. Students will exhibit professional behavior consistent with employer expectations as advanced-level respiratory therapists (affective domain)</td>
</tr>
<tr>
<td>3. Demonstrate punctuality in class and in clinical.</td>
<td>4. Demonstrate professional appearance in clinical setting.</td>
<td></td>
</tr>
<tr>
<td>5. Demonstrate positive attitudes and professional behavior toward patients, families, and coworkers.</td>
<td>6. Demonstrate appropriate “Customer Service” behaviors toward patients, families, and coworkers.</td>
<td></td>
</tr>
<tr>
<td>7. Perform effectively as a member of a multidisciplinary team.</td>
<td>8. Join and participate in local, state, and national professional organizations</td>
<td></td>
</tr>
<tr>
<td>4. Attempt RRT exam within one year of graduation.</td>
<td>5. Continue to expand respiratory care knowledge base.</td>
<td></td>
</tr>
</tbody>
</table>

Design curriculum backwards so that students can smoothly move forward through the program. (Develop each section of the chart moving from right to left).
# PROGRAM EVALUATION AND PLANNING

## STUDENT LEARNING OUTCOME (SLO) MATRIX

### RESPIRATORY CARE PROGRAM

<table>
<thead>
<tr>
<th>COURSE</th>
<th>SLO #1</th>
<th>SLO #2</th>
<th>SLO #3</th>
<th>SLO #4</th>
<th>SLO #5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students will comprehend, apply, and evaluate clinical information relevant to their roles as advanced-level respiratory therapists (cognitive domain)</td>
<td>Students will be technically proficient in all the skills necessary to fulfill their roles as advanced-level respiratory therapists (psychomotor domain)</td>
<td>Students will exhibit professional behavior consistent with employer expectations as advanced-level respiratory therapists (affective domain)</td>
<td>Attempt RRT exam within one year of graduation</td>
<td>Continue to expand respiratory care knowledge base.</td>
</tr>
<tr>
<td>RESP</td>
<td></td>
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</tr>
<tr>
<td>120</td>
<td>X</td>
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<td>130</td>
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<tr>
<td>292</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**UNIT PLAN**

<table>
<thead>
<tr>
<th>NVC Strategic Goal #1 - 5</th>
<th>Program Evaluation Section</th>
<th>Objectives</th>
<th>Priority In Rank Order</th>
<th>Program Activities/Actions</th>
<th>Resources*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>A</td>
<td>1. Update WebCMS to reflect current curriculum</td>
<td>1</td>
<td>1. Training in WebCMS</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>2. Take three courses to Curriculum Committee for revision</td>
<td>2</td>
<td>2. Review these courses and justification for revision with faculty and Advisory committee</td>
<td>2. None</td>
</tr>
<tr>
<td>1</td>
<td>A</td>
<td>3. Consider adding new online orientation course as program prerequisite</td>
<td>2</td>
<td>3. Validate that completion of the course leads to student success in the program</td>
<td>3. Training in advanced WebCT</td>
</tr>
</tbody>
</table>

* New requests should be defined on resource forms and included in the unit budget.

**PROGRAM EVALUATION SECTION**

A. Curriculum and Instruction  
B. Student Success and Equity  
C. Enrollment Trends and Student Satisfaction  
D. Community Outreach  
E. Accreditation and External Reviews
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>1. Continue with Student Learning Outcome Project (create SLOs for each course)</td>
<td>1</td>
<td>1. Work with faculty and Advisory committee on SLOs</td>
<td>1. None</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>2. Create consistent syllabus format for all courses</td>
<td>2</td>
<td>2. Work with faculty on consistent format</td>
<td>2. None</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>3. Apply to Workforce Investment Board to supply “wrap-around” services for students.</td>
<td>2</td>
<td>3. Explore monies available for health occupations students. Attend workforce taskforce meetings.</td>
<td>3. None</td>
</tr>
</tbody>
</table>

* New requests should be defined on resource forms and included in the unit budget.

### PROGRAM EVALUATION SECTION

A. Curriculum and Instruction  
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. Continue and expand recruitment activities</td>
<td>1</td>
<td>1. Enlist help from respiratory care community, Advisory Committee</td>
<td>1. Funds for advertising</td>
</tr>
<tr>
<td>3</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Pursue program expansion via partnership with Santa Rosa JC</td>
<td>3</td>
<td>2. Meet with SRJC Health Occupations Dean and NVC Grant writer to explore funding</td>
<td>2. Pursue grants</td>
</tr>
<tr>
<td>3</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Hire a permanent Director of Clinical Education. Pursue reassigned time for clinical program duties</td>
<td>1</td>
<td></td>
<td>3. Human Resources support</td>
</tr>
<tr>
<td>1</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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#### PROGRAM EVALUATION SECTION
- A. Curriculum and Instruction
- B. Student Success and Equity
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AUGUST 11, 2005
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E</td>
<td>1. Expand laboratory to include room 1001 in addition to room 1002. Add simulated ICU bed in back of room 1002</td>
<td>1</td>
<td>1. Request hospital donations of bed, monitors, etc.</td>
<td>1. Minor renovations; update oxygen/air supply system.</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>2. Hire lab assistant</td>
<td>1</td>
<td>Hire students for 2005-06. Pursue permanent 0.5 employee</td>
<td>2. Use 2005-06 VATEA funds to hire student lab assistants</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>3. Purchase state of the art ventilator within next 3 years</td>
<td>1</td>
<td>Pursue funding sources, educational discounts</td>
<td>3. VATEA funds, grants: $25,000</td>
</tr>
</tbody>
</table>

* New requests should be defined on resource forms and included in the unit budget.

**PROGRAM EVALUATION SECTION**
A. Curriculum and Instruction  
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AUGUST 11, 2005
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<th>Resources*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>1. Videotape skills for student review</td>
<td>2</td>
<td>1. Solicit support from faculty, graduates, and students to assist with videotaping and “acting.”</td>
<td>1. Video camcorder, editing software, tripod, microphone, DVD burner</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>2. Purchase license for the DataArc system</td>
<td>2</td>
<td>2. Students carry hand held devices that keep track of skills completed, etc.</td>
<td>2. Initial purchase of devices, explore grant funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.</td>
<td>3.</td>
<td>3.</td>
<td></td>
</tr>
</tbody>
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### PROGRAM EVALUATION SECTION

A. Curriculum and Instruction  
B. Student Success and Equity  
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E. Accreditation and External Reviews
**FACULTY AND STAFFING**

**Accreditation reference:** Human resource planning is integrated with institutional planning. The institution systematically assesses the effective use of human resources and uses the results of the evaluation as the basis for improvement.

Project additional needs above and beyond the current status. Please include in your projected needs any known position that will be vacated due to retirement. Replacement positions are not guaranteed. Information will be used in the faculty and staff prioritization processes.

<table>
<thead>
<tr>
<th>Job Title and Justification</th>
<th>FTE</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Respiratory Care Clinical Coordinator (funded for Summer 2006)</td>
<td>1.0</td>
<td>TBD</td>
</tr>
<tr>
<td>Required for program accreditation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Instructional Assistant for Respiratory Care Lab</td>
<td>0.5</td>
<td>TBD</td>
</tr>
<tr>
<td>With increasing enrollment, the RC faculty need help assisting students in learning skills during open lab hours.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submitted By: ___________________  Approved By: ___________________

Budget Center Manager ___________________  President/Vice President ___________________

AUGUST 11, 2005
**PROGRAM-SPECIFIC EQUIPMENT REQUEST**

**Accreditation reference:** Equipment supports student learning programs and services and improves institutional effectiveness.

Examples of program-specific equipment include maps, skeletons, microscopes, artifacts, etc. They may be located in each classroom or centrally located in a workroom. For this request, consider equipment with a value greater than $200.

<table>
<thead>
<tr>
<th>Description</th>
<th>Estimated Cost</th>
<th>Estimated Annual Maintenance Cost</th>
<th>Justification (Link to Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Instructional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of the art Mechanical Ventilator</td>
<td>$30,000(^1)</td>
<td>$200</td>
<td>Respiratory Therapists set up and manage these crucial life support devices. It is imperative that they learn the equipment in a safe environment. This item relates to NVC Goals #1, 2, but most especially # 4.</td>
</tr>
</tbody>
</table>

\(^1\)Will also pursue educational discounts, grants, etc

Submitted By:                                Approved By:

Budget Center Manager                         President/Vice President

AUGUST 11, 2005
FACILITIES IMPROVEMENT/RENOVATIONS REQUEST

Accreditation reference: Facilities support student learning programs and services and improve institutional effectiveness. Physical resource planning is integrated with institutional planning.

This request is for small capital construction projects such as remodeling a small area, reconfiguring walls, building shelving, etc. Generally, projects should be under $5,000. Larger scale projects will be considered in bond construction and renovation plans.

In order to make sure that your idea meets legal requirements or is even feasible to do, we ask that you consult with the Director, Facilities Services, and address the following items on the form.

Provide a description of the project that includes:
- How the project supports the mission and objectives of your program
- Project description
- Location of the proposed project
- Health and safety impacts of the project
- On-going maintenance that will be necessary

1. Expand RT Lab to include rooms 1001 and 1002.
   Justification: Room 1001 was intended to be an RT lab/classroom when the building was designed in the early 1980s. The current lab/classroom (Room 1002) is not sufficient to provide lab space for 30 students (the accreditation site visitors listed in their “suggestions for improvement” that the space was not big enough for 23 students). Including Room 1001 would allow the students enough space to meet their lab activity needs.
   This request relates to NVC Goals #1 and 2, but most particularly to goals # 4 and 5. It also relates to the Mission of the RC Program.
   Project description: Room 1001 would not need any renovation other than perhaps increasing the number of oxygen and air outlets (oxygen and air are already piped into the room).
   Health and safety impacts: none
   Ongoing maintenance: preventative maintenance of oxygen and air supply systems.

2. Redesign the room in the back of the RT Lab being vacated by Robert Chudnofsky as a simulated intensive care unit (ICU) patient room.
   Justification: The RT students rarely have access to the nursing lab to work on mannequins in beds. Using this room in the RT lab, we could get a bed, monitors, and other equipment donated by hospitals and arrange for the students to work (and be tested) in an ICU environment
   Health and safety impacts: none
   Ongoing maintenance: preventative maintenance of oxygen and air supply systems.

Cost estimates will be provided for priority projects only.

Submitted By: _______________________________ Approved By: _______________________________

_____________________________ _______________________________
Budget Center Manager President/Vice President

AUGUST 11, 2005
TECHNOLOGY REQUEST

Accreditation reference: Technology planning is integrated with institutional planning. The institution assures that any technology support it provides is designed to meet the needs of learning, teaching, college-wide communications, research, and operational systems.

In order to determine the feasibility of your idea, it is necessary to consult with the Information Technology (IT) Department. It is important that all computer related technology be centrally coordinated. This will allow the IT Department to know the full picture of the need, to plan for adequate capacity of equipment and infrastructure, and to ensure standardized equipment is purchased, if possible. It is equally important that all technology requests are consistent with the NVC Technology Plan.

Provide a general description of the project; this includes:
1. The equipment needed; students and/or staff who will be served; how often it will be used.
2. Will installation and maintenance support be required?
3. Where will the equipment be located? Will space need to be modified?
4. Describe the infrastructure requirements (e.g., network, power, connectivity, security, etc.)
5. Software support needed (e.g., new licenses, upgrades, system integration, ongoing support)
6. Is additional furniture necessary?
7. Useful life of equipment—when will the equipment need to be replaced?

1. Video Camera (3 CCC), editing software, DVD burner, microphone, tripod
2. We plan to videotape experienced respiratory care practitioners performing various skills that the students will be required to perform successfully. We will create DVDs for the students to view outside of class. This would serve all our students (first and second year) and would be used throughout the two year program.
3. No
4. The equipment would be stored in one of our locked storage areas.
5. No additional infrastructure required.
6. Possible license for editing software. Equipment upgrades as necessary.
7. No
8. Approximately every five years.

Submitted By: Approved By:

_________________________ _______________________
Budget Center Manager President/Vice President

AUGUST 11, 2005
PROFESSIONAL DEVELOPMENT NEEDS

Accreditation reference: The institution provides all personnel with appropriate opportunities for continued professional development, consistent with the institutional mission and based on identified teaching and learning needs.

Please identify the professional development needs required for faculty and staff to stay current in the discipline, office technology, diversity, safety, instructional methods, and other areas. Specific training and estimated number of attendees are requested.

1. What training needs have been identified from your program review?

There are three conferences that should be attended by an RC faculty member each year:
- American Association for Respiratory Care (AARC) annual meeting—held each Nov. or Dec.
- AARC Summer Forum – Focus on Respiratory Care Education and Management—held each July
- California Society for Respiratory Care (CSRC) annual meeting—held each June

Each of the two full-time faculty attends a "specialty" conference each year to maintain their expertise in a sub-specialty; for example, Kate Benscotter usually attends the annual bay area Neonatal/Pediatric conference in October.

Also, each faculty member takes at least one of the "self-assessment" exams for one of the three exams in Respiratory Care. Also, faculty take the actual exam (called "recredentialing") or take an exam to earn a new specialty credential.

All of the above keep us abreast of new therapies and technologies, provide us the opportunity to network with other RC Educators, maintain our knowledge of the exams our students take, and model professional behavior for our students.

2. What pedagogical training needs have been identified in your program review?

We will be hiring a new Clinical Coordinator for our program this summer. This person will need a full orientation to Napa Valley College, workshops to include adult learning theories, diversity issues, sexual harassment, etc., and training in all technologies used on campus (WebAdvisor, WebCT, etc.)

3. What types of technology does your program use? What technology training needs have you identified?

Our program uses: WebCT, WebCMS. Training needs include:
- WebCT – the faculty are ready for advanced techniques to enhance learning activities.
- WebCMS – The Program Coordinator needs training.
- Omni Update or other Webpage design for the RC program and each faculty.

4. What are the leading publications specific to your discipline and/or program?

Submitted By:         Approved By:

________________________________  _______________ _________________
Budget Center Manager      President/Vice President

AUGUST 11, 2005
**LEARNING RESOURCES/MEDIA MATERIALS REQUEST**

### Books including Reference

Number of titles to add: _____

Areas to consider for maintaining and developing a collection that supports this course and corresponding assignments:

Titles that provide: a multicultural perspective to the topics covered in the course; gender perspectives on subjects; a literary, dramatic, or fictional perspectives for students to explore; or titles that provide biographical information on innovators, leaders, or historic figures in the discipline.

Recommendations/comments:

Estimated cost for new materials:

### Periodical Titles (Newspapers, Journals, Magazines)

Number of titles to add: _____

Recommendations/comments:

Estimated cost for new materials:

### Electronic Databases and Indexes

Number of databases to add: _____

Recommendations/comments:

Estimated cost for new materials:

### Media Collection (closed-captioned or DVD):

Number of titles to add: _____

Recommendations/comments:

Estimated cost for new materials:

---

Are library/learning resource service hours adequate for this course/program? Yes _____ No _____

Is the quantity of materials sufficient for students within needed time frame? Yes _____ No _____

Will library/learning resources assignments be used in your course? Yes _____ No _____

Will this course/program require the assistance of library faculty for orientations or other information competency instruction? Yes _____ No _____

- [ ] I would like to meet with a Librarian for developing a plan for selecting and adding materials to the Library or Media Center.

- [ ] To keep the collection reflecting current knowledge, I will alert the librarians of new developments in my field and send suggestions of books and other materials to be ordered.

---

AUGUST 11, 2005
REQUEST FOR OPERATING BUDGET AUGMENTATION

Budget Center: ________________________________ Activity: ________________________________

Accreditation reference: Financial planning is integrated with and supports all institutional planning.

Operating Budget: This section is used to request and justify non-capital outlay additions to your department’s budget. This form applies only to Account Codes 1300, 1400, 2300, 2400, 4000, and 5000.
List in priority order.

<table>
<thead>
<tr>
<th>Account Number and Description</th>
<th>Additional Amount Requested</th>
<th>Justification (Link to Plan)</th>
</tr>
</thead>
</table>

Submitted By:  
Approved By:  

Budget Center Manager  
President/Vice President

AUGUST 11, 2005