Cover/Signature Page - Abbreviated Template

Institution Submitting Request: University of Utah Proposed Title: Adult-Gerontology Acute Care Nurse Practitioner Program (DNP & Post-Graduate Certificate) Currently Approved Title: Acute Care Nurse Practitioner Program (DNP & Post-Graduate Certificate) School or Division or Location: College of Nursing Department(s) or Area(s) Location: College of Nursing Recommended Classification of Instructional Programs (CIP) Code¹ (for new programs): 00.0000 Current Classification of Instructional Programs (CIP) Code (for existing programs): 51.3818 Proposed Beginning Date (for new programs): MM/DD/YEAR Institutional Board of Trustees' Approval Date: MM/DD/YEAR

Proposal Type (check all that apply):

R401-5 Items submitted will be reviewed by OCHE. If there are any issues, the proposal will be returned for clarification/correction. If no issues, the proposal will be returned with a note of approval and the request will be placed on the General Consent Calendar of the next Regents' agenda.		R401-6 Items submitted will be reviewed by OCHE. If there are any issues, the proposal will be returned for clarification/correction. If no issues, the proposal will be returned with a note of approval and the request will be placed on the General Consent Calendar of the next Regents' aganda.		
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4.1.5.2	Minor*	6.1.1	Reinstatement of Previously Suspended Program	
5.1.1.1	New Emphasis on an Existing Degree*	6.1.5	Reinstatement of Previously Suspended Unit	
5.1.2	Certificate of Proficiency Not Eligible for Financial Aid			
5.1.3	Out-of-Service Area Delivery of Programs]	·	
5.1.4 X	Name Change of Existing Programs]		
	Program Transfer	1 .		
5.1.5	Program Restructure	1		
	Program Consolidation	1		
5.1.6 —	Program Discontinuation	1		
	Program Suspension	1		
5.1.7	Administrative Unit Creation	1		
	Administrative Unit Transfer	1		
	Administrative Unit Consolidation	1		
5.1.8	New Center	1 .		
	New Institute	1		
	New Bureau	1		
5.1.9	Graduate Certificate	1		

*Requires "Section VI: Program Curriculum" of Abbreviated Template

Chief Academic Officer (or Designee) Signature:

I certify that all required institutional approvals have been obtained prior to submitting this request to the Office of the

Commissioner.

Date:

Printed Name: Michael Hardman, Interim Senior VP for Academic Affairs

¹ CIP codes <u>must</u> be recommended by the submitting institution. For CIP code classifications, please see http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55.

Program Request - Abbreviated Template University of Utah College of Nursing Doctor of Nursing Practice – Adult-Gerontology Acute Care Nurse Practitioner 03/07/2012

Section I: Request

The College of Nursing (NURS) at the University of Utah is requesting a name change for the existing Acute Care Nurse Practitioner Program (ACNP) and requests that the new name is included on the students transcripts at the time of graduation.

Section II: Need

The American Nurses Credentialing Center (ANCC), the credentialing body for ACNP's has recently changed the name of the existing ACNP certification. Beginning in 2014 the certification will be titled the Adult-Gerontology Acute Care Nurse Practitioner (AG-ACNP). The ANCC will require that this name be on a student's transcript in order for them to be eligible to take their certification exam. Currently there are no other institutions in the State of Utah or Intermountain Region that offer a Doctor of Nursing (DNP) degree with an Adult-Gerontology Acute Care Nurse Practitioner emphasis.

Section III: Institutional Impact

This change in program name is being done in order to allow students who will graduate beginning in 2014 to be eligible to take the AG-ACNP certification exam. This will have no impact on the College of Nursing or the University of Utah.

Section IV: Finances

There will be no financial impact to the College of Nursing or the University of Utah.

Section VI: Program Curriculum ***THIS SECTION OF THE ABBREVIATED TEMPLATE REQUIRED FOR EMPHASES AND MINORS ONLY.***

All Program Courses

Not Applicable – Name Change Only

Course Prefix & Number	Title	Credit Hours
Required Courses	Sub-Total	
Elective Courses	Sub-Total	
Track/Options (if applicable)	Sub-Total	

New Courses to Be Added in the Next Five Years

Not Applicable – Name Change Only

Semester 1	Course Prefix and Number	Course Title
(List courses – use one row per course)		
Semester 2		
(List courses – use one row per course)		
Continue with Semesters for Entire Program		

Program Schedule

Not Applicable – Name Change Only