***Curriculum Change Form***

Medical Assisting Education Board

Changes relating to the *MAERB Core Curriculum* – 2022 Standards

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## Introduction and Organization of Material

Based upon MAERB Policy 235, it is required to report the following curriculum changes to the MAERB Accreditation office:

* 1. Addition or deletion of courses
  2. Change in the method of delivery modality
  3. A change in the total number of clock or credit hours
  4. Redistribution of course content without a credit change
  5. Renumbering, renaming or re-sequencing of courses

The method of informing MAERB varies according to the type of change, and the chart below outlines the method of informing MAERB.

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| --- | --- | --- |
| Submit Parts 1-5 of the new *Curriculum Change Form* and copies of the syllabi for which changes have occurred **prior to implementation of the proposed curriculum change.** | Submit a letter that includes a complete description of the change, including the number of credit hours before and after the change and copies of the syllabi for which changes have occurred. | Email your MAERB Program Manager to request a copy of the TIPCDE workbook. |
| * Addition or deletion of courses (if the course contains the MAERB Core Curriculum) * Change in cumulative clock or credit hours, if the change includes any course that contains the MAERB Core Curriculum. * Redistribution of course content without a credit change, if it includes any of the MAERB Core Curriculum | * Change in method of delivery if the change **does not** include the teaching and assessing of the psychomotor and affective competencies in the content areas “Anatomy & Physiology,” “Infection Control,” and “Protective Practices” through a distance education modality (see policy 132 for more details) * Renumbering, renaming, or re-sequencing of courses * Addition or deletion of course/s that do not contain the MAERB Core Curriculum   **(No syllabi are needed for this change)**   * Redistribution of course content without a credit change that does **NOT** include any of the MAERB Core Curriculum | * Change in method of delivery if the change **does** include the teaching and assessing of the psychomotor competencies in the content areas of “Anatomy & Physiology,” “Infection Control,” and “Protective Practices” through a distance education modality (see policy 132 for more details) |

If there are other curriculum changes than those listed above, please contact the MAERB office for more information and direction.

Because there is so much variety in the types of curriculum changes, there is no specific timeframe for submission. It is important that the information be submitted prior to any implementation. With major changes, it is recommended that it be done as soon as possible just in case there are any major issues.

The syllabi that you submit should have very abbreviated titles of ten characters or less, as the model below outlines:

Text

Description automatically generated

After the MAERB office reviews your syllabi and Parts 1-5 of this *Curriculum Change Form*, it will let you know if it will also need to complete a *Curriculum Map* (Excel document).

After finalizing its review of your curriculum change, the MAERB office will invoice your program accordingly (if applicable), based upon the fee outlined in Policy 115 and the MAERB Accreditation Fee Schedule. Most curriculum changes do not include any fee.

NOTE: As mentioned above, on rare occasions, if there is a change in method of delivery thatincludes the teaching and assessing of the psychomotor competencies in either “Foundations of Clinical Practices” or “Safety and Emergency Practices” through a distance education modality (see policy 132 for more details), then there is a special workbook, Teaching Invasive or Protective Competencies via Distance Education (TIPCDE), that must be completed. You will need to contact your Program Manager for the TIPCDE Workbook.

# General Information

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| Title of Medical Assisting Program | Click here to enter text. |
| Address of Institutional Webpage for Program, if applicable | Click here to enter text. |
| Award granted | Choose an item. |

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| Sponsoring Institution | Click here to enter text. |
| Mailing Address 1 | Click here to enter text. |
| Mailing Address 2 | Click here to enter text. |
| City, State, Zip | Click here to enter text. |
| Institution Phone Number (include hyphens) | Click here to enter text. |
| Website | Click here to enter text. |

Name and Contact information for person with the central responsibility for the preparation and submission of this workbook.

|  |  |
| --- | --- |
| Name and Credentials | Click here to enter text. |
| Title | Click here to enter text. |
| Mailing Address | Click here to enter text. |
| City, State, Zip | Click here to enter text. |
| Phone Number (include hyphens) | Click here to enter text. |
| Email | Click here to enter text. |

## Overview – Comparison of Outgoing and New Curriculum

|  |  |  |  |
| --- | --- | --- | --- |
| Length of current (i.e., outgoing) program in months | Click here to enter text. | Length of proposed (i.e., new) program in months | Click here to enter text. |
| Current system of credit or clock hours (highlight which one) | Choose an item. | Proposed system of credit or clock hours (highlight which one) | Choose an item. |
| Current (i.e., outgoing) total number of credit or clock hours | Click here to enter text. | Proposed (i.e., new) total number of credit or clock hours | Click here to enter text. |
| Current type of academic terms (semester, quarters, blocks) | Choose an item. | Proposed type of academic terms (semester, quarters, blocks) | Choose an item. |

## Part 1: Current (i.e., Outgoing) Program Schedule and Courses

Please list the courses within the medical assisting program that the students are required to take currently, prior to the proposed change. It is not necessary to list the general education courses. The only courses that should be listed are the ones that contain the MAERB Core Curriculum.

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| **Course Number** | **Course Title** | **# of Lecture Hours** | **# of Lab hours** | **# of credits (if applicable)** | **Cognitive objectives taught (yes/no)** | **Psychomotor/Affective Competencies taught (yes/no)** | **Term Taken** | **Prerequisite, if any** |
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## Part 2: Proposed (i.e., New) Program Schedule and Courses

Please list the courses that the students will be required to take after the proposed change. It is not necessary to list the general education courses. The only courses that should be listed are the ones that contain the MAERB Core Curriculum.

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| **Course Number** | **Course Title** | **# of Lecture Hours** | **# of Lab hours** | **# of credits (if applicable)** | **Cognitive objectives taught (yes/no)** | **Psychomotor/Affective Competencies taught (yes/no)** | **Term Taken** | **Prerequisite, if any** |
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## Part 3: Background to the Change

What are the reasons for this proposed change in the program’s curriculum?

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| Click here to enter text. |

In what ways did your advisory committee provide input to and assist in developing this proposed change?

|  |
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| Click here to enter text. |

What new resources, if any, are necessary due to the proposed change in the program, and how will they be acquired?

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| Click here to enter text. |

What institutional process did you need to follow in order to put the curriculum change into place?

|  |
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| Click here to enter text. |

Do you anticipate that these proposed changes will affect the program outcomes (retention, job placement, employer and graduate satisfaction, and certifying exam participation and passage)?

|  |
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| Click here to enter text. |

## Part 4: Complete Description of the Change

Please go into detail about the nature of the change. For example, if you have shifted the sequence of the courses as well as cut down on the number of credit hours, explain the shift of sequence and why some credit hours were eliminated. If, for example, you determined that an entire “content area” of the ***MAERB Core Curriculum*** needed to be taught in a completely different course, explain why that determination was made. If you have determined to incorporate a two-part practicum, explain in detail how you will ensure that the students will cover and be assessed on the appropriate cognitive objectives and psychomotor and affective competencies prior to their being put into place. Details will be very important in understanding the context of the change.

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| Click here to enter text. |

## Part 5: Syllabi

Please attach the complete syllabi for the entire program and indicate which syllabi are new and which syllabi have stayed the same, along with your completed ***Curriculum Change Form***.

## Part 6: Proposed Distribution of the ***MAERB Core Curriculum*** (only if requested by MAERB office)

If, after submitting your ***Curriculum Change Form*** to the MAERB office, it is determined by MAERB that you need to complete a ***Curriculum Map***, then you will be given a couple of weeks to fill out the entire ***Curriculum Map*** (for all objectives and competencies, even for those that were not affected by this change) and submit it to your MAERB Program Manager via email.