

This template is to be used for proposed name changes included on the Academic Plan and for which the unit has received specific written approval from the Provost's office to proceed with internal proposal development and review. A separate proposal must be submitted for each individual name change.

PROGRAM INFORMATION Name of existing program: Child/Family Psychiatric Mental Health Nurse Practitioner (Graduate Certificate)		
PROPOSAL CONTACT INFORMATION (Person to contact regarding this proposal)		
Name: Katherine Kenny	Title: Coordinator, DNP Programs	
Phone: 602-496-1719	email: katherine.kenny@asu.edu	
	DEAN APPROVAL	
	t and College/School levels of review. I recommend implementation of the e, an email from the dean or dean's designee, or a PDF of the signed signature	
College/School Dean name: College of Num College/School Dean signature	rsing & Health Innovation - Dean Teri Pipe Date: 2/7/12	
Executive Vice Provost for Academic Affairs and Graduate College Dean Name: Executive Vice Provost for Academic Affairs and Graduate College Dean Signature:	Maria T. Allison Maria T. Allison Date: 2/7/12	

ARIZONA STATE UNIVERSITY PROPOSAL TO CHANGE THE NAME OF AN ACADEMIC PROGRAM (Degree, concentration, certificate, minor)

This proposal template should be completed in full and submitted to the University Provost's Academic Council [mailto:curriculumplanning@asu.edu]. It must undergo all internal university review and approval steps including those at the unit, college/school, and university levels. The name change may not be implemented until the Provost's Office notifies the academic unit that the proposal has completed the approval process.

PROGRAM INFORMATION

College/School: College of Nursing & Health Innovation

Division/School and/or Department: College of Nursing & Health Innovation

If this is a program (i.e. offered by more than one department or college) list all the additional units and college/schools that offer the program. Note: All units offering this program must have collaborated in the proposal development and completed the appropriate unit and college/school approvals.

N/A

Name of existing program: Child/Family Psychiatric Mental Health Nurse Practitioner (Graduate Certificate)

Proposed name change to: Family Psychiatric and Mental Health Nurse Practitioner (Graduate Certificate)

Plan code(s) for the program (If a degree program is being disestablished that has multiple concentrations, list all plan codes impacted): **NUPMNUPRCE**

Projected effective term: Fall year: 2012

Check type of program to which the name change will apply:

Program Type (Please mark one; submit a separate form for each program requesting the change)	Degree Type (Please mark one; submit a separate form for each program requesting the change)	
☐ Degree/major	Undergraduate	Graduate
Please indicate all degrees impacted (e.g., BA, BA/BS, PhD):		
☐ Concentration for an existing degree program Please indicate degree/major:	Undergraduate	Graduate
☐ Minor		
☑ Certificate program	☐ Undergraduate	⊠ Graduate

Briefly describe the proposed change and rationale for the change:

National certification for this graduate certificate focus area is Family Psychiatric & Mental Health Nurse Practitioner. We are requesting the name change to mirror national certification. There is no certification for Child/Family Psychiatric Mental Health Nurse Practitioner.

Impact on current students: This change would benefit all students when they test for national certification. It will allow them to sit for the correct exam without having to offer additional documentation regarding their certificate program and curriculum content.

Cover Sheet with Dean's Approval must be accompanied with this form.