



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

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 concentration under the Doctor of Nursing Practice (DNP) in Advanced Nursing Practice

**Proposed name change to:** Family Psychiatric and Mental Health Nurse Practitioner concentration under the Doctor of Nursing Practice (DNP) in Advanced Nursing Practice

**PROPOSAL CONTACT INFORMATION**

(Person to contact regarding this proposal)

**Name:** Katherine Kenny

**Title:** Coordinator, DNP Programs

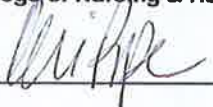
**Phone:** 602-496-1719

**email:** [katherine.kenny@asu.edu](mailto:katherine.kenny@asu.edu)

**DEAN APPROVAL**

This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed name change. (Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.)

**College/School Dean name:** College of Nursing & Health Innovation - Dean Teri Pipe

**College/School Dean signature:**  \_\_\_\_\_ **Date:** 2/7/12

**Executive Vice Provost for  
Academic Affairs and**

**Graduate College Dean Name:** \_\_\_\_\_ **Maria T. Allison**

**Executive Vice Provost for  
Academic Affairs and**

**Graduate College Dean Signature:**  \_\_\_\_\_ **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 concentration under the Doctor of Nursing Practice (DNP) in Advanced Nursing Practice

**Proposed name change to:** Family Psychiatric and Mental Health Nurse Practitioner concentration under the Doctor of Nursing Practice (DNP) in Advanced Nursing Practice

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

**Projected effective term:** Fall year: 2012

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

<b>Program Type</b> (Please mark one; submit a separate form for each program requesting the change)	<b>Degree Type</b> (Please mark one; submit a separate form for each program requesting the change)	
<input type="checkbox"/> Degree/major Please indicate all degrees impacted (e.g., BA, BA/BS, PhD):	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
<input checked="" type="checkbox"/> Concentration for an existing degree program Please indicate degree/major: Doctor of Nursing Practice (DNP) in Advanced Nursing Practice	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Graduate
<input type="checkbox"/> Minor		
<input type="checkbox"/> Certificate program	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate

**Briefly describe the proposed change and rationale for the change:**

National certification for this degree concentration is Family Psychiatric and Mental Health Nurse Practitioner. We are requesting the name change to mirror national certification. There currently 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 degree program and curriculum content.

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