PROPOSAL TO DISESTABLISH AN ACADEMIC PROGRAM (Degree, concentration, certificate, minor)

This template is to be used for proposed disestablishments included on the Academic Plan and for which the unit has received specific written approval from the Office of the University Provost to proceed with internal proposal development and review. This proposal template should be completed and submitted by the Dean’s Office to the Office of the University Provost [mailto: curriculumplanning@asu.edu]. The disestablishment may not be implemented until the Office of the University Provost notifies the academic unit that the disestablishment proposal has completed the approval process.

UNIT AND PROGRAM INFORMATION

College/School/Institute: College of Nursing and Health Innovation

Department/Division/School:
Proposing Faculty Group
(if applicable):

Proposal Contact
Name: Katherine Kenny
Phone number: 602-496-1719
Title: Associate Dean
Email: katherine.kenny@asu.edu

Existing Program Information

Program Type: Certificate
Degree Type: Certificate If other specify
Name: Community and Public Health Practice
Academic Level: Graduate
Concentration (if applicable) ( )

Plan code(s) for the program:
If this is a degree program that has multiple concentrations, list all program names and plan codes impacted.
NUCHPGRCH

Implementation information: Degree Search is our official record of the academic catalog. Therefore, all academic programs which are active and have students enrolled are required to be listed on Degree Search. Upon request by the Dean’s Office, an academic program can be removed from the undergraduate or graduate application; however, the program will remain in degree search with the notation “This program is no longer accepting applications,” until the approved effective date of the disestablishment.

Requested effective date: 2018-19

Briefly describe the rationale for disestablishment:
This certificate does not have any students enrolled. We have not admitted students to this certificate for over ten years. The current job market does not support graduates of this certificate program. Community Health Centers are seeking nurse practitioners for community health. Graduates from the DNP Family Nurse Practitioner and Adult-Gerontology Nurse Practitioner concentrations will fill the workforce need. Additionally, nurses and other health professionals prepared in care coordination are sought by community and acute care organizations. CONHI offers a MS in Nursing degree in Care Coordination.

Impact on other existing programs:
May include availability of course content for students in other majors who may need it; other.
There is no impact on other programs.
Impact on current students:
Estimate number of students still enrolled; anticipated date of last graduates; arrangements for continuing students and students in articulated transfer pathways (e.g., MAPP, TAG).

There are no students enrolled in this certificate.

Applications:
What term should applications close? If this change should be made immediately upon approval, please indicate this. Please note that the program will remain on Degree Search until such a time that no students remain enrolled in the program.

N/A

Current applicants:
Describe actions that will be taken regarding admitted students or students who have applied to this program? If current applicants should be moved to a new program, please indicate the plan code of that program.

This certificate does not currently accept applications.

Additional information:
Provide any relevant information not required above that will assist in evaluating the proposal.

N/A

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**DEAN APPROVAL(S)**

This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed name change.

**College/School/Division Dean**

name: Teri Pipe, PhD

Signature

Date: 2/21/2018

**College/School/Division Dean**

(if more than one college involved)

Signature

Date: / /20

Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.

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**University Approval(s)**

**Dean, Graduate College**

Name:

Signature:  

Date: 3/15/20 /K

**Vice Provost for Undergraduate Education**

Name:

Signature:

Date: / /20