

**REQUEST FOR A REVISED CATALOGUE COPY**  
**(New Learning Outcomes, Admissions, or Other Program Policies)**

Valdosta State University

**Area of Change:**     Core     Senior     Graduate

**Current Catalogue Page Number:** 385-391

**Proposed Effective Date for Revised Catalogue Copy:** (new or revised) Fall 2013

**Degree and Program Name:** Bachelor of Science in Athletic Training (B.S.A.T.) Degree, Athletic Training Education Program

**Present Requirements:** KSPE 2050, KSPE 3200, KSPE 3420, KSPE 3430, KSPE 4300, KSPE 4350, KSPE 4360, KSPE 4400, KSPE 3440, KSPE 3441, KSPE 4440, KSPE 4441, KSPE 4442 (pending), KSPE 4443 (pending), KSPE 4250, KSPE 4450, KSPE 4490, KSPE 3020, KSPE 4600, KSPE 4491, KSPE 4700, KSPE 3500 (pending)

**Proposed Requirements:** (highlight changes after printing) HSAT 2050, HSAT 3200, HSAT 3420, HSAT 3430, HSAT 4300, HSAT 4350, HSAT 4360, HSAT 4400, HSAT 3440, HSAT 3441, HSAT 4440, HSAT 4441, HSAT 4442, HSAT 4443, HSAT 4250, HSAT 4450, HSAT 4490, HSAT 3020, HSAT 4600, HSAT 4491, HSAT 4700, HSAT 3500

**Justification:** (select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.)

- Improving Student Learning Outcomes
- Adopting Current Best Practice(s) in Field
- Meeting Mandates of State/Federal/Outside Accrediting Agencies
- Other The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

**Source of Data to Support Suggested Change:**

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
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**Plan for assessing the effectiveness of the change in meeting program's learning outcomes (i.e., how do these changes fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if these changes are meeting stated program outcomes?).**

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<b>Approvals:</b>	
Dept. Head: <i>L. Long Carter</i>	Date: <i>3-4-13</i>
College/Division Exec. Comm.: <i>Brenda Rajal</i>	Date: <i>2/14/13</i>
Dean/Director: <i>Al Dufft</i>	Date: <i>2/14/13</i>
Graduate Exec. Comm.: (for graduate course)	Date:
Graduate Dean: (for graduate course)	Date:
Academic Committee:	Date:

Form last updated: January 6, 2010

## REQUEST FOR A REVISED COURSE

Valdosta State University

**Date of Submission:** 02/11/13 (mm/dd/yyyy)

**Department Initiating Revision:**  
College of Nursing

**Faculty Member Requesting Revision:**  
Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**  
(See course description abbreviations in the catalog for approved prefixes)  
KSPE 3020 Assessments in Exercise Physiology

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 3020

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 3020

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**  
Summer 2013

**Estimated Frequency of Course Offering:**

**Indicate if Course will be :**  Requirement for Major  Elective

**Justification:** Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

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Dept. Head: <i>L. J. Carter</i>	Date: <i>3-4-13</i>
College/Division Exec. Comm.: <i>Brenda Dyal</i>	Date: <i>2/14/13</i>
Dean/Director: <i>AK Huffst</i>	Date: <i>2/14/13</i>
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Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3200 Nutrition for Health and Human Performance

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 3200

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 3200

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

Summer 2013

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<b>Approvals:</b>	
Dept. Head: <i>[Signature]</i>	Date: <i>3-4-13</i>
College/Division Exec. Comm.: <i>Brenda Dyal</i>	Date: <i>2/14/13</i>
Dean/Director: <i>Al Huff</i>	Date: <i>2/14/13</i>
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Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**

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KSPE 3420 Exercise Physiology

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 3420

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 3420

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

Summer 2013

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College/Division Exec. Comm.: <i>Brenda Dyal</i>	Date: <i>2/14/13</i>
Dean/Director: <i>A. Huss</i>	Date: <i>2/14/13</i>
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**Current Course Prefix, Title, & Number:**

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KSPE 3440 Athletic Training Clinical Competencies I

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 3440

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 3440

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

Summer 2013

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<b>Approvals:</b>	
Dept. Head: <i>Lady Cate</i>	Date: <i>3-4-13</i>
College/Division Exec. Comm.: <i>Brenda Dyal</i>	Date: <i>2/14/13</i>
Dean/Director: <i>AK Nufft</i>	Date: <i>2/14/13</i>
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Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3441 Athletic Training Clinical Competencies II

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 3441

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 3441

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

Summer 2013

**Estimated Frequency of Course Offering:**

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**Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).**

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<b>Approvals:</b>	
Dept. Head: <i>L. Ly Carter</i>	Date: <i>3-4-13</i>
College/Division Exec. Comm.: <i>Brenda Dyal</i>	Date: <i>2/14/13</i>
Dean/Director: <i>A. Duff</i>	Date: <i>2/14/13</i>
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**Current Course Prefix, Title, & Number:**

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3500 (Awaiting approval from Faculty Senate)

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 3500

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 3500

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

Summer 2013

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<b>Approvals:</b>	
Dept. Head: <i>Lady Carter</i>	Date: <i>3-4-13</i>
College/Division Exec. Comm.: <i>Brenda Dyal</i>	Date: <i>2/14/13</i>
Dean/Director: <i>Alkufft</i>	Date: <i>2/14/13</i>
Graduate Exec. Comm.: (for graduate course)	Date:
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Form last updated: January 6, 2010

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**Department Initiating Revision:**

College of Nursing

**Faculty Member Requesting Revision:**

Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3430 Kinesiology

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 3430

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 3430

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

Summer 2013

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<b>Approvals:</b>	
Dept. Head: <i>L. H. Carter</i>	Date: 3-4-13
College/Division Exec. Comm.: <i>Brenda Dyal</i>	Date: 2/14/13
Dean/Director: <i>Al Dufft</i>	Date: 2/14/13
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College of Nursing

**Faculty Member Requesting Revision:**

Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**

(See course description abbreviations in the catalog for approved prefixes)

KSPE 2050 Introduction to Athletic Training

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 2050

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 2050

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

Summer 2013

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Dept. Head: <i>L. J. Carter</i>	Date: <i>3-4-13</i>
College/Division Exec. Comm.: <i>Brenda Pajal</i>	Date: <i>2/14/13</i>
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Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4250 Organization and Administration Strategies in Athletic Training

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 4250

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 4250

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

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Dept. Head: <i>L. L. Carter</i>	Date: <i>3-4-13</i>
College/Division Exec. Comm.: <i>Brenda Ayl</i>	Date: <i>2/14/13</i>
Dean/Director: <i>Alt Neufert</i>	Date: <i>2/14/13</i>
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Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**

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KSPE 4300 Foundation of Injury Prevention and Care

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 4300

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 4300

**Credit Hours:**

**Course Title:**

**Prerequisites:**

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**Course Description:**

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Graduate Dean: (for graduate course)	Date:
Academic Committee:	Date:

Form last updated: January 6, 2010

## REQUEST FOR A REVISED COURSE

Valdosta State University

**Date of Submission:** 02/11/13 (mm/dd/yyyy)

**Department Initiating Revision:**

College of Nursing

**Faculty Member Requesting Revision:**

Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4350 Evaluation and Assessment of Upper and Lower Extremities

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 4350

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 4350

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

Summer 2013

**Estimated Frequency of Course Offering:**

**Indicate if Course will be :**  Requirement for Major  Elective

**Justification:** Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

**Source of Data to Support Suggested Change:**

**Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A

**Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

**Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).**

**Data Sources:**

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

<b>Approvals:</b>	
Dept. Head: <i>Lady Carter</i>	Date: <i>3-4-13</i>
College/Division Exec. Comm.: <i>Brenda Dyal</i>	Date: <i>2/14/13</i>
Dean/Director: <i>Al Hufft</i>	Date: <i>2/14/13</i>
Graduate Exec. Comm.: (for graduate course)	Date:
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College of Nursing

**Faculty Member Requesting Revision:**

Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4360 Evaluation and Assessment of Head, Neck, and Trunk

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 4360

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 4360

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

Summer 2013

**Estimated Frequency of Course Offering:**

**Indicate if Course will be :**  Requirement for Major  Elective

**Justification:** Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

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Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

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**Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).**

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- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

<b>Approvals:</b>	
Dept. Head: <i>Andy Carter</i>	Date: <i>3-8-13</i>
College/Division Exec. Comm.: <i>Brenda Dyal</i>	Date: <i>2/14/13</i>
Dean/Director: <i>Al Nugent</i>	Date: <i>2/14/13</i>
Graduate Exec. Comm.: (for graduate course)	Date:
Graduate Dean: (for graduate course)	Date:
Academic Committee:	Date:

Form last updated: January 6, 2010

## REQUEST FOR A REVISED COURSE

Valdosta State University

**Date of Submission:** 02/11/13 (mm/dd/yyyy)

**Department Initiating Revision:**  
College of Nursing

**Faculty Member Requesting Revision:**  
Dr. Anita G. Hufft

**Current Course Prefix, Title, & Number:**

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4700 Athletic Training Professional Practice Seminar

**List Current and Requested Revisions:** (only fill in items needing to be changed)

**Current:**

**Course Prefix and Number:** KSPE 4700

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Requested:**

**Course Prefix and Number:** HSAT 4700

**Credit Hours:**

**Course Title:**

**Prerequisites:**

**Co-requisites:**

**Course Description:**

**Semester/Year to be Effective:**

Summer 2013

**Estimated Frequency of Course Offering:**

**Indicate if Course will be :**  Requirement for Major  Elective

**Justification:** Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

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**Source of Data to Support Suggested Change:**

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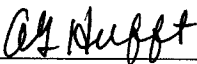
386



**Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).**

**Data Sources:**

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- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

<b>Approvals:</b>	
Dept. Head: 	Date: 3-4-13
College/Division Exec. Comm.: Brenda Dyal	Date: 2/14/13
Dean/Director: 	Date: 2/14/13
Graduate Exec. Comm.: (for graduate course)	Date:
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