STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

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www.dos.pa.gov/nurse
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Application for a Professional or Practical Pre-licensure Nursing Education Program

Notice: Application fee was increased on July 27, 2019.

RN PROGRAMS ONLY

The requirements for establishment of an RN Program are contained in Section 21.51 of the Board's regulations with additional information contained in Sections 21.61-21.63 (organization and administration), 21.71-21.76 (administrative and instructional personnel), 21.81-21.89 (curriculum), 21.91 (facilities and resources), 21.101-116 (policies) and 21.121-21.125 (records) of the Board's regulations. Applications must be submitted to the Board no later than 8 months prior to the intended admission date of students. The Administrator must be appointed no later than 12 months prior to the intended admission date of students, and faculty must be appointed no less than 3 months prior to the commencement of teaching.

PN PROGRAMS ONLY

The requirements for establishment of a PN Program are contained in Section 21.172 of the Board's regulations with additional information contained in Sections 21.145b (IV-therapy curriculum), 21.181-21.184 (organization and administration), 21.191-21.194 (administrative and instructional personnel), 21.201-21.204 (curriculum), 21.211 (facilities and resources), 21.221-21.223 (policies) and 21.231-21.234 (records) of the Board's regulations. Applications must be submitted to the Board no later than 4 months prior to the intended admission date of students. The Administrator must be appointed no later than 6 months prior to the intended admission date of students, and faculty must be appointed no less than 1 month prior to the commencement of teaching.

GENERAL INSTRUCTIONS:

1. For purposes of this application, the Provider is the controlling institution that awards the degree/diploma/certificate. For private licensed programs, the Provider and the Nursing Education Program may be the same.
2. For purposes of this application, the Contact Person is the author of the proposal and with whom the Board will communicate on behalf of the Provider. The Contact Person and the Program Director may be the same.
3. A separate application must be submitted for each program type.
4. A separate application must be submitted for each additional location beyond the one(s) approved by the Board. If content (curriculum, policies etc.) requested on the template form(s) is unchanged from the Board approved program indicate that on the form in the section where the related attachment is requested. Do NOT attach a copy of the previously approved materials.
5. At the time the application is submitted, the Program must either identify the Administrator, Nursing Faculty and Allied Faculty or detail the qualifications required for these positions provided that the regulations do not require that the positions are filled.
6. All applications must be reviewed by the Board at a regularly scheduled meeting. Applications will be placed on the agenda once the application is complete and any deficiencies have been corrected.

FEES:

- The **$2,195.00 application fee** is non-refundable and must accompany the application.
- Applications that are incomplete one year from receipt in the Board office must be resubmitted with a new application fee.

FORMAT:

- Where citations are required, use established citation format. For example, Author, S. P. (Year of publication). *Title of work: Capital letter also for subtitle*. Location: Publisher.
- Submit the original and three copies of the application and attachments.
- Submit attachments on 8x11 size paper, double-spaced and single-sided.
- Number every page consecutively including the page dividing each attachment.
- Do not tab, staple, bind, or clip pages.
- Do not abbreviate or use acronyms.
- Do not shade or highlight.

ATTACHMENTS:

The following documents must be labeled and attached, in the order listed below, with this application:

- Attachment 1: Provider's Philosophies and objectives
- Attachment 2: Provider's Organizational Chart depicting the relationship with the Nursing Education Program
- Attachment 3: Provider's Letter of Commitment to the Nursing Education Program
- Attachment 4: Provider's Pennsylvania Department of Education Approval
- Attachment 5: Nursing Education Program's Philosophies and Objectives
- Attachment 6: Nursing Education Program's Organizational Chart
- Attachment 7: Nursing Education Program's Nursing Faculty Policies on:
  - Personnel
  - Nursing Faculty Orientation
  - Nursing Faculty Responsibilities
  - Nursing Faculty Development
  - Nursing Faculty Organization Governance and Minutes
  - Nursing Faculty Record Management
  - Facility Replacement of Equipment Policy
- Attachment 8: Nursing Education Program's Student Policies on:
  - Student Admission and Selection
  - Student Advanced Standing and Transfer
  - Student Health Program
  - Student Immunization
  - Student Absence
  - Student Counseling and Guidance
  - Student Financial Aid
  - Student Refund Policy Governing Fees and Tuition
  - Student Rights
  - Student Grievance
  - Student Record Maintenance and Retention
  - Student Record Access
  - Student Progression/Grading

- o Student Retention
- o Student Dismissal
- Attachment 9: Student and Nursing Faculty Handbooks
- Attachment 10: Curriculum Plan by Semester – **(Complete & attach Template A)**
- Attachment 11: Simulation Program Plan – **(Complete & attach Template B)**
- Attachment 12: Syllabi (**Use Syllabus Format Template E**) for all Courses on the Curriculum Plan to include:
    - o Hours of instruction broken down into didactic, clinical, laboratory and simulation hours
    - o Faculty member's name and credentials
    - o Course name and number
    - o Course pre- and co-requisites
    - o Clock Hours/Credit to be awarded
    - o Course description
    - o Course objectives
    - o Learning outcomes
    - o Course content outline per week
    - o Required and recommended textbooks/references
    - o Standards of nursing practice
    - o Required technologies, including technology support
    - o Methods of course delivery (lecture, discussion boards, online)
    - o Assessment tools and methods including the grading matrix and final course average
- Attachment 13: Cooperating Agency Information – **(Complete & attach Template C)**
- Attachment 14: Written Agreements or Letters of Intent for each Cooperating Agency identified.
- Attachment 15: Systematic Evaluation Plan. An organized, continuous analysis of all nursing education program components, such as curriculum, Nursing Faculty, facilities, policies and outcome measures, that addresses standards or benchmarks to be achieved and establishes an action plan if those standards or benchmarks are not achieved.
- Attachment 16: Sample Nursing Faculty and Student Evaluations.
- Attachment 17: Facility and Resource Plan. Describe in detail the planned office, instructional and administrative facilities, clinical laboratories, library facilities and resources, as well as equipment for the Nursing Education Program. <u>Attach drawings/pictures of the planned space.</u>
- Attachment 18: Administrator's CV and transcripts. The CV shall detail the Administrator's experience practicing and teaching, including the courses taught and the number of years teaching, and administering/operating an education program.
  RN PROGRAMS-BACCALAUREATE DEGREE ONLY-If the Administrator does not possess a doctoral degree also include a plan to obtain the doctoral degree within 5 years.
- ***PN PROGRAMS ONLY***- If the Administrator does not possess a graduate degree also include a plan to obtain the graduate degree.
- Attachment 19: Work history for each Nursing Faculty member.
  RN PROGRAMS - If the nursing faculty member does not possess a graduate degree, include a plan to obtain the graduate degree
- ***PN PROGRAMS*** - If the Nursing Faculty member does not possess a baccalaureate degree, include a plan to obtain the baccalaureate degree.
- Attachment 20: Work history for each Allied Faculty member.
- Attachment 21: 5-Year Projected Nursing Faculty to Student Complement Per Year and Term – (**Complete & attach Template D)**
- Attachment 22: 5-Year Budget Projection of Financial Viability. An excel spreadsheet setting forth the details required for the five-year budget projection is available on the Board's website. **(Complete & attach the Nursing Education Budget Report – Excel Spreadsheet)**

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APPLICATION FOR A PROFESSIONAL OR PRACTICAL PRE-LICENSURE NURSING EDUCATION PROGRAM

Provider Information (Controlling Institution):

Provider:

Provider's Name: _____

Provider's Mailing Address: _____

Provider's Physical Address: _____

Provider's Telephone Number: _____

Provider's Website Address: _____Web Link to the Provider's Catalogue: _____

Provider's Accreditor/Approver:
    _____ Regional Accrediting Agency   _____ Joint Commission   _____Pennsylvania Department of Education

    _____ Other _____

Pennsylvania Department of Education Approval Date: _____

Nursing Education Program (Proposed):

Nursing Education Program's Name: _____

Nursing Education Program's Mailing Address: (if differs from the Provider's Mailing Address)

_____

Nursing Education Program's Physical Address: _____

Type of Nursing Education Program proposed: _____ RN   _____ PN

Degree/Diploma proposed:

RN PROGRAMS ONLY:
    ____Associate degree   ____ Baccalaureate degree   ____Diploma
    ____Full-time   ____Full-time   ____Full-time
    ____Part-time   ____Part-time   ____Part-time
  Other _____
      _____ Full-time
      _____ Part-time

PN PROGRAMS ONLY:

____Diploma/Certificate	____ Vocational/Technical	____Other_____
____Full-time	____Full-time	____Full-time
_____Part-time	____Part-time	____Part-time

Nursing Education Program's Intended Admission Date of Students: _____

      ***RN PROGRAMS*--** This date cannot be earlier than 8 months prior to the submission of the Proposal.
      ***PN PROGRAMS*--** This date cannot be earlier than 4 months prior to the submission of the Proposal.

Nursing Education Program's Anticipated Accreditor: ____ACEN   ____CCNE   ____CNEA

   ____Other _____

   Anticipated Date of Accreditation: _____

Policies:

Are the faculty and student policies of the nursing education program at least equal to those of the provider's other programs?   ____Yes   ____No (Explain) _____

_____

_____

Contact Person Information:

Contact Person's Name: _____

Contact Person's Physical Address: _____

Contact Person's Telephone Number:
_____

Contact Person's Email Address: _____

Education Information:

Rationale for the Planned Nursing Education Program Development:

Provide State and Local Workforce quantitative data that explains the need for the planned education program. Cite all references in APA format.

Curriculum plan by semester (**Complete and Attach Template A**)

PN PROGRAMS ONLY - Total program length in months. _____
        The minimum number of months is 12.

Cite the specific national educational standard(s) used for curriculum development. *Examples of curriculum development standards include Keating, Billings, Bloom's Taxonomy and NCLEX Test Plan.*

_____

_____

_____

_____

Faculty Information:

ADMINISTRATOR

Have you identified an Administrator for this program?

(The title Administrator refers to the Administrator of an RN Program or the Nurse Director or Nurse Coordinator of a PN Program.)
- Yes – Go directly to Identified Administrator questions
- No - **RN PROGRAM ONLY** – Go directly to Minimum Qualifications for the Administrator questions unless it is less than one year from the intended admission of students.   An RN Administrator must be identified no later than one year from the intended admission date of students.
- No - **PN PROGRAM ONLY** – Go directly to Minimum Qualifications for the Administrator questions unless it is less than six months from the intended admission of students. A PN Administrator must be identified no later than six months from the intended admission date of students.

Identified Administrator:

Administrator's PA Temporary Practice Permit/License Number: _____

Administrator's Name: _____

Administrator's Education: _____

　　　　Program Name: _____

　　　　City/State: _____

　　　　Degree(s) and Year Awarded: _____

　　　　Program Name: _____

　　　　City/State: _____

　　　　Degree(s) and Year Awarded: _____

　　　　Program Name: _____

City/State: _____

Degree(s) and Year Awarded: _____

Administrator's Appointment Status: ____Interim   ____Permanent

Administrator's Telephone Number: _____

Administrator's Jurisdiction of Licensure: _____

Administrator's Clinical/Functional Specialization(s):

_____Medical-Surgical _____Obstetrics _____Pediatrics _____Psychiatric _____Community

_____Other _____

Administrator's Employment Status: ____Part-time   ____Full-time   ____Contract/Per-diem

Administrator's Area(s) Teaching Responsibility:

_____Medical-Surgical _____Obstetrics _____Pediatrics _____Psychiatric _____Community

_____Other _____

Administrator's Date of Appointment:
_____

The Administrator of an RN Program must be identified within one year of the intended admission date of students. The Administrator of a PN Program must be identified within six months of the intended admission date of students.

Minimum Qualifications for the Administrator:

> ***RN PROGRAM—BACCALAUREATE DEGREE ONLY****-The Administrator of an RN Baccalaureate degree program must have at least one graduate degree in nursing and a doctoral degree or have a specific plan for completing doctoral preparation within five years of appointment, hold either a PA RN temporary permit or a license and have experience in nursing practice, nursing education and administration. Detail the Program's minimum qualifications for its Administrator, including the minimum education, teaching and/or operating a program experience, licensure requirements, and job description.*

> ***RN PROGRAM—ASSOCIATE OR DIPLOMA ONLY****-The Administrator of an RN Associate or diploma program must have at least one graduate degree in nursing, hold either a PA RN temporary permit or a license and have experience in nursing practice, nursing education and administration. Detail the Program's minimum qualifications for its Administrator, including the minimum education, teaching and/or operating a program experience, licensure requirements, and job description.*

> ***PN PROGRAM ONLY****-The Administrator of a PN Program must have earned a*

baccalaureate degree, preferably in nursing, and if not a graduate degree, a specific plan for completing graduate work, and have experience in nursing practice, nursing education and administration. Detail the Program's minimum qualifications for its Administrator, including the minimum education, teaching and/or operating a program experience, licensure requirements, and job description.

Detail the minimum qualifications for the Nursing Education Program Administrator for this Program.

_____

_____

_____

NURSING FACULTY MEMBERS

Have you identified Nursing Faculty for this program?

- Yes – Go directly to Nursing Faculty Information
- No - **RN PROGRAM ONLY** – Go directly to Minimum Qualifications for Nursing Faculty. Remember: RN Faculty must be identified within three months of the intended admission date of students.
- No - **PN PROGRAM ONLY** – Go directly to Minimum Qualifications for Nursing Faculty. Remember: PN Faculty must be identified within three months of the intended admission date of students.

Nursing Faculty Member's PA Temporary Practice Permit/License Number: _____

Nursing Faculty Member's Name: _____

Nursing Faculty Member's Education: (Include all Nursing Education Programs Attended Starting with the most recent)
   Program Name: _____

   City/State: _____

   Degree and Year Awarded: _____

   Program Name: _____

   City/State: _____

   Degree and Year Awarded: _____

   Program Name: _____

   City/State: _____

   Degree and Year Awarded: _____

   Program Name: _____

City/State: _____

Degree and Year Awarded: _____

Nursing Faculty Member's Jurisdiction of Licensure:
_____

Nursing Faculty Member's Clinical/Functional Specialization(s):

_____Medical-Surgical _____Obstetrics _____Pediatrics _____Psychiatric
_____Community
_____Other
_____

Nursing Faculty Member's Employment Status: ____Part-time ____Full-time ____Contract/Per-diem

Nursing Faculty Member's Area(s) Teaching Responsibility:

_____Medical-Surgical _____Obstetrics _____Pediatrics _____Psychiatric
_____Community

_____Other
_____

Nursing Faculty Member's Date of Appointment:
_____

Nursing Faculty Member's Title/Position:
_____

Nursing Faculty Member's Start Date:
_____

Add a separate attachment for additional Faculty Members.

Minimum Qualifications for the Nursing Faculty

> *RN PROGRAM ONLY - The RN Nursing Faculty must have at least one graduate degree in nursing or have a specific plan for completing graduate preparation within five years of appointment, hold either a PA RN temporary permit or a license and have expertise in their area of instruction.*
> *PN PROGRAM ONLY - The PN Nursing Faculty must have earned a baccalaureate degree, preferably in nursing, with additional preparation for teaching nursing, hold either a PA RN temporary permit or a license and have experience and skill in nursing practice.*

Detail the minimum qualifications for the Nursing Education Program Faculty for this Program.

_____

_____

_____

_____

ALLIED FACULTY
(Allied Faculty Members are those without a degree in nursing but who hold at least one graduate degree in a subject area pertinent to their area of teaching. Allied faculty teach basic sciences or specialized areas of health practice.)
 Have you identified Allied Faculty for this Program?

- Yes – Go directly to Allied Faculty Information
- No - ***RN PROGRAM ONLY*** – Go directly to Minimum Qualifications for Allied Faculty. Remember: RN Allied Faculty must be identified within three months of the intended admission date of students.
- No - ***PN PROGRAM ONLY*** – Go directly to Minimum Qualifications for Allied Faculty. Remember: PN Allied Faculty must be identified within three months of the intended admission date of students.

Allied Faculty Member's PA License Number, if applicable:
_____

Allied Faculty Member's Name:
_____

Allied Faculty Member's Education

      Program Name:
_____

      City/State:
_____

      Degree and Year Awarded: _____

      Program Name:
_____

      City/State:
_____

Degree and Year Awarded: _____

Program Name:

_____

City/State:

_____

Degree and Year Awarded: _____

Allied Faculty Member's Jurisdiction of Licensure:

_____

Allied Faculty Member's Clinical/Functional Specialization(s):

_____

Allied Faculty Member's Area(s) Teaching Responsibility:

_____

Allied Faculty Member's Title/Position:

_____

Allied Faculty Member's Start Date:

_____

Add a separate attachment for additional Allied Faculty.

Minimum Qualifications for the Allied Faculty

> *(Allied Faculty members must have at least one graduate degree in a subject area pertinent to their area of teaching.)*

Detail the minimum qualifications for the Allied Faculty for this program.

_____

_____

_____

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911. I also verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration or the denial/restriction of the approval to be a nursing education program.

Signature of Program Application Contact Person:_____

Date: _____

Provider Name: _____

Template A
CURRICULUM PLAN BY SEMESTER

Semester I:

Course and Title	Term	Type and hours of instruction				Total # hours of instruction	
		Didactic	Clinical	Lab	Sim	Clock	Credit
						Total	Total

Semester II:

Course and Title	Term	Type and hours of instruction				Total # hours of instruction	
		Didactic	Clinical	Lab	Sim	Clock	Credit
						Total	Total

Semester III:

Course and Title	Term	Type and hours of instruction				Total # hours of instruction	
		Didactic	Clinical	Lab	Sim	Clock	Credit
						Total	Total

Semester IV:

Course and Title	Term	Type and hours of instruction				Total # hours of instruction	
		Didactic	Clinical	Lab	Sim	Clock	Credit
						Total	Total

TOTAL NUMBER OF HOURS _____ _____ ____ ___ _____ _____

(ALL SEMESTERS)   Didactic   Clinical   Lab   Sim   Clock hours   Credit

Provider Name: _____

Template B
Simulation Program Plan

Cite the specific standard(s) used to develop the simulation program.

_____

_____

Describe the resources, including Nursing Faculty, budgetary, facility and equipment, for the simulation program.

_____

Describe the specific scenarios unique to each course.

_____

_____

Describe the evaluation methods including the debriefing process.

_____

_____

Provider **Name:** _____

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TEMPLATE C
COOPERATING AGENCIES

</div>

Cooperating agencies are settings across the continuum of care wherein students engage with live patients to obtain clinical experience. Attach a written agreement or letter of intent for each of the cooperating agencies identified indicating a positive commitment to the program and the availability of sufficient resources to meet the educational requirements of the program. The agreements/letters must identify the maximum number of clinical spaces and the anticipated teacher-student ratio.

Name of site & Address	Census of Agency Unit	Population breakdown (infant, child, adult, elderly)	Type of Experience (Med-Surg, OB, PEDS, Mental Health, Rehab)	Related Course Name & Number	Faculty member assigned as supervisor

Provider Name_____

Template D
5 YEAR PROJECTED FACULTY TO STUDENT COMPLEMENT PER YEAR AND TERM

	Projected student enrollment		Projected faculty complement		Faculty/Student Ratio	
	New	Continuing and Returning	Full Time	Part Time	Didactic	Clinical
YEAR 1						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
YEAR 2						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
YEAR 3						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
YEAR 4						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
YEAR 5						
(Fall)						
(Winter)						
(Spring)						
(Summer)						

Revised 8-4-17; 7/2019

Provider Name_____

Template E
SAMPLE SYLLABUS

PCT103	Electrocardiograph Technique & Application	48 Total Hours	3.0 Quarter Credits	24 Lecture Hours 24 Laboratory Hours

COURSE TITLE: ELECTROCARDIOGRAPH TECHNIQUE & APPLICATION

PREREQUISITE: AHC101 Introduction to Health Careers; BI0101 Anatomy & Physiology 1

INSTRUCTOR: TBA

COURSE SCHEDULE: Classes are scheduled between 8:00 AM and 10:00 PM, weekdays (dependent upon day or evening sessions)

COURSE LENGTH: 24 lecture hours / 24 lab hours / 3.0 Quarter Credits

COURSE OVERVIEW: Acquiring a deeper understanding of the cardiovascular system and how it functions, students practice basic electrocardiograph patient care techniques, applying legal and ethical responsibilities. Students learn the use of medical instrumentation, electrocardiogram theory, identification of and response to mechanical problems, recognition of cardiac rhythm and response to emergency findings.

COURSE OBJECTIVES: Upon successful completion of this course, the student will be able to:
1. Define the key terms associated with electrocardiographs.
2. Describe the cardiac cycle and the conduction systems that controls the cardiac cycle.
3. Describe the electrocardiogram.
4. Maintain equipment for safety and accuracy; identify and eliminate or report interference and mechanical problems.
5. Identify the basic equipment and supplies required for electrocardiography.
6. Demonstrate proper lead placement.
7. Describe and demonstrate the step-by-step procedure for obtaining an EKG and use documentation skills to identify electrocardiographs.
8. Calculate rate and identify rhythms.
9. Recognize a cardiac emergency as seen on the EKG.

MEDIA, TEXT & RESOURCE REQUIREMENTS:

Cohn, E. & Gilroy-Doohan, M. (2002): Flip and See ECG, 2nd Edition Saunders Elsevier Publishing.

Young, A., et al. (2006): Kinn's The Medical Assistant, an Applied Learning Approach, 9th edition. Text & Workbook: Saunders (Elsevier) Publishing.

INSTRUCTIONAL STRATEGIES:
This course combines lecture instructions with lab application. Instructional strategies include lecture, demonstration, discussion, practical application, simulation and presentations.

COURSE OUTLINE*
1. Review Anatomy and Physiology of Cardiovascular system; cardiac cycle, conduction pathways; role of the ECG Aide; purpose of Electrocardiograms.
2. Terminology, equipment and supplies required for ECG.
3. ECG Instrumentation; lead placement and vectors.

4. Normal ECGs, calculating rate, introduction to rhythms.
5. Patient preparation for ECG tests; finding the heartbeat, taking an ECG
6. Naming rhythms, types of rhythms, clues to identifying rhythms.
7. 25 common dysrhythmias
8. Charting ECGs
9. Reading ECGs
10. Recognizing interference, loose leads and other malfunctions
11. Recognizing, responding to, reporting emergency situations
12. Review & Final Exam.

* Session Course Outline may change as needed, and shall be determined by the instructor. Content shall not change, and if so, students shall be given prior notice. However, depending on the term, the course breakout in sessions per week may vary, but all contact hours shall be met within the term, and within the class schedule parameters.

Make-up sessions may be scheduled during hours other than the regularly-scheduled meeting times, including breaks and weekends.

GRADING REQUIREMENTS:
Final grades will be determined as follows:

GRADE BREAKDOWN		GRADE SCALE			
Quizzes	20%	100-90	A	4.0
Tests	25%	89-80	B	3.0
Lab Assignments	30%	79-70	C	2.0
Final Exam	25%	69 & Below	F	0.0
	100%				

ATTENDANCE REQUIREMENTS:
It is important for the school to be notified when a student is not able to attend class. It is the student's responsibility to inquire about make-up work for both classroom lectures and laboratory sessions.

Tardiness and/or absence from any part of a class/lab will constitute a partial absence. A total of three partial absences will constitute a full absence.

For further information on the attendance policy, consult the current edition of the MedVance Institute catalog and applicable student handbook.

MAKE-UP WORK:
It is the student's responsibility to inquire about make-up work for both classroom and laboratory sessions. The instructor will not re-teach material, therefore there is no charge for make-up work. For information regarding make-up work, please consult the current edition of the   catalog and applicable student handbook.

INSTRUCTOR RESPONSIBILITIES:
1. At the beginning of each course, the instructor will provide a course syllabus to each student in the class.
2. The instructor will evaluate each student's participation, assignments, assessments and projects based on the grading criteria published in the syllabus.
3. Accurate records of each student's attendance and grades will be maintained by the instructor, and retained at the campus. Attendance will be reported at the conclusion of each class meetings; course grade averages will be reported at the mid-term and final weeks, as a minimum.
4. Unannounced quizzes and special projects may be given at the instructor's discretion.

STUDENT: TEACHER RATIO
For information on maximum class capacity and student to teacher ratio for lecture and laboratory courses, please consult the current edition of the catalog.

PCT103	Electrocardiograph Technique & Application	**48** **Total** **Hours**	**3.0** **Quarter** **Credits**	**24 Lecture Hours** **24 Laboratory** **Hours**

Schedule: 48 hours presented 8 hours per week x 6 weeks.

Texts:
Cohn, E. & Gilroy-Doohan, M. (2002): Flip and See ECG, 2nd Edition Saunders Elsevier Publishing.

Young, A., et al. (2006): Kinn's The Medical Assistant, an Applied Learning Approach, 9th edition. Text & Workbook: Saunders (Elsevier) Publishing.

Week Hours	Session Topic	Resources	Assignments
Week 1 Hours: 1-8	**Lecture 6 hours Lab 2 hours** Introduction to course, materials, publication & review of syllabus; review Anatomy and Physiology of Cardiovascular system; cardiac cycle, conduction pathways; role of the ECG Aide, purpose of Electrocardiograms. Discuss terminology associated with ECGs, demonstrate equipment and supplies required for ECG; orientation of ECG exam room/lab.	Text, lab instruction, lab equipt & supplies	**Assignments:** Class notes, participation in lab activities; read Kinn's Chapter 46.
Week 2 Hours 9-16	**Lecture 4 hours Lab 4 hours** Explain ECG Instrumentation; demonstrate lead placement and discuss/explain vectors; practice lead placement. Explain & view normal ECGs; demonstrate calculating rate, introduce rhythms. Practice calculating rate.	Text, lab instruction, lab equipt & supplies	**Assessments:** vocabulary quiz/test **Assignments:** Class notes, participation in lab activities; read Cohn's assigned chapters.
Week 3 Hours 17-24	**Lecture 6 hours Lab 2 hours** Describe patient preparation for ECG tests; finding the heartbeat, taking an ECG. Practice ECGs. Naming rhythms, types of rhythms; clues to identifying rhythms.	Text, lab instruction, lab equipt & supplies	**Assignments:** Class notes, participation in lab activities; read Cohn's assigned chapters.
Week 4 Hours 25-32	**Lecture 1 hour Lab 3 hours** Describe 25 common dysrhythmias; practice ECGs. Explain and demonstrate charting ECGs; practice ECGs.	Text, lab instruction, lab equipt & supplies	**Assessments:** rhythms quiz **Assignments:** Class notes, participation in lab; read Cohn's assigned chapters.
Week 5 Hours 33-40	**Lecture 3 hour Lab 5 hours** Practice reading ECGs. Recognizing interference, loose leads and other malfunctions; simulate identification of and correction of malfunctions & interference.	Text, lab instruction, lab equipt & supplies	**Assignments:** Class notes, participation in lab activities; review Kinn's pp 947-948.
Week 6 Hours 41-48	**Lecture 1 hour Lab 3 hours** Recognizing; responding to emergency situations; simulate emergency response. Review of ECG technique, rhythms, rates, charting, lead placement, patient preparation & education. Final Exam & skills competence testing.	Text, lab instruction, lab equipment & supplies	**Assessments:** interference quiz **Assignments:** Class notes, participation in lab activities; review Cohn's (all chapters) and Kinn's chapter 46 to prepare for final exam.