Course Change Proposal  
Form A

<table>
<thead>
<tr>
<th>Academic Group (College): CHHS</th>
<th>Academic Organization (Department): RPTA</th>
<th>Date: 11-1-11</th>
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<tbody>
<tr>
<td>Type of Course Proposal:</td>
<td>Department Chair: Greg Shaw</td>
<td>Submitted by: Arlene Krause and Greg Shaw</td>
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<tr>
<td>New __ Change X__ Deletion __</td>
<td>For Catalog Copy: Yes X__ No __</td>
<td>Semester Effective:</td>
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<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes __ No X__</td>
<td>CCE (Extension): Yes __ No X__</td>
<td>Fall X__ Spring <strong>, 2012</strong></td>
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This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

If changing an existing course, should new version be considered a repeat of the original version? If so, the same Course ID will be maintained. If not, a new Course ID will be assigned. Note: In PeopleSoft terminology, the Course ID is the unique system identifier, not the Catalog Nbr.

Yes X__ No __

Change from:

| Subject Area (prefix) & Catalog Nbr (course no.): RPTA 195D | Title: Recreation Therapy Internship | Units: 10-15 |

Change to:

| Subject Area (prefix) & Catalog Nbr (course no.): RPTA 195D | Title: Recreation Therapy Internship | Units: 10-15 |

JUSTIFICATION:

Recreation Therapy Certification standards are updated and altered on a regular basis to keep the industry current. University programs must then comply with standards changes in regards to course content, course titles, etc. In most cases, the terminology used can be updated to help better facilitate certification approval of courses. These changes are suggested by the National Council for Therapeutic Recreation Certification (NCTRC) at the annual American Therapeutic Recreation Association (ATRA) Conference each year. The changes on this form reflect the current suggestions by the NCTRC. Wording of the course description changes from "Meets the professional certification requirements at the national and state levels," to "Meets the professional certification requirements at the national or state levels."

NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/u/manual/acad.htm - Guidelines for Catalog Course Description)

RPTA 195D. Recreation Therapy Internship. Supervised full-time therapeutic internship in a recreation, park or tourism organization or business. Supervision is provided by faculty and also by certified personnel at the host site. Meets the professional certification requirements at the national or state levels. Note: Refer to the RPTA internship Manual for procedures and requirements. Prerequisite: RPTA 106, RPTA 115, RPTA 116, RPTA 117, RPTA 118, RPTA 119; completion of required administrative paperwork in the semester prior to internship, approval of major advisor. Graded: Graded Student. Units: 10.0 - 15.0.

Note:

Prerequisite: RPTA 106, RPTA 115, RPTA 116, RPTA 117, RPTA 118, RPTA 119
Enforced at Registration: Yes X__ No __
Corequisite:
Enforced at Registration: Yes __ No X __
Graded: Letter X__ Credit/No Credit__
Instructor Approval Required? Yes X__ No __
Course Classification (e.g., lecture, lab, seminar, discussion): S-36
Title for CMS (not more than 30 characters): Recreation Therapy Internship
Cross Listed?
Yes __ No X__
If yes, do they meet together and fulfill the same requirement, and what is the other course. N/A
How Many Times Can This Course be Taken for Credit? __1__
Can the course be taken for Credit more than once during the same term? Yes __ No X__
FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

**Description of the Expected Learning Outcomes:** Describe outcomes using the following format: “Students will be able to: 1), 2), etc.” See the example at http://www.csus.edu/acad/example.htm

As this is not a new course, the learning outcomes remain the same.

**Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean’s office, not Academic Affairs.**

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre- and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

As this is not a new course, the assessment strategies remain the same.

**For whom is this course being developed?**

- Majors in the Dept. _X_  
- Majors of other Depts  
- Minors in the Dept  
- General Education  
- Other  

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes _X_  No __

If yes, identify program(s): Bachelor of Science in Recreation Administration, Recreation Therapy Concentration

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes ___  No _X_

If yes, attach a description of resources needed and verify that resources are available. N/A

Indicate which department or programs will be affected by the proposed course (if any). N/A

The Department Chair’s signature below indicates that affected programs have been sent a copy of this proposal form.

**Accessibility:** Following course approval, and prior to the start of the semester in which the new or revised course will be taught for the first time, an accessibility checklist [available at http://www.csus.edu/accessibility/checklist.html] shall be completed and submitted to the appropriate Dean’s office. An accessible syllabus shall also be made available online, preferably prior to the start of that semester’s open registration period.

**Approvals:** If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department Chair:</td>
<td>11/15/11</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>11/16/11</td>
</tr>
<tr>
<td>CPSP (for school personnel courses) ONLY</td>
<td></td>
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<tr>
<td>Associate Vice President and Dean for Academic Programs</td>
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Distribution: Academic Affairs (original), Department Chair and College Dean. Dean’s office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.