## ADD, CHANGE OR DELETE UNIT, PROGRAM REQUIREMENTS, OR ACADEMIC POLICIES

**Complete this form consistent with the instructions in Academic Policy 1622.20.** Use the form to add, change, or delete a program or unit or to change program policies. Proposed additions and changes must be consistent with Academic Policies 1100.40 and 1621.10 and any other policies which apply.

**SECTION I:    Approvals**

_____          _____
Department / Program Chair            Date Submitted          Graduate Council Chair                          Date

_____          _____
College Dean                          Date                   Faculty Senate Chair                            Date

_____          _____
Honors College Dean                   Date                   Provost                                         Date

_____          _____
Core Curriculum Committee             Date                   Board of Trustees Approval/Notification Date

_____          _____
University Course and Programs Committee    Date             Arkansas Higher Education Coordinating Board Approval/Notification Date

**SECTION II:   Profile Data - Required Information and Name Change Information**

Academic Unit:        ☐ Major/Field of Study    ☐ Minor    ☒ Other Unit **Undergraduate Certificate**    ☐ Policy

Level:                ☐ Undergraduate    ☒ Graduate    ☐ Law        Effective Catalog Year <u>2013</u>

Program changes are effective with the next available catalog. See Academic Policy Series 1622.20

Current Name            **PBC, Food Safety Manager Certificate of Proficiency**

College, School, Division **AFLS**                    Department Code **POSC**

Current Code (6 digit Alpha) **FMGRBC**            Proposed Code (6 digit Alpha)    _____
                                                   Prior approval from the Office of the Registrar is required.

☒ Interdisciplinary Program                        CIP Code  **01.0907**
                                                   Prior assignment from Office of Institutional Research is required.

Proposed Name _____
When a program name is changed, enrollment of current students reflects the new name.

**SECTION III: Add a New Program/Unit**

☐  For new program proposals, complete Sections II and VII and use as a cover sheet for a full program proposal as described in 'Criteria and Procedures for Preparing Proposals for New Programs in Arkansas.' ADHE http://www.adhe.edu/divisions/academicaffairs/Pages/aa_academicproposals.aspx

    ☐ Program proposal uses courses offered by another academic college, and that college dean's office has been notified. The signature of the dean of that academic college is required here: _____

**SECTION IV: Eliminate an Existing Program/Unit**

Code/Name **Food Safety Manager Certificate of Proficiency**        Effective Catalog Year **2013**

No new students admitted to program after Term: <u>Fall</u>  Year: <u>2012</u>
Allow students in program to complete under this program until Term: <u>Fall</u>  Year: <u>2013</u>

**SECTION V:   Proposed Changes to an Existing Program or Program Policies**

**Insert here a statement of the exact changes to be made:**
**Deletion of the Food Safety Manager Certificate of Proficiency is requested.**

Check if either of these boxes apply and provide the necessary signature:

☐ Program change proposal adds courses offered by another academic college, and that college dean's office has been notified. The signature of the dean of that academic college is required here: _____

☒ Program change proposal deletes courses offered by another academic college, and that college dean's office has been notified. The signature of the dean of that academic college is required here: _____
   HLSC 4613 and INEG 4323

Check all the boxes that apply and complete the required sections of the form:

☐ Change of Name and Code (Complete only sections I, II, V and VII.)
☐ Change Course Requirements: (Complete all sections of the form except "Proposed Name" in II, section III, and section IV.)
☐ Change Delivery Site/Method (Complete all sections of the form except "Proposed Name" in II, section III, and section IV.)
☐ Change Total Hours (Complete all sections of the form except "Proposed Name" in II, section III, and section IV.)
☐ Change in Program Policies

## SECTION VI: Justification

*Justify this change and state its likely effect on any other degree program (including those outside the school or college). Identify any program or program components (other than courses) to be eliminated if this program is implemented. (Program and course change forms must also be submitted for such related changes.)*

**Certificate Program has not shown adequate enrollment to continue the investment of time and resources. Individuals interested in such coursework have the option to pursue similar avenues through the AFLSMS program.**

## SECTION VII:  Catalog Text and Format

*In the box below, insert the current catalog text which is to be changed, with changes highlighted with the color yellow.  Include all proposed changes identified in Section V.   Only changes explicitly stated in Section V will be considered for approval by the University Course and Programs Committee, the Graduate Council and the Faculty Senate.  If you are proposing a new program, give proposed text with all of the elements listed below. If you are proposing modified text, include these elements as appropriate.*

**Include the following elements, in order, in the catalog text for proposed undergraduate program(s) or program changes:**

- State complete major/program name
- Briefly define or describe the major/program or discipline.
- Identify typical career goals or paths for graduates. (Optional)
- State admission requirements (if any) for entry or entry into upper/advanced level of major/program.
- Identify location in catalog of university, college/school, and department/program requirements which the student must meet in addition to hours in the major, but do not restate these requirements.
- State course requirements in the major and any allied areas, giving number of hours and specific courses; specify electives or elective areas and give numbers of hours and courses in elective pools or categories; identify any other course requirements.
- State any other requirements (required GPA, internship, exit exam, project, thesis, etc.).
- Identify name and requirements for each concentration (if any).
- Specify whether a minor or other program component is allowed or required and provide details.
- State eight-semester plan requirements

**For minors, state requirements in terms of hours, required courses, electives, etc.**

**For graduate program/units, include elements (as needed) parallel to those listed for undergraduate programs above.**

**For Law School program/units, prepare text consistent with current catalog style.**

**For centers, prepare text consistent with current catalog style.**

Deletion of both certificates is being requested under separate forms. If both are approved, deletion of entire section is needed.

Requirements for Food Safety Certificate of Proficiency
Steve Seideman
 Program Coordinator
 2650 North Young Street
 Fayetteville, AR 72704
 479-575-4421

Certificate of Proficiency in Hazard Analysis and Critical Control Point (HACCP) recognizes students who take a concentrated core of web-based courses focused on the application of scientifically-based food safety systems through the application of HACCP systems.

Students who earn the HACCP certificate will have a working knowledge of fundamental food microbiology, food sanitation, applicable law, statistical process control, and advanced HACCP applications in food processing industries. Prerequisites for acceptance: applicants to the HACCP Coordinator Certificate of Proficiency Program must have completed a B.S. degree or have at least seven years relevant experience in the food industry.

HACCP Certificate Requirements:

15 hours of Web-based courses:
 ___ FDSC 2503 Food Safety and Sanitation
 ___ FDSC 3202 Introduction to Food Law
 ___ HLSC 4623 Human Diseases
 ___ POSC 4033 Statistical Process Control in the Food Industry

## SECTION VIII: Action Recorded by Registrar's Office

PROGRAM INVENTORY/DARS

PGRM _____          SUBJ _____          CIP _____          CRTS _____

DGRE _____          PGCT _____          OFFC&CRTY VALID _____

REPORTING CODES

PROG. DEF. _____                    REQ. DEF. _____

Initials _____     Date _____

Distribution

Notification to:
(1) College          (2) Department     (3) Admissions     (4) Institutional Research     (5) Continuing Education     (6) Graduate School
(7) Treasurer        (8) Undergraduate Program Committee

5/12/08