

Graduate Council Curriculum Subcommittee
December 13, 2006
12:00, MH 243

AGENDA

1. Review of Doctor of Physical Therapy
2. Review of Doctor of Nursing Practice

As time allows ...

3. Revisions to Graduate Certificate in Foreign Language Education, COEd
4. Course changes to master's in Social Work, COHPA
5. Course Revisions to Clinical Psychology track, Ph.D. in Psychology, COS
6. Review 2 split level classes for Biology, COS
7. Review split level class for Statistics and Actuarial Science, COS
8. Course action requests and special topics

Florida Board of Governors

Request to Transition to a Doctor of Physical Therapy Program

University of Central Florida
University Submitting Proposal

May 2007
Proposed Implementation Date

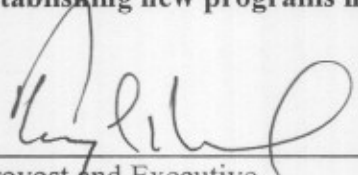
College of Health and Public Affairs
Name of College or School

Health Professions
Name of Department(s)

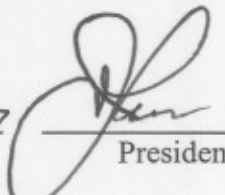
Physical Therapy (CIP 51.2308)
Academic Specialty or Field
(Include Proposed CIP Code)

Doctor of Physical Therapy
Complete Name of Degree

The submission of this proposal constitutes a formal acknowledgement by the university that, if the proposal is approved, the necessary financial commitment and the criteria for establishing new programs have been met prior to the initiation of the program.


Provost and Executive
Vice President

3/1/07
Date


President

3/1/07
Date

Indicate the dollar amounts appearing as totals for the first and fifth years of implementation as shown in the appropriate summary columns in DCU DPT Table Three. Provide headcount and FTE estimates of majors for years one through five. Headcount and FTE estimates should be identical to those in DCU DPT Table Two.

	Total Estimated Costs
First Year of Implementation	<u>\$ 1,004,544</u>
Second Year of Implementation	
Third Year of Implementation	
Fourth Year of Implementation	
Fifth Year of Implementation	<u>\$ 1,226,659</u>

Projected Student Enrollment	
Headcount	FTE
98	130
100	137
134	162
134	162
134	162

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Table of Abbreviations (Order of Use)

DPT - Doctor of Physical Therapy	OEAS -Operational Excellence and Assessment Support
UCF - University of Central Florida	UNF - University of North Florida
M(S)PT – Master of (Science in) Physical Therapy	FIU - Florida International University
BOG - Board of Governors	FGCU - Florida Gulf Coast University
USF - University of South Florida	GRE – Graduate Record Examination
UF - University of Florida	GPA – Grade Point Average
CAPTE - Commission on Accreditation of Physical Therapist Education	CI - Clinical Instructor
APTA - American Physical Therapy Association	BLS - Bureau of Labor Statistics
ACCE - Academic Coordinator of Clinical Education	MD – Medical Doctor
NIH - National Institutes of Health	DDS – Doctor of Dental Science
NSU - Nova Southeastern University	AWI - Agency for Workforce Innovation
USA - University of St. Augustine for Health Sciences	
GIF - General Information Form	
PhD – Doctor of Philosophy	
PsyD – Doctor of Psychology	
ScD – Doctor of Science	
EdD – Doctor of Education	
JD – Juris Doctor	
DBA – Doctor of Business Administration	
PT – Physical Therapy / Therapist	
FTE – Full Time Equivalent	
COHPA - College of Health and Public Affairs	
UM - University of Miami	

Note: This outline and the questions pertaining to each section must be reproduced within the body of the proposal in order to ensure that all sections have been satisfactorily addressed.

I. Program Description

Briefly describe the degree program under consideration, including specific changes that will be made to the current program to effect the transition to the DPT. Please describe how this program will compare to or contrast with other DPT's offered in the nation.

Overview

The proposed entry-level Doctor of Physical Therapy (DPT) program at the University of Central Florida (UCF) builds upon the existing Master of Science in Physical Therapy (MSPT) degree curriculum, expanding it from 7 to 9 consecutive semesters (and from 75 semester hours credit to 111 SCH). The proposed program is comparable in length, design, content, and learning outcomes with DPT programs offered nationally [including programs recently approved by the Board of Governors (BOG) at the University of South Florida (USF), and the University of Florida (UF)]. The proposed curriculum reflects the depth and breadth of professional coursework and clinical education required to meet current evaluative criteria leading to program accreditation by the Commission on Accreditation of Physical Therapist Education (CAPTE), while simultaneously addressing supplementary fields of study considered essential for high quality Physical Therapy practice in the future.

It should be clearly noted that the proposed educational program is professional in nature leading to a clinical rather than an academic doctorate in the discipline of Physical Therapy. In this respect, it is not unlike entry-level professional education programs leading to clinical doctorates in allopathic medicine, osteopathic medicine, podiatric medicine, chiropractic medicine, veterinary medicine, dentistry, optometry, and pharmacy. The move to the DPT nationally as the first professional degree in the field has been driven in large part by the recognition of the depth, breadth, and rigor of existing curricula, the expectations of consumers, the scope of Physical Therapy practice permitted by individual state laws, the spiraling costs of health care, and the anticipated changes in medical delivery systems nationally.

Based on a recent American Physical Therapy Association (APTA) informational survey, accredited and transitioning DPT programs nationally have augmented course content typically found in two- or three-year entry-level professional M(S)PT programs with supplementary classes in histology, pathophysiology, pharmacology, radiology/imaging, differential diagnosis, health care and human resource management, and in the emerging areas of disease prevention, wellness, and health promotion. The proposed DPT curriculum at UCF adds 35 credit hours to its nationally accredited MSPT program primarily in the aforementioned areas. The proposed program also increases the depth and breadth of foundational coursework in human anatomy, systems physiology, and neuroscience, and it reapportions credits in clinical education to more accurately reflect the amount of work students actually perform during their required clinical affiliations.

Taken as a whole, the proposed changes will better prepare UCF graduates to provide safe, effective, and cost efficient care across a broad spectrum of clients who need habilitative or rehabilitative services due to developmental or acquired disorders of the musculoskeletal, neuromuscular, cardiovascular, respiratory, or integumentary systems. By law, the scope of Physical Therapy services is highly regulated at the state level and is not permitted to encroach on the practice domains of other licensed health care providers. Given the growth and demographic changes in the population in Florida and nationally, it can be anticipated that ever greater numbers of individuals will require habilitative or rehabilitative services in the future. This will be particularly true as the “Baby Boom” generation reaches the stage of life where chronic disorders associated with the aging process become most prominent and functionally debilitating. Health care delivery systems in the future must take into account the fact that ongoing advances in medical science allow human beings to live longer with disabling conditions, thereby driving the demand for more and higher quality habilitative or rehabilitative services to maintain a reasonable quality of life for the affected individuals.

Faculty Readiness

Faculty are well-prepared academically and have substantial clinical expertise encompassing the broad scope of contemporary practice addressed by Physical Therapists. Accordingly, the faculty have expertise in the basic health sciences, rehabilitation sciences, and in the clinic application of these principles in providing direct patient care. The transition to the DPT permits the enrichment of the curriculum and the acquisition of advanced knowledge in other areas of professional practice. In the realm of academic preparation, the current faculty hold appropriate degrees in Physical Therapy, and/or related academic and health science fields. Combined the participating faculty have well over 100 years of teaching experience. In terms of clinical expertise, faculty members have an average of 15 years experience in a variety of health care settings and specialty areas of practice. Although substantial scholarly activity generally has not been expected of Physical Therapy faculty nationally due to the clinical nature of entry-level programs, individual faculty members at UCF have published extensively, participated in externally funded research, and served on thesis and dissertation committees for students in more traditional academic disciplines.

It is important for the reader to recognize that the vast majority of Physical Therapy faculty have been drawn from the ranks of clinical practitioners rather than academically-prepared researchers. This situation is akin to physicians training physicians, pharmacists training pharmacists, optometrist training optometrists, or podiatrists training podiatrists throughout their entry-level education. The degree required by faculty teaching in each of the aforementioned professions traditionally has been deemed equal to or higher than the degree being offered by the program in question. Until recently that degree was considered the Master’s by the Physical Therapy community. However, the required degree is quickly becoming the DPT as the vast majority of educational programs nationally now offer the latter degree at the entry-level.

To compensate for the long-standing dearth of educational opportunity in Physical Therapy or to pursue alternative avenues of personal advancement, clinicians have often sought doctoral degrees outside of the parent discipline. Accordingly, it is not uncommon to find Physical Therapists who hold a terminal academic degree (Ph.D.) in one of the “hard” sciences (i.e.,

neuroscience, anatomy, physiology, biochemistry, pharmacology) or an equivalent *discipline-specific* degree (Psy.D., Sc.D., Ed.D., J.D., or D.B.A.) in one of the “soft” sciences (i.e., psychology, sociology, education, public policy, law, or business) teaching in an entry-level Physical Therapy program. Such individuals are highly sought after for their clinical expertise as well as their academic training in their secondary discipline. Nevertheless, their “advanced” training does not necessarily lend itself to scholarly activity in the field of Physical Therapy. Nor, does the nature of entry-level curricula or the culture of the parent institution always contribute to or encourage scholarly activity by Physical Therapy faculty. The clinical faculty at UCF, like that of most other Physical Therapy programs around the country, traditionally has focused its collective effort on the primary mission of educating entry-level practitioners rather than pursuing a research agenda. To help illustrate this point, data presented on-line (<http://www.apta.org>) in the 2005 PT Education Fact Sheet demonstrates that the average faculty member nationally published 1.3 peer-reviewed articles during the most recent two year time-period for which data are available. In comparison, UCF clinical faculty members on average published 1.6 peer-reviewed articles during the same time frame, which while better than their peers nationally admittedly is less than faculty in other disciplines who typically publish twice that many articles in the same time period. With the advent of a Medical College at UCF, it can be anticipated that in the future the culture and resources of the institution will be directed to encourage and support research activities by clinical faculty.

The current student : faculty ratio at UCF is 7.8:1, which is 1.1 students : faculty better than that of accredited programs nationally. The additional (1.9) FTE generated by the proposed program will allow the clinical faculty to expand in size and expertise and concomitantly to develop research collaborations with investigators on the planned Lake Nona campus and throughout the state and nation.

Program Support

Community support, financial and otherwise, provided the initial impetus more than a decade ago for College administrators and faculty to develop the program in Physical Therapy. At that time, community leaders and institutions contributed a little over \$600,000.00 to purchase the equipment and supplies needed to start the program. Today, community support continues via a multitude of interactions at staff and administrative levels with local partners such as Florida Hospital and the Orlando Regional Health System. Continuing support by local institutions include commitments to provide clinical training sites, equipment donations, financial sponsorship of student job fairs and continuing education seminars, and perhaps most importantly through the willingness of practitioners in the community to serve the program in an advisory capacity. In turn, core faculty members regularly assist local health care providers by offering requisite continuing education seminars, clinical instructor training courses, in-service training, and organizational consulting. Two faculty members serve as elected officers on the Board of Director of the Central Florida district of the Florida Chapter of the APTA. The Program Director is a member of the Florida Consortium of Physical Therapy Educators and the Academic Coordinator of Clinical Education (ACCE) is a member of the Florida Consortium of Clinical Educators. In the former position, the Program Director plays a significant role in disseminating the educational and professional philosophy underlying the discipline, shaping pre- and post professional curricula, establishing appropriate performance standards, determining

acceptable student educational outcomes, and in advising the State Board of Physical Therapy Examiners on the educational preparation of current and future licensees. In the latter position, the UCF ACCE plays a major ongoing role in credentialing clinicians throughout the state as approved clinical instructors. Accordingly, through these and other efforts our “town and gown” connections are strong, on-going, and mutually beneficial. (Letters of Support for the program may be found in Appendix (C.)

The Physical Therapy program is well regarded on the UCF campus. For example, in addition to their regular programmatic teaching duties, Physical Therapy faculty members are popular mentors for honors and directed independent study courses taken by undergraduate and graduate students within and outside of the College of Health and Public Affairs (COHPA). Faculty members are currently serving or have served on graduate-level thesis and dissertation committees for a variety of academic disciplines. Similarly program faculty currently serve or have served on College and University-level committees, task forces, and/or advisory groups. Additionally, program faculty members have been honored at both College and University levels with Research (TJA) and Teaching (GB) Incentive Awards. Taken together, the Physical Therapy faculty at UCF participate fully in the academic life and governance of the University.

The College and the Department of Health Professions have the financial capability to fund the proposed program without affecting the operation of other health-related programs on campus. In reality, it can be anticipated that enrollment in the department’s undergraduate health-related feeder programs will be enhanced significantly by the availability of doctoral level training opportunities in Physical Therapy. A recent campus survey of Health Sciences majors have suggested that high percentages (>60%) of students currently enrolled in that undergraduate feeder program are interested in obtaining advanced training in Physical Therapy after receiving their undergraduate degrees.

Student Interest and Accomplishments

Student interest in Physical Therapy historically outpaces the program’s ability to accept and train qualified applicants. At present, regardless of the level of degree offered, nearly 65% of qualified applicants nationally are denied educational opportunities in the field of Physical Therapy due to limited training capacity at the parent institutions. At UCF, recent data demonstrates a nearly 75% denial rate. Among those accepted by the MS program in recent years, however, nearly half of the top ranked candidates ultimately chose to attend institutions that currently offer the DPT. This observation indicates that student perceptions of the program at UCF are positive (i.e., that the best and brightest are willing to apply), but this is not sufficient to ensure that they will enroll at UCF until the program is able to offer the DPT. It is anticipated that approval of the proposed DPT curriculum will allow the program to compete on both the state and national level for the most accomplished students.

It is worth noting that students accepted and who subsequently enrolled in the Physical Therapy program have performed extremely well while at UCF. Three of our graduating students have received prestigious state-level awards for their excellence in academics, clinical practice, and professional service. In 1995, Kent Edwards was named the Outstanding Student in Florida by the Florida Chapter of the American Physical Therapy Association (FAPTA). This award is

given annually in recognition of exemplary academic achievement, demonstrated clinical excellence, and superior service to the profession of Physical Therapy. Award winners are selected by the association's Board of Directors from among the student body of all 10 programs in the state offering entry-level degrees in Physical Therapy. In 2002, Paul Burgener received the Outstanding Student award from the FAPTA for his accomplishments in the field. Dayna Browman was similarly honored in 2004. Having three students receive this esteemed award from among UCF's 13 graduating classes is a testament not only to the quality of the students themselves, but also to the program and faculty that trained them. Other UCF PT award winners include Sunita Modani (Class of 2003) who was inducted into the "Order of Pegasus", the highest award that can be bestowed by the university, and Nick Haffey (Class of 2002) who was named by the College of Health and Public Affairs as its "Rising Star" in 2004. It should also be mentioned that significant numbers of incoming students annually are awarded competitive Provost's Fellowships based on their undergraduate academic performance. In addition, each year a number of students are awarded graduate teaching or research scholarships based on their past performance.

While individual student accomplishments are an appropriate and useful measure of program quality, group indicators give a fuller picture of the overall merit of the UCF Physical Therapy program and its potential for future growth and development. Among the key indicators are student retention and graduation rates, first-time and eventual pass rates on the national board examination, employment figures, and patient satisfaction data. In each of these areas, UCF students have performed extremely well since the program's inception in 1992. Student retention and graduation rates traditionally have been greater than 90 percent. Similarly, UCF first-time and eventual pass rates on the national board have been outstanding. For example, the first-time pass rate for 2005, the most recent year for which data are available, indicates UCF graduates scored 15% points above the national average for all exam takers. The average first-time board pass rate for UCF students for the most recent three year reporting period was 89.87%. This figure was 14% points above the national average for the same reporting period. The eventual pass rate for UCF graduates for the same three year reporting period remained 6% points above the national average for all exam takers. Employment figures for UCF graduates consistently show 100% employment within six months of graduation. Similarly, recent employer and patient satisfaction surveys document outstanding outcomes (>90%) in each category for UCF graduates 6 months after graduation. Collectively, these data demonstrate that the UCF Physical Therapy program has consistently fulfilled its mission of preparing outstanding entry-level clinical practitioners for the health care workforce.

Despite or perhaps because of the solid history of excellence at UCF, it is anticipated that approval of the proposed DPT curriculum will allow the program to compete even more effectively on the state and national level for the most accomplished students and faculty, thereby continuing to produce superior graduates.

Board of Governors Strategic Plan / Statewide Workforce Needs

In its most recent Strategic Plan (adopted June 2005), the Board of Governors (BOG) established far-reaching degree production goals for the future. Those goals focus on providing educational access, meeting the workforce needs of the state, building world class academic programs, and

enhancing research capacity. Health care, identified as a “critical need” in the BOG’s strategic planning documents, is one of the largest industries in the State of Florida, with Floridians having spent an estimated \$39.5 billion in 2000 on health care expenses. Employment in the health-care sector in 2002 approached 750,000 people. In fact, Florida’s health services sector employs more workers than the state’s entire business and finance, insurance, and real estate sectors combined. However, as recently as 2003, the Florida Hospital Association (FHA) acknowledged that nearly half (45%) of its member hospitals statewide reported shortages of Physical Therapists and of those 60% believed the shortage was moderate to severe in its impact. A Briefing Paper Provided to the Florida Board of Governors on Considerations in Converting Physical Therapy Programs to the Doctor of Physical Therapy noted that “Physical Therapy is listed as one of the Critical Needs in Health Care on the March 2004 BOG List of Targeted Programs”. It also found that “Employment of physical therapists is expected to “grow faster than the average” for all occupations through 2012 (meaning it will increase 21 to 35 percent). Florida employment projections estimate average annual openings at 366, due primarily to growth rather than separation. Such data indicate a need for more Physical Therapists in coming years, and that need is not currently being met by existing programs.”

Once the proposed DPT program becomes fully operational following a five year transition period (2007-2012), the current MSPT program will no longer be offered to students seeking entry into the profession. During the transition period, the third year of the DPT program will be offered to previous graduates of UCF’s Physical Therapy program to allow them to enhance their clinical and management skills and “level the playing field” in terms of professional degrees earned.

II. Institutional Mission and Strength

A. Please discuss how the transition of the program to the DPT relates to the institutional mission and strengths. Will the transition result in a need for substantive accreditation change or will the transition conflict with the mission of the institution in any other manner? If so, please explain and describe how this will be resolved prior to implementation of the transition.

UCF / COHPA Strength and Strategic Plans

The proposed DPT program is an essential part of UCF’s 5-year Strategic Plan, which includes a vision statement that the institution will become “...the nation’s leading metropolitan research university recognized for its intellectual, cultural, technological, and professional contributions and renowned for its outstanding programs and partnerships.” To help achieve that institutional vision, the College of Health and Public Affairs (COHPA), Department of Health Professions strives to “...educate and train entry-level clinicians and administrators to function in a wide variety of treatment environments. These environments range from rural, suburban, and metropolitan multi-hospital systems to office-based practices and from marketing and finance-based activities to education.”

Given the rapidly changing health care environment in the United States, in general, and in Central Florida, in particular, it is essential that the Department of Health Profession’s programmatic offerings be at the forefront rather than the tail-end of emerging trends in health

education, research, and patient care. Roughly 78% of accredited Physical Therapy educational programs nationally have already transitioned to the DPT. Additionally, ~90% of the remaining programs now accredited at the Master's level have indicated to CAPTE that they are in the process of transitioning to the DPT. In the State of Florida, however, only two of seven (~29%) public universities offering entry-level educational programs in Physical Therapy have been approved by the BOG to make the transition to the DPT. This situation puts the remaining five public institutions including UCF at a competitive disadvantage when it comes to recruiting and retaining outstanding faculty and attracting the best and brightest students seeking training in the field of Physical Therapy. This was confirmed by the fact that 19 students who were accepted into the Physical Therapy Class of 2008 declined UCF's offer in order to attend an institution offering the DPT. Although many students went to institutions in Florida, almost half went to other states in the south and east (Alabama, Delaware, Georgia, New Jersey, New York, North Carolina and Virginia, and could well be lost to Florida in the future as practitioners.

It is anticipated that despite positive student perceptions of the UCF Physical Therapy program recruitment will become even more difficult in the future as educational institutions in the states surrounding Florida complete their move to the DPT (Alabama 3/3 DPT programs, Georgia 3/5 DPT programs – 1/5 currently transitioning, South Carolina 2/2 DPT programs, North Carolina 3/6 DPT programs – 1/6 currently transitioning, Mississippi 1/1 DPT program, Louisiana 2/2 DPT programs currently transitioning, Tennessee 5/5 DPT programs).

Evidence of a relationship to specific institutional strengths

The proposed DPT program will enjoy the same relationships with other UCF programs as the MSPT program does currently. The proposed program will remain administratively housed within the COHPA, Department of Health Professions. It will continue to utilize the Bachelor of Science in Athletic Training, the Bachelor of Health Services Administration, as well as Bachelor of Science degrees in a number of health-related biological and psychosocial disciplines as feeder programs. The curriculum of the Bachelor of Health Sciences has recently been revised and the program renamed Pre-Clinical Allied Health to be a feeder program for Physical Therapy and other graduate health professions programs.

The Program Director and the program's faculty enjoy excellent relations with the administration and rehabilitation staffs at Florida Hospital, and Orlando Regional Healthcare System, the two largest institutional health care providers in Central Florida. Indeed, many of the current cohort of administrative leaders, supervisors, and staff Physical Therapists within these institutions are former graduates of the UCF program who are now progressing through their careers as a result of the clinical and managerial skills they developed while at UCF. In addition, many of those administrators and upper level supervisors currently serve, or have served, on the program's Advisory Committee. As noted elsewhere, the exchange of expertise between "town and gown" is strong, ongoing, and mutually beneficial.

The Program Director and several program faculty members have initiated collaborative relationships with faculty in other UCF colleges, schools and departments (including Nursing, Communicative Disorders, Engineering, and Psychology) to obtain research grant funding. One of these collaborations with faculty and students in the College of Engineering recently led to the

submission of a major grant to the American Heart Association to study the fluid dynamics of “end-to-side” femoral to popliteal artery bypass grafts utilizing “meshless” mathematical modeling. Collaboration between Physical Therapy program faculty and faculty in the College of Sciences, Department of Psychology, in partnership with the Neuroscience Institute at Florida Hospital, recently resulted in the acceptance of a paper on the biological basis of schizophrenia to be presented this spring at the annual convention of the Society of Biological Psychiatry.

These nascent relationships will flourish and mature with the ongoing development of the recently approved College of Medicine at UCF’s planned Lake Nona campus. Translational research (i.e., “bench to bedside”) will be enhanced by collaborations between physician scientists and rehabilitation specialists recruited from among the pool of DPT graduates and program faculty. Such collaborations currently are being encouraged by the National Institutes of Health’s (NIH) recent “Roadmap Initiatives”. It is anticipated that the further development of multi-disciplinary clinical collaborations will not only be attractive to the NIH, but they will spur the creation of additional initiatives in the emerging discipline of Rehabilitation Science thereby leading to improved health care for ever larger numbers of disabled Americans.

In recognition of the APTA’s “Vision2020” policy statement and the institution’s current Strategic Plan, the BOG should be mindful that of the top 20 Physical Therapy programs nationally (as ranked by U.S. News and World Report), 18 currently offer the clinical doctorate (DPT) as the entry-level degree. It should also be noted that the top four DPT programs in the country are based at Research Extensive universities, with associated medical schools, institutions that are reflected in the aspirations of UCF to move towards national prominence in its medical educational and research programs.

Health Care Needs in the State of Florida

The necessity to transition from the MSPT degree to the DPT at UCF is driven, in part, by the national trend towards autonomous practice on the part of Physical Therapists. The major impetus behind this trend is the demographic aging of the population resulting in ever larger numbers of individuals living for longer periods with disabling disorders that limit mobility and functional activity thereby reducing the health-related quality of the individual’s life. For example, Census 2000 data for Florida (released April 14, 2004) on “Selected Types of Disability for the Civilian Non-Institutionalized Population” indicate that of the 3.1 million people residing in the state over the age of 65 years roughly 34% have a self-reported chronic physical, sensory, mental or self-care disability which substantially limits one or more areas of function. If one includes the data on all Floridians over the age of five years, then the census information becomes even more alarming, with nearly ~19% of the state’s total population (or 3,274,555 individuals) reporting a chronic physical, sensory, mental or self-care disability that substantially limits function in one or more areas of daily living. Obviously, each and every one of these individuals has some degree of need for habilitative or rehabilitative care which focuses on helping to improve their mobility and functional skills in activities of daily living.

Using 2003 data reported by the Florida Hospital Association and the Florida Census data, the ratio of individuals age 5 or older with self-reported chronic disabilities to the number of licensed Physical Therapy providers was 439:1, a number which would suggest that there is a

significant mismatch in the need for habilitative or rehabilitative services and actual patient access to those services. (See UCF Table I, below.) Moreover, these data do not account for the incidence or prevalence of acute or sub-acute disorders in other segments of the state's population that limit mobility or functionality for varying, albeit shorter, lengths of time. The question now facing the BOG and regional health care planners is: Is the health care system within the state truly prepared to deal with both the magnitude and type of care needed by the state's citizens now and in the future? If the answer is in the negative, then the obvious follow up question is: What is the state doing to correct the mismatches, educationally or otherwise, in the number of qualified providers needed to address the health care problems of the state's disabled citizens?

UCF Table I. Ratio of Citizens with Chronic Disabilities to Licensed Physical Therapists*			
State	Number with Chronic Disabilities	Licensed PT	Ratio
South Carolina	810,857	4293	189:1
Virginia	1,155,083	4832	239:1
US Total	46,124,000	155,000	298:1
Georgia	1,456,812	4310	338:1
Tennessee	1,149,693	3134	366:1
North Carolina	1,540,365	4183	368:1
Florida	3,274,555	7459	439:1
Mississippi	607,570	1315	462:1
Alabama	945,705	1719	550:1

*Data from individual states from US Census Data reported 2004 and state licensing boards. US Total Disability data reported 2002 and number of PT's employed by US Department of Labor in 2004.

While the import of the recent census data is well recognized by various professionals in the health care field, and their significance is beginning to be understood by the state's political and educational leaders, it is less well known that the current practice model (i.e., physician referral for Physical Therapy services) adds substantially to the growing cost of health care for individuals requiring habilitative or rehabilitative services. Recognition of this basic fact by many of the leaders in the health care industry nationally has lead inexorably to the trend towards more autonomous practice by Physical Therapists. That trend, in turn, is driving a significant expansion in the depth and breadth of the content included in entry-level preparation programs as the liability of Physical Therapists' increases along with their scope of practice.

Public university Physical Therapy programs in the State of Florida underwent a similar transition from the Bachelor's to the Master's level less than a decade ago, a move which was approved by the Board of Regents in 1997, somewhat late in the cycle. That earlier transition was due, in part, to similar societal forces that have only accelerated in the intervening years. Subsequent changes in curriculum format, driven by the perceived needs of patients and the health care system nationally, have also been approved at the state level in recent years and it is anticipated that further changes will be mandated in the coming years that will dramatically change the delivery model of health care in the state and nation.

Rationale for the DPT

The proposed transition to an entry-level *clinical doctorate* in Physical Therapy is consistent with the BOG's declared emphasis on expanding access and promoting programmatic excellence in healthcare education as articulated in its current strategic planning documents. It should be noted that programs in Physical Therapy were included on the BOG's March 2005 "*List of Targeted Programs*" as one of the "*Critical Needs in Health Care*" indicating that there is a clearly identifiable need in Florida for more and better prepared Physical Therapists now and in the foreseeable future. In Appendix 1 of the Florida BOG Strategic Plan for 2005-2013, the goal to meet statewide professional and workforce needs requires the SUS to be accountable for producing more degrees in education and the health professions, as well as programs that promote economic development, involve emerging technologies, and other high-wage / high-demand areas.

In Appendix 2, in a discussion of targeted programs and areas, the Board of Governors adopted recommendations that included suggested criteria for a number of program characteristics all of which apply to Physical Therapy: 1) Critical Needs including "a significant present or potential workforce shortage that has been identified by a regional or state agency or employer group, that there are significant negative consequences to a shortage in a given occupation, that market forces alone are unlikely to resolve the shortage, or that there is a direct link between an academic program and the critical shortage." 2) "High-Wage" included "earnings of graduates are significantly higher than before entering the program (Graduate and professional programs)."

Additionally, language in the Appendix 2 specifically recognizes Physical Therapy as a new doctoral field in the "critical needs" and "high wage" areas. This proposal offers the BOG an opportunity to act on its own recommendations.

Current and Future Status

In 2000, the APTA's House of Delegates adopted a goal statement for the profession ("*Vision 2020*") that contains clear references to "*Doctors of Physical Therapy*". By endorsing this policy paper and embracing its call for dramatic changes in Physical Therapy education and practice, the members of the APTA demonstrated their unambiguous support for the *clinical doctorate* as the *first professional* degree similar to that of allopathic, osteopathic, podiatric, chiropractic, and veterinary medicine, dentistry, optometry, and pharmacy. At the time, the APTA's members made a conscious decision to *not mandate* specific curricular changes or to set *rigid timetables* that would compel particular institutional behaviors.

Nevertheless, it should be recognized that the transition to the DPT is a rapidly evolving phenomenon across the country. Nationally, the number of accredited DPT programs has increased significantly since 2000, while the number of M(S)PT programs has decreased concomitantly. (See UCF Table II. below.)

UCF DPT Table II. Number of Entry-Level Programs in Physical Therapy by the Degree Offered							
Degree/Year	2000	2001	2002	2003	2004	2005	2006
Master's [M(S)PT]	184 (91%)	157 (77%)	146 (68%)	114 (56%)	100 (49%)	70 (33%)	47 (22%)
Doctorate (DPT)	19 (9%)	46 (23%)	67 (32%)	90 (44%)	104 (51%)	139 (67%)	163 (78 %)

In 2000, there were 184 M(S)PT programs and 19 DPT programs. In 2002, the figures became 146 M(S)PT programs to 67 DPT programs. As of September 2006, the numbers had shifted to 47 (~22%) M(S)PT programs and 163 (~78%) DPT programs. Consequently, M(S)PT programs are now in the minority nationally and those remaining are either in the process of transitioning to the DPT or are reportedly experiencing a distinct and ongoing competitive disadvantage when trying to recruit and retain outstanding faculty and attract highly qualified students. In Florida, roughly a third of the public university programs have transitioned to the DPT, the remaining programs, including UCF are currently facing the negative effects of delaying what is clearly the future direction of Physical Therapy education.

In Florida, as in all other states, individuals become eligible to take the national board examination as a step towards professional licensure if, and only if, they have received a post-baccalaureate degree from an institution that has been approved for the training of Physical Therapists by the Commission on Accreditation for Physical Therapy Education (CAPTE). While state licensure requirements do not distinguish between academic or professional degree levels, as of January 1, 2002 CAPTE no longer reviews or accredits Bachelor's level programs. To date, both M(S)PT and DPT programs are accredited using the same set of evaluative criteria. As a result, CAPTE has publicly espoused the view that the parent institution and the governing state regulatory bodies retain the prerogative to determine the level of the degree awarded to students enrolled in Physical Therapy programs. It is expected by CAPTE that such decisions will be made consistent with the respective mission, vision, and values of the various institutions and governing parties.

Notwithstanding CAPTE's publicly stated position regarding the transition to the DPT, it is generally anticipated that new accreditation criteria will be promulgated sometime in 2006. Programs not currently accredited under the existing 1998 guidelines or whose current accreditation is near to expiration will be evaluated using the new standards as part of their next regularly scheduled self-study and site visit. Undoubtedly, the new guidelines will reflect higher level learning outcomes incorporated in the DPT curricula being offered by the majority of institutions nationally. On a practical level, the expected changes in accreditation standards would suggest that the MSPT program at UCF could only be maintained throughout its current accreditation period at which time the existing curricular outcomes would be deemed inadequate to achieve re-accreditation under the new guidelines.

However, based on CAPTE's pattern of behavior during the earlier transition from the baccalaureate to the post-baccalaureate level, it is highly likely that when a critical mass of institutions (~80%) offer the DPT as the first professional degree, CAPTE will thereafter adopt a policy that in essence will bar programs remaining at the Master's level from further accreditation. Thus, it is extremely probable that unless UCF is allowed to make the transition to the DPT within its current accreditation period, it will become ineligible in 2014 for re-accreditation. At that point, the program would either be required to offer the DPT as a new rather than as a continuing program or close its doors.

Public universities must remain competitive in their educational offerings to meet the demand of students seeking specific degrees. In the absence of programs that students actually want to enroll in, the regional universities will be unable to meet the health care needs of the consumer in the surrounding geographic areas. The three independent (private) universities in Florida [University of Miami (UM), Nova Southeastern University (NSU), and the University of St. Augustine for Health Sciences (USA)] that offer programs in Physical Therapy have already transitioned to the DPT, as have two of the public universities [the University of South Florida (USF) and the University of Florida (UF)].

Clearly, the DPT is becoming the degree of choice for students nationally. If the other public programs within the state are delayed in or prohibited from transitioning to the DPT, it can readily be anticipated that a large percentage of the applicant pool which cannot be accommodated by the institutions that do offer the DPT will seek out-of-state opportunities to obtain an education at the doctoral-level rather than obtain a degree that is rapidly becoming obsolete in the marketplace. UCF lost applicants to out of state schools last year, and the same is likely true of other MSPT programs in the state. Should this continue to happen, the current shortage of Physical Therapists in Central Florida is likely to reach crisis proportions.

Access to Care and Cost Effectiveness

In the current health care environment, and depending upon the specific employer, a DPT graduate is not necessarily favored over a M(S)PT graduate. In Florida, the laws governing Physical Therapy practice do not permit an expansion in the scope of practice based on academic degree levels. Nevertheless, as more and more entry-level programs make the transition to the DPT or develop professional educational programs at the doctoral level de novo, the current situation is likely to change substantially. It should also be noted that the national movement towards doctorally-prepared rehabilitation professionals and more autonomous practice within existing state laws regulating the scope of practice is likely to have significant cost implications for the healthcare industry in general, particularly in federal/state programs such as Medicare and Medicaid. A number of well regarded health economists have suggested that by having doctorally-prepared Physical Therapists serve as "points of entry" into the health care system, substantial savings can be realized over today's third party payer practice model which requires that patients be seen by a physician before a referral and reimbursement can be made to a Physical Therapist.

Direct access of patients to Physical Therapy services eliminates the burden of unnecessary visits to physicians in order to access appropriate habilitative or rehabilitative care. The current

referral requirement frequently causes delays and/or denials of needed services that by law can only be provided by Physical Therapists. Delays or denials in care, in turn, regularly result in higher total health care costs, decreased functional outcomes, and/or high levels of frustration for patients and their families. Direct access to Physical Therapists greatly improves the accessibility of habilitation or rehabilitation services. Moreover, a growing body of evidence indicates that direct access does not promote over-utilization of Physical Therapy services or increase the overall cost of health care. An influential 1997 study ¹ by Drs. Jean Mitchell and Greg deLissovoy of Georgetown University and Johns Hopkins University, respectively, on the cost-effectiveness of direct access to Physical Therapists found that the costs incurred for Physical Therapy visits were 123% higher when patients were first seen by a physician than when they initially went to a Physical Therapist. The total paid claims averaged \$2,236 per each physician referral episode as compared with \$1,004 for each direct access episode. This study also demonstrated that physician referral episodes generated 67% more Physical Therapy claims and 60% more office visits than did episodes when the patient went directly to a Physical Therapist without a physician referral. These authors concluded that doctorally-prepared, state licensed Physical Therapists are well qualified to provide services independent of referral from physicians. Similar findings ² have been reported in other countries where direct access to Physical Therapists is permitted.

In recognition of the fact that all Physical Therapists currently are educated at the post-baccalaureate level during the course of which they receive extensive didactic and clinical training needed to practice without physician referral, thirty-nine state legislatures, including Florida (1992), now authorize some form of direct access. Additionally, for more than twenty five years, the U.S. Department of Defense has recognized the ability of state licensed Physical Therapists commissioned as officers in the U.S. Army, Navy, Air Force, and the Public Health Service (for the Coast Guard) to serve as “primary care providers” for the purpose of musculoskeletal disorders, thereby allowing them to evaluate, diagnose, and provide a range of medical and rehabilitative interventions to military personnel and their dependents without an initial referral from a physician.

Health Providers Service Organization (HPSO), the leading liability insurer of Physical Therapists in the United States, stated in a March 22, 2001 letter, “that direct access is not a risk factor that we specifically screen for in our program.” In addition to liability insurers, the Federation of State Boards of Physical Therapy based on their available research have also stated publicly that direct access does not jeopardize the health, safety, or the welfare of patient/clients seeking physical therapists’ services without physician referral.

¹ Mitchell JM, deLissovoy G A comparison of resource use and cost in direct access versus physician referral episodes of physical therapy. *Physical Therapy* 77 (1): 10-18 JAN 1997.

² Hensher M. Improving general practitioner access to physiotherapy: a review of the economic evidence. *Health Serv. Manage. Res.* 10(4):225-30. Nov 1997

Accreditation Issues

The transition at UCF to the DPT will *not necessitate* substantive changes in the program's accreditation status for the next eight years. The program is accredited through June 30, 2014 with no outstanding deficiencies (out of 94 substantive criteria) using the 1998 standards. Programs previously reviewed and accredited by CAPTE under the 1998 Evaluative Criteria, *do not require* prior approval from CAPTE to make the transition to the DPT. Thus, the program would not have to be reaccredited under the pending 2006 evaluative standards until the next regularly scheduled accreditation cycle. However, CAPTE's "*Rules of Practice and Procedure*" indicate that official notification must occur prior to the actual implementation of the change in the level of degree to be awarded (Part 9, §9.3 (4) iii). Failure to notify the Department of Accreditation and CAPTE of the change in a timely fashion may result in placement of the program on Administrative Probationary Accreditation status (Part 9, §9.5). Notification must include copies of any *institutional, state and/or regional approvals* that were needed by the program prior to the transition. In addition, CAPTE requires that a brief General Information Form (GIF) be submitted with the other mandatory paperwork in order to ensure that it provides accurate information to state licensing boards and the general public. A program is not considered to be accredited until all of these documents have been received and processed by CAPTE. As noted elsewhere, however, it is possible that unless the UCF program is allowed to move expeditiously to the DPT, it may lose the ability to do so under the auspices of the existing program.

B. Describe the planning process leading up to submission of this proposal, including university personnel and external individuals involved in planning, as well as, the date of approval for the transition by the University Board of Trustees. Provide a timetable of events for the implementation of the transition.

Planning Process

The planning process for the conversion to the DPT at UCF began informally in 2001, soon after the "*Vision2020*" statement from APTA was published. A more formal planning process was initiated by the faculty following a CAPTE mandated accreditation self-study and site visit in 2003. The internal planning process moved forward in early 2004 when a new Program Director was hired. Peer-institution planning for the transition took place in 2003 and 2004, when the directors of all the state university's physical therapy programs met to discuss the need for the DPT and to map out basic educational outcomes that would be consistent across institutions. All program directors/chairs (those from USF, UF, UCF, University of North Florida (UNF), Florida International University (FIU), and Florida Gulf Coast University (FGCU) were present) expressed their commitment to attempt to move their respective programs expeditiously to the DPT. Subsequent to the 2004 joint Program Directors meeting in Tampa, the Program Director at UCF submitted a "white paper" to COHPA administrators and the Office of Academic Affairs outlining the rationale and perceived need for a rapid transition to the DPT. After much study and discussion at the level of the Dean's and Provost's offices, the PT faculty and Program Director were permitted to begin working on formal planning documents as required by the BOG.

As anticipated by the program directors group representing the public universities, the USF was the first of the state-supported institutions to submit a formal proposal to the BOG. They did so during the summer of 2004 and subsequently received official approval by the Board to implement their program in September 2004. Shortly thereafter, in December 2004, UF submitted their DPT proposal to the BOG. BOG's approval of UF's proposal was granted at the March 2005 meeting. At present, USF and UF remain the only public institutions in Florida authorized by the BOG to offer the DPT as the entry-level degree in Physical Therapy. However, it is anticipated that transitional applications from the remaining public universities will be submitted to the BOG within the next few months.

In the summer of 2004, a survey instrument was developed by the UCF faculty to poll program alumni regarding the perceived need for a transition to the DPT. One hundred and 85 alumni still residing in the Central Florida area were polled, of those, 87 returned completed surveys. The results of this assessment and ongoing discussions with members of the program's Advisory Committee, a group of local clinicians established by the Department of Health Professions to evaluate the existing MSPT program and make quality improvement recommendations, suggested that a transition to the DPT was in the best interest of the program and practicing professionals in Central Florida. The overall consensus of the various stakeholders was that the move to the DPT would allow the Department to compete at a national level for the best and brightest faculty and PT students, provide the highest quality training opportunities, as well as, enable the program to have the greatest impact on a regional and national level for building models of best clinical practice.

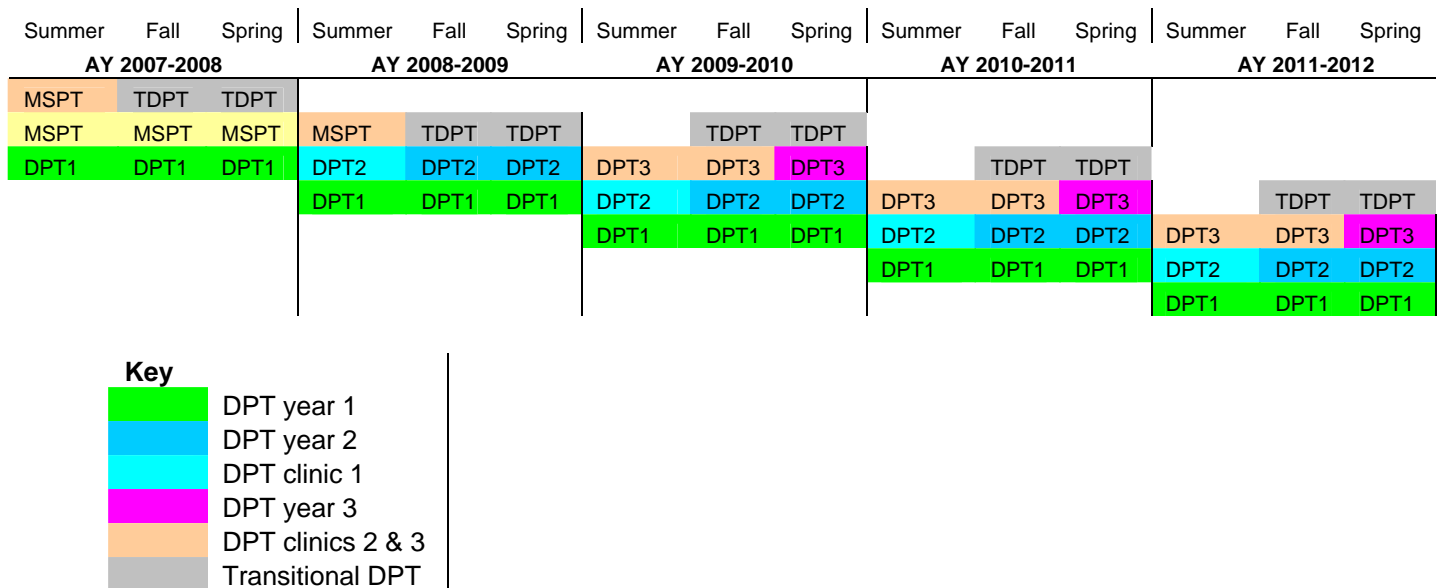
Collectively, the planning process for the DPT to date has involved CAPTE (which, during the 2003 site visit, informally recommended that the institution consider rapid movement toward the DPT), peer SUS institutions, senior departmental faculty, program faculty, alumni groups, various curricular review committees, the Dean of the College of Health & Public Affairs, the Provost's Office, and other relevant units within the University administration and governance structure.

To remain competitive with institutions currently offering the DPT, it is hoped that all campus and state-level approvals can be obtained by the end of academic year 2006-07. It is currently anticipated that the program will be approved by the UCF Graduate Council in fall 2006 and considered by the UCF Board of Trustees and the Board of Governors later in the Fall of 2006 or early 2007. In 2005, the program received 130 applications for the 34 available seats in the incoming class. In 2006, however, the program received only 121 applicants for the same number of seats. This decline, albeit small at present, likely represents student preference for institutions offering the entry-level doctoral degree rather than the Master's. Accordingly, it is anticipated that unless the program is able to transition to the DPT with all deliberate speed, it will continue to see the applicant pool decline both quantitatively and qualitatively. If the program is able to obtain the requisite approvals in a timely manner, an implementation date of May 2007 for the acceptance of the first incoming class of DPT students is likely.

It is also anticipated that most, if not all, of the students currently enrolled at UCF in the MSPT program will take advantage of an optional program which would allow them to remain in residence to complete the third year of the DPT program. This planned option has two

advantages to current students. First, it gives them an opportunity to continue their professional studies uninterrupted and to obtain what is clearly going to be the educational credential of choice in the future. Additionally, once they have graduated from a CAPTE accredited program, they become eligible to sit for the national board examination. Having taken and passed the boards, UCF MSPT program graduates can obtain state license, which would allow them to practice part-time while concurrently pursuing the DPT. This arrangement has the added advantages that the annual supply of Physical Therapists for the local community will not be disrupted substantially during the transition of the program to the DPT and also allows the program to generate additional revenues from previously enrolled students.

UCF Figure 1. DPT Implementation Timeline



Assuming that the BOG approves UCF's proposal within the academic year 2006-07, it will be possible to implement the DPT curriculum beginning with summer semester 2007. It is anticipated that the transition will be seamless and from the faculty's perspective relatively painless. This should be possible for several important reasons. First, the admissions criteria will not change as a result of the transition to the DPT. Accordingly, any individual who is qualified to apply to the current MSPT program would automatically be qualified to apply to the DPT program. Second, the first two years of the new curriculum would remain virtually identical to the current course offerings, with the exception of a few courses where additional content will be added to increase the depth and breadth of the didactic material. Third, the first of the new DPT courses will not need to be offered until the fall semester of 2007, which will give the assigned faculty sufficient time to develop the courses and prepare the teaching materials. Finally, the faculty will have two years of experience teaching the new courses to returning MSPT graduates before they are taught to the first class of entry-level DPT students. This will allow the faculty to modify their course materials as necessary before they are offered to the inaugural DPT class.

As illustrated in the timeline above (UCF Figure 1), when the first class of entry-level DPT students is admitted there will be one cohort of MSPT students in the last semester of training and one cohort beginning the second year of training. Once the latter cohort completes their training in the summer of 2008, entry to the MSPT program will end and all incoming students will be enrolled in the DPT program. The first transition DPT class (i.e., returning MSPT graduates) will be enrolled in fall 2007 and awarded the DPT in spring 2008. The second will graduate in spring 2009. In 2010 two classes of DPT students will graduate: a cohort of transitional students and the first cohort of entry-level DPT students, approximately 66 DPT degrees. Total degree production from the time of implementation through the first five years of operation (2007 – 2012) is projected to be 68 MSPT degrees and 262 DPT degrees. The timetable for program planning and related activities is seen below in UCF Table III.

UCF Table III. Timetable for DPT-Proposal Planning and Related Activities							
Group/Activity/Yr	2000	2001	2002	2003	2004	2005	2006
American Physical Therapy Association (APTA); Commission on Accreditation of Physical Therapist Education (CAPTE) Accredited Educational Programs	APTA House of Delegates – Approves “Vision 2020” Document Supporting the DPT as the Preferred Entry Level Degree; 184 (91%) M(S)PT Programs; 19 (9%) DPT Programs	157 (77%) M(S)PT Programs; 46 (23%) DPT Programs	146 (68%) M(S)PT Programs; 67 (32%) DPT Programs	114 (56%) M(S)PT Programs; 90 (44%) DPT Programs	100 (49%) M(S)PT Programs; 104 (51%) DPT Programs	70 (33%) M(S)PT Programs; 139 (67%) DPT Programs	Data Not Yet Available
UCF PT Faculty		Informal Faculty Discussions Regarding DPT Feasibility Begin	Outside Consultant Hired; Faculty Prepared Self-Study Accreditation Documents for CAPTE using the 1998 Evaluative Criteria	Hosted CAPTE Accreditation Site Visit; Given Informal Recommendation to Consider Transition to the DPT as Quickly as Possible	New PT Program Director Hired; MSPT Program Re-accredited through 2014; Faculty Developed DPT “White Paper” for Provost’s Office	Formal Planning Begins; Curriculum Meetings Held; 1 st Draft of DPT Proposal Developed & Circulated to UCF Administrators, Stakeholders	Formal Curriculum Planning Continues; Prospectus Completed
UCF Stakeholders			Alumni; Program Advisory Panel Consultations	Alumni; Program Advisory Panel Consultations	Alumni; Program Advisory Panel Consultations	Alumni; Program Advisory Panel Consultations	Alumni; Program Advisory Panel Consultations
Florida Peer Institutions		Informal Peer Institution Faculty Discussions Regarding DPT Feasibility Begin	Informal Peer Institution Faculty Discussions Regarding DPT Feasibility Continue	1 st State-wide Program Directors Meeting; USF, UF Begin Formal DPT Planning Process	2 nd State-wide Program Directors Meeting; UF Continues Formal Planning Process; USF Obtains BOG Approval for DPT Program	UF Obtains BOG Approval for DPT Program	Peer Institution Planning Continues
COHPA Dean’s Office; UCF Office of Academic Affairs			Participates in Preparation of CAPTE Accreditation Documents	Participates in CAPTE Accreditation Site Visit	Dean and Provost’s Offices Complete On-going Review of MSPT Program; Give Approval To DPT “White Paper”; UCF Faculty Begin Formal DPT Planning Process	1 st Draft of UCF DPT Proposal Circulated for Administrator Comments	2 nd Draft of UCF DPT Proposal Circulated for Administrator Comments
UCF Board of Trustees							Considers Formal DPT Proposal at Oct 2006 Meeting
Florida Board of Governors					USF Obtains BOG Approval for DPT Program	UF Obtains BOG Approval for DPT Program	BOG Action Pending Approval at UCF BOT Level

III. Reviews and Accreditation

If there have been program reviews, accreditation visits, or internal reviews of the MSPT program, provide a brief summary of any recommendations made, as well as progress in implementing them.

Program Quality

During the 2002-2003 academic year the UCF faculty was required by its accrediting agency (CAPTE) to perform a self-study of the current MSPT program. Subsequent to the submission of the self-study documents, a site visit was scheduled and conducted at the end of July 2003 by a team of highly experienced clinicians and educators. The team reviewed all aspects of the program to ensure educational quality and compliance with CAPTE's standardized evaluative criteria. During the site visit, team members met extensively with faculty, students, college and institutional administrators, local employers, and other interested parties. Subsequent to the site visit, the Program Director for the MSPT departed from UCF, and a national search was conducted for a new Program Director. In November 2003 the Commission issued a report identifying areas in which the program was in non-compliance or in conditional compliance with the evaluative criteria, informed UCF that they deferred action on the program, and requested a progress report from the program in which areas of non- or partial compliance were to be addressed. The one area of non-compliance was the qualifications of the interim Program Director who filled the vacancy after the departure of the Program Director in August 2003. Criteria in conditional compliance were in areas of curriculum organization, resource availability, faculty research and community service.

In January 2004, Dr. Gerald Smith assumed his duties as the new Director of the program and prepared the requested Progress Report which was submitted in February 2004. In April 2004, CAPTE determined that the program had a director who met the qualification standards, that adequate resources were available, that many questions about the curriculum organization had been answered, and that the program had begun to plan a program of professional development for young faculty. It granted the program full accreditation and requested that a second progress report be submitted in a year. This progress report was submitted in March 2005. After review of the progress report, UCF was found to be in compliance with all requirements for accreditation, having addressed all remaining questions about curriculum organization and faculty development plans, and was granted accreditation through June 30, 2014. A copy of the most recent Summary of Action can be found in Appendix B.

A major recommendation of the site team, albeit given informally during the exit interview in July 2003, was to increase the size and enhance the scholarly activity of the faculty, thereby keeping it in line with national averages. The accreditation team also informally encouraged the program to move as quickly as possible towards transitioning to the DPT. It should be noted that in response to the site team's first recommendation, the COHPA Dean allocated an additional faculty line to the program. Likewise, the faculty, under the guidance of the new Program Director, has striven over the past two years to increase their research productivity. During that 2 year period, the faculty have published 10 articles in peer reviews journals, presented 42 papers

at national or international scientific meetings, submitted 2 grants for external funding, and 2 for internal funding.

In the spring of 2004, the program also underwent the regularly scheduled SUS mandated Program Review. The latter reviews concurred with CAPTE's earlier findings regarding the underlying strengths of the program. The Dean found that "the program provides a high quality graduate education that addresses community needs, builds partnerships with the local health care industry, and contributes to UCF research goals by engaging faculty and students in collaborative clinical research within the university and the medical community". She recommended that the Physical Therapy faculty begin strategic planning to improve program quality and program capacity, begin the planning process for the DPT, develop and implement mentoring plans for research skill development for each faculty member, initiate a search for an additional faculty member, develop a recruitment plan for students, and develop continuing education programs for PT community professionals. All those recommendations have been acted upon.

Taken together, the results of these assessments were considered to be both internal and external endorsements of the faculty, the curriculum, and the facilities upon which the proposed DPT program was built. In developing the DPT curriculum, the faculty was guided not only by what an entry-level physical therapist is currently required to know according to present accreditation standards, but by what the practitioner of the future will need to know to be able to adequately evaluate their patients, plan and provide their care, or when necessary refer them to other health care providers should the patient's needs be beyond the scope of Physical Therapy practice. Having obtained accreditation under the current CAPTE evaluative criteria, the proposed DPT program at UCF will not be required to go through additional evaluative procedures until the next regularly scheduled accreditation cycle. However, as discussed elsewhere, it is very possible that unless the program transitions to the DPT prior to that next cycle, it may become ineligible for further review in 2014.

As noted elsewhere, the Master's degree program in Physical Therapy at UCF is accredited already, and substantive information regarding the proposed DPT will not be reviewed by CAPTE until the next regularly scheduled accreditation assessment. Because the current accreditation standards for programs offering the MPT and DPT degrees are the exactly the same, there should be absolutely no accreditation problems related to the proposed transition. The process by which programs can convert to offering the DPT depends on whether the program has previously been evaluated by CAPTE against the *1998 Evaluative Criteria*. If a program has been determined to be in substantial compliance with the 1998 standards, then CAPTE considers the change of degree to simply be an institutional and state regulatory body prerogative. Since the program at UCF has been granted full accreditation through 2014, it would only need to provide CAPTE with notification of the intended degree change and give a description of the changes in the next available reporting mechanism, usually an *Interim Accreditation Report*. Prior to the actual implementation, CAPTE fully expects that transitioning programs will have achieved all necessary approvals to offer the new degree as required by the institution, the appropriate state higher education board, and the regional institutional accrediting agency.

IV. Plan of Study and Admission Standards

C. Provide a sequenced course of study and list the expected specific learning outcomes and the total number of credit hours for the degree. Indicate the number of credit hours for the required core courses, other courses, dissertation hours, and the total hours for the degree. Please specifically explain any changes that are being made to the current program to ensure consistency with other DPT programs in the nation.

Curriculum Development

For readers unfamiliar with the specialized accreditation processes linked to professional education in Physical Therapy, it may be useful to briefly outline the development of CAPTE mandates that set the national standards for levels for educational performance, integrity, and quality. These mandates establish the theoretical and practical basis for curriculum design throughout the profession. Utilizing two documents produced through a lengthy participatory process (*A Guide to Physical Therapist Practice: Volume 1: A Description of Practice* and *A Consensus Model of Physical Therapist Professional Education, Third Revision*), CAPTE has created a master list of knowledge, attitudes, skills, and behaviors that it considers to be essential for all Physical Therapists to demonstrate prior to graduation and eligibility for state licensure. These include, but are not limited to, a broad-based knowledge of basic sciences (i.e., chemistry, physics, anatomy, physiology, histology, embryology, neuroscience, biomechanics, kinesiology, and exercise science), clinical sciences (i.e., pathology, pharmacology, orthopedics, neurology, cardiology, pulmonology, dermatology, gynecology, endocrinology, pediatrics, and geriatrics), behavioral sciences (i.e., psychology, sociology, anthropology), and management sciences (i.e., human resource management, marketing, finance, strategic planning, and organization) related to the contemporary practice of Physical Therapy. Accordingly, the curriculum of all accredited programs must be focused on the presentation and acquisition of the knowledge, skills and behaviors that are linked to these diverse topics.

While CAPTE cannot and does not tell individual educational programs how or where in a curriculum to teach the content required in each of the aforementioned areas, it can and does specify the level of outcomes mastery that must be demonstrated in each domain. The latter take the form of specific evaluative criteria that must be adequately addressed by the program to ensure that program graduates have attained the level of knowledge, clinical skill, and behavioral competence essential for achieving and maintaining accreditation. Additionally, CAPTE mandates that formal instruction be provided in areas related to medical ethics and the law, as well as the attitudes and responsibilities appertaining to professional behaviors inside and outside of the classroom and clinic. Collectively, CAPTE mandates are designed to enable programs to earn the confidence of the educational community and the public they serve. Accordingly, full accreditation status signifies that individual programs meet the established and nationally accepted standards of scope, quality, and professional relevance of the curriculum.

In recognition of the increasing levels of knowledge and behavioral competence expected by CAPTE and the public, programs nationally have begun to move in earnest towards a single entry-level degree, the DPT. At UCF, the Physical Therapy faculty has endeavored to develop a DPT curriculum which builds upon the intrinsic strengths of the current MSPT program while

incorporating new content in areas that generally are expected to become routine parts of Physical Therapy practice in the future. The curricular sequence and credit hours allocated to each course are provided below. All of the courses listed are required for graduation. In most cases, existing core courses remain unchanged through the first two years of the program. Changes to the curriculum can be summarized as follows:

- Reapportionment of credit hours to reflect an increased depth and breadth of the material already covered by the curriculum in Gross Anatomy/ Neuroscience I and II and Pathology/Pharmacology
- Additional credits for existing clinical education - to more accurately reflect the amount of work actually required of the students and the level of competence needed to successfully pass the clinical affiliations at a level mandated by the academic program and CAPTE.
- Two courses to be taught by Health Services Administration faculty : Health Care Finance and Issues and Trends in Health Care
- One new course to be developed by Radiological Sciences faculty - Radiology/Imaging for PT
- Seven new courses to be developed and taught by the Physical Therapy faculty
 - Primary Care for Physical Therapists
 - Advanced course for physical therapists in orthopedics
 - Advanced course for physical therapists in neurology
 - Advanced course for physical therapists in gerontology
 - Advanced course for physical therapists in pediatrics
 - Advanced clinical practicum
 - Capstone project - requires that students demonstrate that they can formulate an appropriate research question related to the clinical practice of Physical Therapy, apply appropriate research methods, and compose publication quality substantive research paper in appropriate APA style. This research paper is to be a substantial manuscript that reflects graduate level performance in demonstrating the student's ability to 1) gather and discriminate pertinent resources, 2) synthesize information from a variety of sources, 3) apply new information to a topic and compose a paper in a style acceptable for publication in a journal of the profession.

Additionally, the faculty has endeavored in sequencing the courses to “front-end load” the foundational basic science courses while simultaneously balancing the credit hours and difficulty of the coursework to help ensure optimal student learning outcomes. Since the learning (behavioral) outcomes of the proposed program remain professional (i.e., clinical) in nature, a traditional thesis or dissertation, which is generally associated with academic graduate programs, is not required for graduation. The curriculum is shown in UCF Table V.

The curricular outcomes of the current MSPT program are assessed on a yearly basis using information obtained through the student’s Perception of Instructional Quality instruments, student exit interviews at graduation, national board scores, and employer surveys. Our goal for student outcomes is to ensure that students have the professional behavior and clinical skills necessary to be a licensed Physical Therapist. As a result of these assessments, the faculty has added a Capstone Project in Physical Therapy (PHT 7xxx) to enhance the students’ independent learning skills and use of information technology. In addition, the program will be assessed on a

yearly basis using the University's Operational Excellence and Assessment Support (OEAS) reporting system. This system annually measures program (student) achievement against predetermined performance outcome standards. The same methods will be utilized to assess the instructional quality and student outcomes of the proposed DPT program as shown in UCF Table IV. Accordingly, the system allows the program to assess itself against well accepted national norms for student outcomes in various cognitive and behavioral domains pertinent to the field of Physical Therapy.

The OAES assessment plan for 2005-2006 is provided below. Note that the numerical benchmarks of 80%-90% or better in each of the areas of assessment are purposely set higher than the national averages to ensure the quality of program graduates. Accordingly, faculty and administration are assured that the highest levels of programmatic excellence are achieved on a yearly basis. Similar OAES procedures and academic standards will be maintained as the program transitions to the DPT.

UCF Table IV: Assessment Plan

View Assessment Plan

Page 1 of 4



University of Central Florida

Assessment

2005-06 Assessment Plan

Physical Therapy - M.S.

Logout

Last change: Objective 6, Measure 1 on 11/18/2005 9:19:22 AM

CIP: 51.2308 **HEGIS:** 001212

URL: <http://www.cohpa.ucf.edu/health.pro/pt>

I. E. Coordinator: Dr. Gerald V. Smith

Participating: Mr. Gerald Bertetta, Dr. Ted Angelopoulos, Dr. Janice Pitts, Dr. William Hanney, Mr. Robert Wagner, and Dr. Diane Jacobs

Count (Coord.+part.): 7

Process

Mission

The mission of the program in Physical Therapy is to educate students to be culturally competent, compassionate, and able to practice at a high level of proficiency in a variety of healthcare settings. The graduates will be dedicated health care professionals with excellent abilities in patient evaluation and treatment skills, communication, critical thinking, patient education and advocacy, management, and research. They will be life-long learners and ethical practitioners of Physical Therapy.

Learning Outcome 1 Graduates will demonstrate cognitive skills expected of entry-level physical therapists in the following areas: Assessment and Evaluation of Patients, Planning and Treatment of Patients

Measures:

1.1 1.a. Eighty percent (national average) of the graduates will receive a passing grade on their first attempt at the national licensure examination following graduation.

1.2 1.b. Ninety percent of the graduating students will receive a passing score from their Preceptor (on the first attempt) on the terminal Clinical Evaluation during their last semester.

1.3 1.c. Ninety percent of the graduating students will receive a passing score on the first attempt on the Comprehensive Examination given annually by the core faculty.

1.4 1.d. Ninety percent of the graduating students will receive a passing grade on the first attempt on question #3 on the Clinical Performance Instrument. (#3 Demonstrates professional behaviors in all [observed] interactions with others.)

1.5 1.e. Ninety percent of the graduating students will receive a passing grade on the first attempt on question #14 on the Clinical Performance Instrument. (#14-Performs PT interventions in a competent manner).

Learning Outcome 2 Graduates will demonstrate the psychomotor skills expected of entry-level physical therapists at the time of graduation, and be able to assess, evaluate and treat patients in an efficient and appropriate manner.

http://iaaweb.ucf.edu/assessment/plans_2005_06/view_plan.asp?program_ID=1093&the_ref=

9/15/2006

Measures:

2.1 2.a. Ninety percent of graduates will be able to receive a passing score from their Preceptor on the first attempt on the terminal Clinical Evaluation during their last semester of the program.

2.2 2.b. Ninety percent of employers will identify graduates as being prepared clinically on the Employer Survey at six months following graduation.

2.3 2.c Ninety percent of the graduating students will receive a passing grade on the first attempt on questions #14 on the Clinical Performance Instrument. (#14-Performs PT interventions in a competent manner).

Learning Outcome 3 Graduates will demonstrate the affective behaviors expected of entry-level physical therapists.

Measures:

3.1 3.a. Ninety percent of graduates will be able to receive a passing score from their Preceptor on the first attempt on the terminal Clinical Evaluation during their last semester of the program.

3.2 3.b. Ninety percent of employers will identify graduates as demonstrating the expected affective behaviors of a physical therapist on the Employer Survey at six months following graduation.

3.3 3.c Ninety percent of the graduating students will receive a passing grade on the first attempt on question #3 on the Clinical Performance Instrument. (#3 Demonstrates professional behaviors in all [observed] interactions with others).

3.4 3.d Ninety percent of the graduating students will receive a passing grade on the first attempt on question #6 on the Clinical Performance Instrument. (#6 Communicates with others in ways that are congruent with situational needs).

Learning Outcome 4 Graduates will show evidence of critical thinking skills.

Measures:

4.1 4.a Ninety percent of the graduating students will receive a passing grade on the first attempt on question #9 on the Clinical Performance Instrument. (#9 - Applies the principals of logic and the scientific method to the practice of physical therapy.)

4.2 Ninety percent of graduates will obtain a "B" or better grade in PHT 6618C Research Applications, a course designed to develop the student's critical thinking skills.

Learning Outcome 5 Graduates will show evidence as life-long learners.

Measures:

5.1 5.a Ninety percent of the graduating students will receive a passing grade on the first attempt on question #23 on the Clinical Performance Instrument. (#23 Implements a self-directed plan for professional development and life-long learning.)

Learning Outcome 6 Graduates will show evidence of ethical practice.

Measures:

6.1 6.a Ninety percent of the graduating students will receive a passing grade on the first attempt on question #4 on the Clinical Performance Instrument. (#4 Adheres to ethical practice standards. Demonstrates professional behaviors in all [observed] interactions with others).

6.2 6.b Ninety percent of the graduating students will receive a passing grade on the first attempt on question #5 on the Clinical Performance Instrument. (#5 Adheres to legal practice standards).

Measurement Instruments in 2005-06 Assessment Plan**Curriculum / Course-related Assessment Methods****Performance-Based**

- Capstone Course
- Capstone Project or Performance Evaluation
- Case study
- Classroom Assessment
- Content Analysis
- Course-embedded Question and/or Assignment
- Evaluation of Portfolio
- Rating Scale
- Scoring rubric

✓ Other performance- based assessment method(s):

Clinical Performance Instrument (Standardized)

Other

- Observation (focused on specific program outcomes)
- Student Activity and Study Log
- Scoring of Essay
- Other method(s)

Examinations/Tests**Standardized****Nationally-****✓ normed****Exam:**

- State-normed
- Exam

Federation State Boards of Physical Therapy Examiners Exam

Local**✓ Locally developed test**

- Pre-post Test
- Other exams or test(s)

Comprehensive Curriculum Examination

Surveys**Institutional (i.e., UCF) Level****✓ UCF Graduating (Seniors or Graduate student) survey**

- Alumni survey

UCF Table V: Curriculum for Doctor of Physical Therapy

Complete course syllabi, including curricular and terminal behavioral objectives, for each of the courses listed below are appended to this document. A brief course description is included in the narrative.

First Year

Academic Year	Course Number	<u>Summer</u>	SCH
1st Year	* PHT 5003	Foundations of Physical Therapy I	2
	** PHT 5115	Gross Anatomy/ Neuroscience I Lecture	3**
	** PHT 5115L	Gross Anatomy/ Neuroscience I Laboratory	3**
	** PHT 5125	Clinical Kinesiology Lecture	2
	** PHT 5125L	Clinical Kinesiology Laboratory	2
	** PHT 5156	Exercise Physiology Lecture	3**
	** PHT 5156L	Exercise Physiology Laboratory	<u>2</u>
			17
1st Year	Course Number	<u>Fall</u>	SCH
	** PHT 5118	Gross Anatomy/Neuroscience II Lecture	3**
	** PHT 5118L	Gross Anatomy/Neuroscience II Laboratory	3**
	** PHT 5240	Physical Assessment Lecture	1
	** PHT 5240L	Physical Assessment Laboratory	2
	** PHT 5260	Patient Care Skills Lecture	2
	** PHT 5260L	Patient Care Skills Laboratory	1
	* PHT 6606	Research Methods	<u>2</u>
			14
1st Year	Course Number	<u>Spring</u>	SCH
	* PHT 5218	Theories & Procedures I Lecture	2
	* PHT 5218L	Theories & Procedures I Laboratory	1
	* PHT 5241	Therapeutic Exercise I Lecture	2
	* PHT 5241L	Therapeutic Exercise I Laboratory	2
	* PHT 5306	Pathology/Pharmacology	4**
	* PHT 6242	Orthopedic Physical Therapy Lecture	2
	* PHT 6242L	Orthopedic Physical Therapy Laboratory	<u>1</u>
Year Total			14 45

Second Year

Academic Year	Course Number	<u>Summer</u>	SCH
2nd Year	* PHT 5805	Clinical Education I	3**
	** PHT 6219	Theories & Procedures II Lecture	2
	** PHT 6219L	Theories & Procedures II Laboratory	1
	** PHT 6245	Therapeutic Exercise II Lecture	2**
	** PHT 6245L	Therapeutic Exercise II Laboratory	1
	* PHT 6716C	Advanced Orthopedic Physical Therapy	<u>2</u>
			11
2nd Year	Course Number	<u>Fall</u>	SCH
	** PHT 5718	Neurological Physical Therapy Lecture	2
	** PHT 5718L	Neurological Physical Therapy Laboratory	1
	* PHT 5722C	Physical Therapy Integration I	2
	* PHT 6521	Management of PT Services	3

	* PHT 6322C	Pediatric Physical Therapy	3	
	* PHT 6381C	Cardiopulmonary Physical Therapy	2	
	§ PHT 6xxxC	Radiology/Imaging for PT	<u>3</u>	
			16	
2nd Year	Course Number	<u>Spring</u>		SCH
	* PHT 6374	Gerontological Physical Therapy	2	
	* PHT 6618C	Research Applications	2	
	* PHT 6723C	Physical Therapy Integration II	2	
	*# PHT 6719	Advanced Neurological PT Lecture 1	2	
	*# PHT 6719L	Advanced Neurological PT Laboratory	1	
	∞ PHC 6160	Health Care Finance	3	
	* PHT 6938	Special Topics - Wound Care	<u>1</u>	
Year Total			13	40

Third Year

Academic Year	Course Number	<u>Summer</u>		SCH
3rd Year	* PHT 6822	Advanced Clinical Education I	6**	
3rd Year	Course Number	<u>Fall</u>		SCH
	* PHT 6823	Advanced Clinical Education II	3**	
	§ PHT 7xxxC	Primary Care for PT	2	
	§ PHT 7xxxC	Advanced Orthopedic PT 2 (PBL)	1	
	§ PHT 7xxxC	Advanced Neurological PT 2 (PBL)	1	
	§ PHT 7xxxC	Advanced Gerontologic PT 1 (PBL)	1	
	§ PHT 7xxxC	Advanced Pediatric PT 1 (PBL)	<u>1</u>	
			9	
3rd Year	Course Number	<u>Spring</u>		SCH
	* PHT 5005	Foundations of Physical Therapy II	2	
	∞ HSC 6636	Issues and Trends in Health Care	3	
	§ PHT 7xxx	Capstone Project in PT	3	
	§ PHT 7xxx	Advanced Clinical Education III	<u>3</u>	
Year total			11	26
Curriculum Total				111

* Existing MSPT Course

** Existing MSPT Course Credits Reapportioned

Lecture/Laboratory Course to be Combined into a "C" Course

§ New DPT Course

∞ Existing Health Services Administration Course

Describe the admission standards and graduation requirements for the program.

Admission Procedures

The admissions process and graduation standards for the proposed DPT program are unchanged from that of the current MSPT program. Before applying to the program, the applicant must: 1) apply to the University of Central Florida, Program in Physical Therapy through UCF's Graduate Studies Office, 2) earn a competitive score (minimum 1000) on the verbal and quantitative portions of the GRE (each applicant must submit official GRE results, regardless of score), 3) have a competitive GPA for the last 60 attempted semester hours earned toward a bachelor's degree, or 4) achieve a competitive GPA on the PT pre-requisite course work. (For the past several admissions cycles, applicants offered a seat in the program have averaged a combined verbal and math score on the GRE of approximately 1100 and had GPA's in the 3.3 to 3.6 range.)

Prospective students are informed that the *professional* curriculum in Physical Therapy is a full-time *"lock-step" cohort-based* program with no opportunity to take courses other than those prescribed by the faculty. The program includes 24 weeks of full-time clinical practica. These internships range from six weeks to twelve weeks in length. Applicants also need to note that one or more of the clinical practica may be assigned at a clinical site sufficiently removed from the Orlando/Central Florida area to require the student to provide their own transportation and housing. Admissions decisions will be made only once per academic year. Incoming students begin the program in the Summer Semester.

Students who successfully complete the prescribed course of study with no more than 6 SCH with a grade of "C" will be granted the DPT degree, enabling the graduate to seek regular membership in the American Physical Therapy Association and to qualify upon passing the national board examination for Physical Therapy licensure in the State of Florida. UCF's Program in Physical Therapy received continuing accreditation of its Master of Science in Physical Therapy from the CAPTE in April 2004. Program accreditation is required for students to become eligible to take the national board. Under present circumstances, the current accreditation determination is valid through June 30, 2014. Given existing CAPTE guidelines for transitioning to the DPT, it is not anticipated that there will be any difficulties in transferring accreditation to the proposed program.

Program applicants from countries where English is not the official language, or applicants whose bachelor's degree is not from an accredited U.S. institution, must score at least 220 (computer-based test; or an equivalent score on the paper-based test) on the Test of English as a Foreign Language (TOEFL). In addition, each applicant must: 1) submit three letters of recommendation, including one from a practicing Physical Therapist, 2) submit an essay or personal goals statement, 3) send a current resume, and 4) perform a minimum of thirty hours of documented volunteer/work experience under the direct supervision of a licensed Physical Therapist.

Acceptance and registration to study at UCF does not constitute admission to the program in Physical Therapy. Students may apply online to the University of Central Florida or through UCF Graduate Studies Office.

Program Prerequisites

Before a student can make an application for admission to the program, each of the following prerequisite courses must be completed with a minimum grade of "C," and an overall minimum GPA of 3.0 in the courses: 1) general psychology (3 credits), 2) developmental psychology (3 credits), and 3) statistical methods (for science majors) (3 credits) In addition, each of the following prerequisite courses require labs: 1) biology (8 credits) **OR** anatomy and physiology (8 credits), 2) chemistry (8 credits), and 3) physics (8 credits).

The top 50% of qualified applicants typically are selected to participate in a formal interview process. Final ranking of prospective students is based on a cumulative score taking into account each of the required pre-admission items. Approximately 34 students are admitted to the program each year. The demographics of the class that entered in 2005 include an average age of 24 years, an average GRE score of 1080, and an overall grade point average of 3.34 (on a 4.0 scale).

Program Administration

The program administration will be unchanged from the MSPT, with Gerald Smith serving as the program director. The program director serves as chair of the curriculum committee, prepares the institutional assessment plan for the program, and oversees the admissions and graduation processing. Dr. Smith will receive the equivalent of one course release per term for serving in this role.

D. Provide a one or two sentence description of each required or elective course.

* PHT 5003 Foundations of Physical Therapy I (2 SCH) This course provides an introduction to the profession of physical therapy, its history, the pioneers in the field, and its place within the health care system in the United States.

* PHT 5005 Foundations of Physical Therapy II (2 SCH) This course explores the psychosocial aspects of disability. It focuses on cultural diversity issues, communication skills, and different styles of teaching and learning.

*# PHT 5115 Gross Anatomy/ Neuroscience I Lecture (3 SCH**) This course provides an in-depth study of human morphology emphasizing the back, spinal cord, cranial nerves, and upper and lower extremities.

*# PHT 5115L Gross Anatomy/ Neuroscience I Laboratory (3 SCH**) Human cadaver dissection of the back, spinal cord, cranial nerves, and upper and lower extremities.

*# PHT 5118 Gross Anatomy/Neuroscience II Lecture (3 SCH**) This course provides an in-depth study of human morphology emphasizing the brain, the cervical spine, pelvis, and the internal organs.

*# PHT 5118L Gross Anatomy/Neuroscience II Laboratory (3 SCH) Directed laboratory experiences with cadaver dissection; use of the skeleton, models, and computer programs to facilitate learning.

*# PHT 5125 Clinical Kinesiology Lecture (2 SCH) This course investigates the mechanical aspects of human movement, joint mechanics of the upper and lower extremity, the vertebral column and tissue mechanics of relevant human tissues.

*# PHT 5125L Clinical Kinesiology Laboratory (2 SCH) This course is concerned with the evaluation and practical application of aspects of human movement, joint mechanics of the upper and lower extremity, vertebral column and soft tissues.

*# PHT 5156 Exercise Physiology Lecture (2 SCH) This foundational course in exercise science investigates the physiological responses and adaptations to human movement, including pertinent changes in the cardiovascular, respiratory, and muscular systems.

*# PHT 5156L Exercise Physiology Laboratory (2 SCH) Laboratory course emphasizing the clinical application of exercise physiology.

*# PHT 5218 Theories & Procedures I Lecture (2 SCH) This course examines theories of physical agents, heat, light, cold, water, sound, and massage; problem solving rationale and selection of interventions for inflammation, pain, edema, and weakness.

*# PHT 5218L Theories & Procedures I Laboratory (1SCH) Laboratory course focusing on the clinical applications of heat, light, cold, water, sound, and massage.

*# PHT 5240 Physical Assessment Lecture (1 SCH) This course provides extensive theory and practical experience in the examination of the patient. It incorporates a system's and level's approach, utilizing screening, and patient problem-solving.

*# PHT 5240L Physical Assessment Laboratory (2 SCH) Laboratory course emphasizing skills building in the examinations required to perform an evaluation of physical therapy patient.

*# PHT 5241 Therapeutic Exercise I Lecture (2 SCH) This course examines the theoretical and practical basis of developing, implementing, and evaluating a therapeutic exercise program for patients with musculoskeletal dysfunction.

*# PHT 5241L Therapeutic Exercise I Laboratory (2 SCH) Laboratory course emphasizing the development of skills in therapeutic exercise for the treatment of patients with musculoskeletal dysfunction.

*# PHT 5260 Patient Care Skills Lecture (2 SCH) This course analyzes the theoretical and practical basis of developing affective, cognitive, and psychomotor skills, regarding patient care. Basic skills of patient care, transfers, mobility skills, draping, gait training.

*# PHT 5260L Patient Care Skills Laboratory (1 SCH) Laboratory based development of skills of patient care, transfers, and mobility training.

* PHT 5306 Pathology/Pharmacology (4 SCH**) This course provides organized seminars on the pathophysiology and clinical manifestations of various medical conditions as they relate to medical (pharmacological) management in physical therapy practice.

*# PHT 5718 Neurological Physical Therapy Lecture (2 SCH) This course provides an analysis of selected neuromotor intervention theories and their clinical applications. Examinations and interventions for the evaluation and treatment of neurological patients are presented.

*# PHT 5718L Neurological Physical Therapy Laboratory (1 SCH) Laboratory course emphasizing the development of skills in the clinical application of selected neuromotor intervention theories.

* PHT 5722C Physical Therapy Integration I (2 SCH) This course provides an in-depth analysis of systemic dysfunction and facilitates the development of cognitive skills utilizing a problem solving approach to a variety of patient disorders, including burns and open wounds, and selected diagnostic procedures and therapy interventions.

* PHT 5805 Clinical Education I (3 SCH**) Six week full-time (40 hr/wk) supervised clinical education in a physical therapy settings. Application of learning objectives of courses previously completed.

∞ PHC 6160 Health Care Finance (3 SCH) This course deals with the identification of resources available to health care institutions, the allocation of resources, and the control of resource expenditures.

*# PHT 6219 Theories & Procedures II Lecture (2 SCH) Continuation of Theories and Procedures I. The course focuses on the theoretical basis of electrodiagnosis and electrophysiologic examinations and the interventions used in the treatment of pain and dysfunction.

*# PHT 6219L Theories & Procedures II Laboratory (1 SCH) Laboratory course focusing on the development of skills in electrodiagnosis and electrophysiologic examinations, and the interventions used in the treatment of pain and musculoskeletal or neuromuscular dysfunction.

*# PHT 6242 Orthopedic Physical Therapy Lecture (2 SCH) This course analyzes the theoretical basis of examinations and interventions for the evaluation and treatment of specific orthopedic cases and injuries are presented.

*# PHT 6242L Orthopedic Physical Therapy Laboratory (1 SCH) Laboratory course emphasizing the development of skills in examinations and interventions for the evaluation and treatment of specific orthopedic cases and injuries.

*# PHT 6245 Therapeutic Exercise II Lecture (2 SCH**) This course provides a theoretical exploration of the various therapeutic exercise modalities, and their clinical application to the rehabilitation course of treatment.

*# PHT 6245L Therapeutic Exercise II Laboratory (1 SCH) Laboratory course emphasizing the development of skills in the use of various therapeutic exercise modalities.

* PHT 6322C Pediatric Physical Therapy (3 SCH) This course provides an in-depth study of the normal neurodevelopmental sequence for pediatric clinical assessment and physical therapy intervention provided to clients with common infant/childhood diseases and dysfunction.

* PHT 6374 Gerontological Physical Therapy (2 SCH) This course provides an in-depth study of the normal aging processes and the changing health status of older people. Clinical decision making is emphasized in the care of the elderly.

* PHT 6381C Cardiopulmonary Physical Therapy (2 SCH) This course explores the theoretical basis for examinations and interventions used for the management of chronic and acute cardiopulmonary problems. Secondary emphasis is placed on teaching patient strategies for preventing/managing chronic pulmonary dysfunction.

* PHT 6521 Management of PT Services (3 SCH) This course investigates the theoretical and practical basis of planning, organizing, delivering, and evaluating physical therapy services within a health care system, including quality management, third party payers, DRG's and legislative impact.

* PHT 6606 Research Methods (2 SCH) This course provides an in-depth examination of the methods of scientific research applied to clinical environment of physical therapy. Coverage of the language, logic, design and analysis of clinical research.

* PHT 6618C Research Applications (2 SCH) This course promotes the development of cognitive skills needed to evaluate research studies, with a focus on evidence-based practice. SPSS, principles of epidemiology, and literature review will be introduced and practical skills developed.

∞ HSC 6636 Issues and Trends in Health Care (3 SCH) This course provides an exploration of current status, issues, problems, and future trends in the practice and education of health professionals.

* PHT 6716C Advanced Orthopedic Physical Therapy (2 SCH) Specific rehabilitative protocols regarding particular orthopedic injuries and illnesses are presented in this course. It focuses on previous course work in therapeutic modalities, anatomy, physiology, and therapeutic exercises incorporating and integrating the material.

*# PHT 6719 Advanced Neurological PT Lecture 1(2 SCH) This course provides an in-depth analysis of examinations and interventions for the evaluation and treatment of the neurological patient. Emphasis is on patients with spinal cord injury and other common neurological disorders.

*# PHT 6719L Advanced Neurological PT Laboratory (1 SCH) Laboratory course emphasizing the development of skills in examinations and interventions for the evaluation and treatment of patients with common neurological disease. Emphasis is on patients with spinal cord injury and other common neurological disease.

* PHT 6723C Physical Therapy Integration II (2 SCH) A combined lecture laboratory course focusing on examinations and interventions for the evaluation and treatment of the spine. Various theoretical models explored. Case studies used for integration of information.

* PHT 6822 Advanced Clinical Education I (6 SCH**) Eight weeks of full-time (40 hr/wk) supervised clinical education in a physical therapy setting. All previous education objectives apply and are cumulative.

* PHT 6823 Advanced Clinical Education II (3 SCH**) Full-time 12 week (40 hr/wk) internship under the supervision of a licensed physical therapist. Students practice and integrate skills of patient evaluation and treatment knowledge developed in previous course work.

* PHT 6938 Special Topics - Wound Care and Professional Issues (1 SCH) This course provides an in-depth examination of the processes of wound healing with and emphasis on the development of clinical skills related to wound care. Secondary emphasis on contemporary issues in physical therapy practice.

§ PHT 6xxxC Radiology/Imaging for PT (3 SCH) This course presents an in-depth examination of the theoretical basis for modern radiology/imaging procedures. Course emphasizes skills building in the analysis and interpretation of simple and complex radiology/imaging procedures used in the diagnosis of musculoskeletal and neuromuscular disorders.

§ PHT 7xxxC Advanced Neurological PT 2 (1 SCH) Problem-based learning experience utilizing advanced technology to examine evaluative and treatment options related to a variety of patients with complex neurological disorders. Course emphasizes the neuroanatomical basis of neurological dysfunction.

§ PHT 7xxxC Advanced Gerontologic PT 1(1 SCH) Problem-based learning experience utilizing advanced technology to examine evaluative and treatment options related to elderly patients with complex disabling disorders.

§ PHT 7xxxC Advanced Pediatric PT 1 (1 SCH) Problem-based learning experience utilizing advanced technology to examine evaluative and treatment options related to pediatric patients with complex disabling disorders.

§ PHT 7xxxC Advanced Orthopedic PT 2 (1 SCH) Problem-based learning experience utilizing advanced technology to examine evaluative and treatment options related to a variety of patients with complex orthopedic disorders.

§ PHT 7xxxC Primary Care for PT (1 SCH) Advanced skills development in patient assessment and differential diagnosis, with an emphasis on distinguishing between disorders amenable to physical therapy intervention from those requiring referral to another health care practitioner.

§ PHT 7xxx Capstone Project in PT (3 SCH) This course requires the student, under the supervision of a faculty advisor, to develop, implement, and complete a scholarly project relevant to the contemporary practice of physical therapy. The project may take the form of a traditional thesis or dissertation, or it may be used to develop patient educational materials designed for clinical usage.

§ PHT 7xxx Advanced Clinical Education III (3 SCH) Final six week full-time (40 hr/wk) supervised clinical education in a physical therapy setting. Application of all learning objectives of courses previously completed. At the end of this affiliation, the student is expected to be performing all duties related to the practice of physical therapy at the entry-level.

* Existing MSPT Course

** Existing MSPT Course Credits Reapportioned

Lecture/Laboratory Courses to be Combined into a “C” Course

§ New DPT Course

∞ Existing Health Services Administration Course

E. Describe briefly the anticipated delivery system for the proposed program.

Delivery System

Given the complex nature of the didactic and clinical skills-based learning required of each professional Physical Therapy student, it is anticipated that the majority of instruction will be provided on the main campus in a face-to-face instructional mode. However, there are two courses which will be taught by the Health Services Administration faculty that are currently offered on-line. It is anticipated that the DPT students will take those courses in their current format. Research collaborations, which are expected to continue and grow, are currently taking place between the MSPT program and several other UCF programs, including the Clinical Psychology program in the College of Sciences and the Materials Science and Engineering program in the College of Engineering. It is anticipated that DPT students will take advantage of those collaborations in developing and implementing their capstone project in the program. It is not currently anticipated that the DPT program would be offered jointly with any other university or program.

F. Evidence that the proposed institution has analyzed the feasibility of providing all or a portion of the proposed program through distance learning technologies via its own technological capabilities, as well as, through collaboration with other universities.

Distance Learning Technology

Although selected courses within the program, or portions thereof, may lend themselves to an online or distance learning format, the anticipated delivery system for the vast majority (89/110 SCH) of the proposed program necessarily will remain a traditional face-to-face delivery mode on the main campus, building on the existing curricular foundations. The proposed program is heavily integrated with clinical content in each didactic and laboratory course, which due to the “hands-on” clinical skills-building component, particularly in the laboratory courses, is best suited to a student-cohort, on-campus design that allows ongoing interaction with the program faculty. It should be reiterated that proposed DPT curriculum adds 36 SCH over and above the number required for the current MSPT program. Of those credits, 14 are allocated to newly developed clinical courses, 16 are allocated to existing clinical courses to increase the depth and breadth of the current instruction, and 6 are allocated to existing courses taught by faculty in other health related programs.

Throughout the curriculum, tangible assignments, such as “Grand Rounds” (i.e., patient case studies), research projects, scholarly reviews, and full time clinical practica mandated by the program and CAPTE give students ample opportunities to develop and demonstrate independent learning skills as a result of self inquiry and group dialogue. Indeed, the entire clinical education component of the curriculum is designed specifically to enhance the knowledge, skills, and professional behaviors associated with independent learning skills within the framework of actual patient care.

The planned enrollment for the proposed DPT program is unchanged from the current headcount. The numbers are limited by two factors: 1) classroom size limits mandated by the fire marshal, and 2) the number of faculty members needed to maintain the required faculty:student ratio within CAPTE guidelines. As note in UCF Table VI, below, the enrollment numbers are relatively consistent with those of all of the public and private universities in Florida offering entry level education in Physical Therapy.

UCF Table VI. Student Enrollment in Entry Level Physical Therapist Programs in Florida			
Institution	Enrollment	Institution	Enrollment
University of Florida (DPT)	~50/class	Florida Agricultural and Mechanical University (MPT)	~30/class
Florida International University (MSPT)	~40/class	Florida Gulf Coast University (MSPT)	~20/class
University of South Florida (DPT)	~36/class	* University of St. Augustine (DPT)	~30/class
University of North Florida (MPT)	~36/class	* Nova Southeastern University (DPT)	~30/class
University of Central Florida (MSPT)	~32/class	* University of Miami (DPT)	~28/class

* Private Universities in Florida Offering Entry Level Education in Physical Therapy

Faculty

V. Assessment of Current and Anticipated Faculty

A. Use DCU DPT Table One to provide information about each existing faculty member who is expected to participate in the proposed program by the fifth year following the transition, whether additional faculty will be needed to initiate the transition, and what the estimated faculty workload will be by the fifth year following the transition. Append to the table information relating to any master's or doctoral committee involvement and the number and type of professional publications for each faculty member.

Current Faculty

Participating faculty include individuals who have had formal professional education in and hold licenses to practice Physical Therapy in the State of Florida, as well as, individuals who hold advanced degrees and/or licenses in other health-related disciplines. With the exception of ongoing faculty searches and the anticipated searches for two new clinical faculty, the current program faculty have worked together at UCF harmoniously and productively for a number of years to create high quality Physical Therapy graduates. Although as a whole, program faculty have been productive in obtaining external funding and in publishing in high impact peer-reviewed journals, the current lack of a clinical infrastructure has adversely affected the potential of the clinical faculty to achieve the highest levels of productivity. It is anticipated that with the development of the planned Medical College at Lake Nona and the attendant build out of hospital and clinic based facilities that physician collaborations with current and future Physical Therapy faculty will flourish, thereby increasing the overall productivity of the unit.

It is anticipated that 18 full-time faculty, and three adjunct clinical faculty will participate in the delivery of the proposed DPT curriculum by the fifth year of operation.

In this section, two versions of DCU DPT Table 1 will be provided. The version Table 1-A presents total faculty workload for the entire DPT program including:

1. existing faculty contributing existing courses in the two-year MSPT program
2. existing faculty contributing new courses in the new DPT three-year program
3. new faculty contributing new courses in the new DPT three-year program.

DCU DPT Table 1-A.
Faculty Participation in Proposed Degree Program by Fifth Year

The table below represents all faculty teaching in all components of program (MS courses plus added for DPT).

Faculty CODE	Faculty Name or “New Hire”	Academic Discipline/Specialty	Rank	(For Existing Faculty Only)		Initiation Date for Participation in Proposed Program	5 th Year Workload in Proposed Program (Portion of Person-year)
				Contract Status (Tenure status or equivalent)	Highest Degree Held		
A	Ted Angelopoulos	Exercise Physiology	Professor	Tenured	PhD	May 2007	.5
A	Gerald Bertetta	Biology, Anatomy	Instructor	Non-TE	MA	May 2007	1.0
A	William Hanney	Physical Therapy	Instructor	Non-TE	DPT	May 2007	1.0
A	Janice Pitts	Physical Therapy	Instructor	Non-TE	PT, PhD	May 2007	1.0
A	Gerald Smith (Program Director)	Physical Therapy	Assoc Prof	Tenured	PT, PhD	May 2007	1.0
A	Robert Wagner	Physical Therapy	Instructor	Non-TE	DPT	May 2007	1.0
A	Jeffery Bedwell	Clinical Psychology	Asst Prof	TE	PhD	May 2007	.06
A	Tom Edwards	Radiological Science	Assoc Prof	Tenured	EdD	May 2007	.18
A	Keon-Hyung Lee	Public Administration, Decision Analysis, Finance	Asst Prof	TE	PhD	May 2007	.09
A	Aaron Liberman	Hospital & Health Administration	Professor	Tenured	PhD	May 2007	.09
A	Jeffery Ludy	Cardiopulmonary Sciences	Asst Prof	TE	EdD	May 2007	.03
A	James Rippe	Cardiology	Professor	Tenured	MD	May 2007	.03
A	Lynn Unruh	Risk Management, Health Care Economics	Assoc Prof	Tenured	PhD	May 2007	.18
A	David Segal	Biochemistry & Molecular Biology	Asst Prof	TE	PhD	May 2007	.06
A	Donald Goldman	Medicine, Orthopedic Surgery	Adjunct	N/A	MD	May 2007	0.15
A	Barry Loughner	Dentistry, Anatomy	Adjunct	N/A	DDS, PhD	May 2007	0.10
A	Dan Olson	Orthopedic Physical Therapy	Adjunct	N/A	MHS	May 2007	0.10
B	Faculty 1 on existing line	Exercise Physiology, Physical Therapy	TBD	TE	DPT, PhD	May 2007	.12
B	Faculty 2 on existing line	Nutrition & Metabolism, Physical Therapy	TBD	TE	DPT, PhD	May 2007	.12
C	New Hire	Neurological Physical Therapy	TBD	TE	DPT, PhD	May 2008	.85
C	New Hire	Geriatric Physical Therapy	TBD	TE	DPT, PhD	May 2008	.85
Faculty CODE	Corresponding Faculty Position Category in TABLE 3 for the Fifth Year		Proposed Source of Funding for Faculty				TOTAL 5 th Year Workload by Budget Classification
A	Current General Revenue		Existing Faculty – Regular Line only				6.57
B	Current General Revenue		New Faculty – To be Hired on Existing Vacant Line				.24
C	New General Revenue		New Faculty – To be Hired on a New Line				1.7
D	Contracts and Grants		Existing Faculty – Funded on Contracts and Grants				0
E	Contracts and Grants		New Faculty – To be Hired on Contracts and Grants				0
			Overall Total for 5 th Year				8.51

B. Please provide a brief narrative explaining the information provided in DCU DPT Table One, as well as, the plan for hiring any additional faculty. If there is no need for additional faculty, please explain briefly.

New Faculty and New costs

Searches are currently ongoing for two faculty who will teach in the program using existing faculty lines. Two additional full-time faculty lines will be provided by the College of Health and Public Affairs as part of this proposal. The latter positions will be used to strengthen the clinical faculty. These individuals will be hired during the second year of operation and will be funded from enrollment growth funds. It is anticipated that the transition to the DPT will make these positions more attractive to potential clinical faculty who otherwise would lost to programs that currently offer the DPT. Moreover, UCF's proposed College of Medicine will generate additional interest in the Physical Therapy community and facilitate the hiring of new faculty on both currently funded and new faculty lines.

According to our headcount and semester hour credit projections, by the end of the fifth year of operation the DPT program will be generating the equivalent of 12.8 faculty FTE. Accordingly, the request for two new lines, bringing the total fifth year program faculty workload to 8.65 FTE is quite conservative. The adjunct clinical faculty's expertise adds immeasurably to the educational experiences offered to current students and will continue to be relied upon as the program makes the actual transition to the DPT.

Version Table 1-B below presents *only* faculty workload for the new courses in the new DPT three-year program including:

1. existing faculty contributing new courses in the new DPT three-year program
2. new faculty contributing new courses in the new DPT three-year program.

DCU DPT Table 1- B.
Faculty Participation in Proposed Degree Program by Fifth Year

The table below represents faculty teaching in new components of program (only courses added for DPT).

Faculty CODE	Faculty Name or “New Hire”	Academic Discipline/Specialty	Rank	(For Existing Faculty Only)		Initiation Date for Participation in Proposed Program	5 th Year Workload in Proposed Program (Portion of Person-year)
				Contract Status (Tenure status or equivalent)	Highest Degree Held		
A	Ted Angelopoulos	Exercise Physiology	Professor	Tenured	PhD	May 2007	0.00
A	Gerald Bertetta	Biology, Anatomy	Instructor	Non-TE	MA	May 2007	0.05
A	William Hanney	Physical Therapy	Instructor	Non-TE	DPT	May 2007	0.00
A	Janice Pitts	Physical Therapy	Instructor	Non-TE	PT, PhD	May 2007	0.00
A	Gerald Smith (Program Director)	Physical Therapy	Assoc Prof	Tenured	PT, PhD	May 2007	0.15
A	Robert Wagner	Physical Therapy	Instructor	Non-TE	MPT	May 2007	0.06
A	Jeffery Bedwell	Clinical Psychology	Asst Prof	TE	PhD	May 2007	0.06
A	Tom Edwards	Radiological Science	Assoc Prof	Tenured	EdD	May 2007	0.18
A	Keon-Hyung Lee	Public Administration, Finance	Asst Prof	TE	PhD	May 2007	0.09
A	Aaron Liberman	Hospital & Health Administration	Professor	Tenured	PhD	May 2007	0.09
A	Jeffery Ludy	Cardiopulmonary Sciences	Asst Prof	TE	EdD	May 2007	0.03
A	James Rippe	Cardiology	Professor	Tenured	MD	May 2007	0.03
A	Lynn Unruh	Risk Management, Health Care Economics	Assoc Prof	Tenured	PhD	May 2007	0.18
A	David Segal	Biochemistry & Molecular Biology	Asst Prof	TE	PhD	May 2007	0.06
A	Donald Goldman	Medicine, Orthopedic Surgery	Adjunct	N/A	MD	May 2007	0.15
A	Barry Loughner	Dentistry, Anatomy	Adjunct	N/A	DDS, PhD	May 2007	0.10
A	Dan Olson	Orthopedic Physical Therapy	Adjunct I	N/A	MHS	May 2007	0.10
B	Faculty 1 on existing line	Exercise Physiology, Physical Therapy	TBD	TE	DPT, PhD	May 2007	0.12
B	Faculty 2 on existing line	Nutrition/ Metabolism, Physical Therapy	TBD	TE	DPT, PhD	May 2007	0.12
C	New Hire	Neurological Physical Therapy	TBD	TE	DPT, PhD	May 2008	0.85
C	New Hire	Geriatric Physical Therapy	TBD	TE	DPT, PhD	May 2008	0.85
Faculty CODE	Corresponding Faculty Position Category in TABLE 3 for the Fifth Year		Proposed Source of Funding for Faculty				TOTAL 5 th Year Workload by Budget Classification
A	Current General Revenue		Existing Faculty – Regular Line only				1.33
B	Current General Revenue		New Faculty – To be Hired on Existing Vacant Line				0.24
C	New General Revenue		New Faculty – To be Hired on a New Line				1.70
D	Contracts and Grants		Existing Faculty – Funded on Contracts and Grants				0
E	Contracts and Grants		New Faculty – To be Hired on Contracts and Grants				0
			Overall Total for 5 th Year				3.27

Faculty Qualifications and Accomplishments

Scholarly Productivity of Clinical Physical Therapy Faculty:

As noted elsewhere in this document, the clinical faculty are well prepared academically and clinically to make the transition to the DPT. At present, six of the clinical faculty holding advanced degrees in Physical Therapy or related fields have authored a total of 52 peer-reviewed articles (cumulative data), including a number of papers appearing in high impact scientific journals such as *Human Brain Mapping*, *Neuroimage*, *Magnetic Resonance in Medicine*, *Stroke*, *Experimental Brain Research*, *Journal of Stroke and Cerebrovascular Disease*, *Journal of Applied Physiology*, and *American Journal of Physiology*. Clinical faculty publications in top rehabilitation research related journals include a number of articles appearing in *Archives of Physical Medicine and Rehabilitation*, *Journal of Neurological Rehabilitation and Neural Repair*, *Journal of Orthopedic and Sports Physical Therapy*, and in *Medicine and Science in Sports and Exercise*.

UCF Table VII. Clinical Faculty Productivity				
Clinical Faculty Name	# Years of Clinical Experience	# of Peer Reviewed Publications	# of Peer Reviewed Presentations	Involvement in Thesis / Dissertation Committees
Ted Angelopoulos, PhD	20	25	66	1 / 5
Gerald Bertetta, MA	0	0	6	0
William Hanney, PT, DPT	10	3	9	0
Janice Pitts, PT, PhD	12	1	11	0
Gerald V. Smith, PT, PhD	28	23	47	2 / 6
Robert Wagner, PT, DPT	17	0	6	0
Totals	87 (14.5/fac)	52 (8.6/fac)	145 (24.2/fac)	3/11

The total number of publications for clinical faculty with advanced graduate degrees in Physical Therapy compares favorably to other programs in the state and nationally as itemized in UCF Table VII above. When measured against *peer-institutions nationally* (based on the size of the clinical PT faculty), the faculty at UCF rank *number one* in the total number of publications. In publications per faculty member among peer institutions (again based on the size of the clinical PT faculty), the UCF faculty also rank first nationally. In addition to their solid productivity in authoring peer-reviewed publications (52) and book chapters (6), these faculty have presented well over 100 papers at prestigious regional, national and/or international at scientific meetings, including the recent Third World Conference of Neurological Rehabilitation in Venice, Italy.

UCF Table VIII. Faculty Publications in Selected Physical Therapy programs			
University	Total Clinical Faculty Publications	No. of Clinical PT faculty	Publications per Clinical PT faculty
University of Miami (DPT)	114	18.5	6.3
UF (DPT)	181	14	12.9
UCF (MSPT)	52	6	8.6
All Master's programs in US			10.5
All Doctoral programs in US			13.7

Other program faculty have published a total of 179 peer reviewed papers in their academic areas of expertise in such journals as *International Journal of Public Policy*, *Journal for Healthcare Quality*, *Journal of Health and Human Services Administration*, *American Journal of Critical Care*, *Journal of Health Administration Education*, *The Health Care Manager*, *Journal of Biological Chemistry*, *Journal of AIDS and Human Retroviruses*, *Journal of AIDS*, *International Journal of Neuroscience*, *Biological Psychiatry*, and *Schizophrenia Research* as well as over 300 peer-reviewed presentations at national and international meetings.

UCF Table IX. Other Program Faculty Productivity				
Program Faculty Name	# of Peer reviewed publications	# of Books / Chapters	# of Peer – Reviewed Presentations	Thesis / Dissertation Committees
Jeffrey Bedwell, PhD	28	0	28	0
Tom Edwards, EdD	6	0	5	0
Keon-Hyung Lee, PhD	6	0	10	0
Aaron Liberman, PhD	62	6	11	0/3
Jeffery Ludy, EdD	4	1	0	0
James Rippe, MD	37	37	194	0
David Segal, PhD	14	0	20	0
Lynn Unruh, RN, PhD	22	3	38	0/2
Totals	179 (22.4/fac)	47 (5.9/fac)	306 (38.3/fac)	0/5

Program Faculty Biosketches

The following biosketches briefly outline the qualifications and accomplishments of the faculty who will be involved in the proposed DPT program.

The Program Director, Gerald V. Smith, PT, PhD, received an entry-level degree in Physical Therapy from Temple University in 1978. After a number of years in acute care hospital-based clinical practice, Dr. Smith sought advanced training in neuroscience and human anatomy at the Medical College of Virginia. He was awarded a PhD in 1988 for his much cited work on Schwann-cell associated molecular mechanisms linked to graft assisted CNS axonal regeneration. After receiving his degree, Dr. Smith accepted a post-doctoral fellowship in neurobiology at Georgetown University, School of Medicine. During that fellowship, Dr. Smith's research focused on the role of neurotrophic factors in promoting CNS axonal repair in a rodent model of Alzheimer's disease. After completing the fellowship, Dr. Smith joined the faculty at the University of Maryland, School of Medicine, Department of Physical Therapy and Rehabilitation Sciences. While at Maryland, Dr. Smith also served as an Associate Investigator in the Baltimore VA medical center on the Rehabilitation Research service. He was instrumental in program development and in the day-to-day training of entry-level Physical Therapy students, doctoral students in rehabilitation sciences, and physician fellows in neurology and gerontology. He served on the dissertation committees of 5 doctoral students in rehabilitation sciences and was the principal mentor for 5 post-doctoral fellows. During his years at Maryland, Dr. Smith was involved in over \$10 million in federally funded research as either a PI or Co-Investigator. Dr. Smith remained on the UM faculty for 15 years before accepting his current position at UCF.

Dr. Smith has over twenty peer-reviewed publications and numerous presentations at national and international scientific meetings. He is on the editorial board of one scientific journal and is a manuscript reviewer for four other journals. He currently serves on the dissertation committees of two doctoral candidates in mechanical engineering and sits on two “honors in the major” thesis committees which mentor an undergraduate student in the health sciences generalist program and an undergraduate student in the department of psychology. Dr. Smith maintains an active license in Physical Therapy in the State of Florida (# 0021506). He will teach Gross Anatomy/Neuroscience, Introduction to and Advanced Neurological Physical Therapy, and Research.

Dr. Theodore Angelopoulos received his BS degree from the University of Athens in 1982. As a former Scholar of Greece’s National Secretary of Education, he pursued training in the United States attending the University of Pittsburgh from 1983-1991 for graduate studies. He received his M.S in Exercise Physiology in 1986, his M.P.H. in Epidemiology in 1990, and his PhD in Exercise Physiology in 1991. From 1991-1994, Dr. Angelopoulos was a post-doctoral fellow at Washington University, School of Medicine in St. Louis Missouri. Presently, Dr. Angelopoulos is a Professor in the Department of Health Professions and Research Director of the Center for Lifestyle Medicine at the University of Central Florida. His major research areas include exercise, obesity, weight management, lipoprotein metabolism, and muscle hypertrophy. Dr. Angelopoulos has developed a strong research partnership with the Exercise and Genetics Collaborative Research Group (EGCRG) at the Olympic Center in Athens Greece. Dr. Angelopoulos has received federal funds from NIH and his work has been published in a number of high impact journals. He is certified by the ACSM as a Program Director and Registered Clinical Exercise Physiologist. In addition, Dr. Angelopoulos is the Director of Clinical Research of the Rippe Lifestyle Institute (RLI) at Florida Hospital Celebration Health in Celebration Florida. He will teach Systems Physiology and Exercise Physiology.

Dr. Janice Pitts, PT, PhD received a BS degree in Anatomy and Physiology in 1993 from Andrews University. A year later, she received a Masters degree in Physical Therapy and, subsequently, earned the PhD in Curriculum and Instruction, each from the same parent institution. Dr. Pitts currently is serving the program as the Academic Coordinator of Clinical Education. As such, she is responsible for the credentialing and training of clinical instructors at more than 200 affiliated sites, as well as, the oversight of students while they are off campus completing the required 24 weeks of full-time clinical education. In addition to her clinical duties, Dr. Pitts teaches a number of clinical courses in the area of pediatrics and geriatrics. She has presented her research at a number of scientific meetings regionally and nationally. Dr. Pitts maintains an active license in Physical Therapy in the State of Florida (#0011699).

Dr. William J. Hanney received a BS in Exercise Science in 1996 from the University of West Florida. Subsequently, he earned Master’s and Doctoral degrees in Physical Therapy from the University of St. Augustine for Health Sciences in 1999 and 2004, respectively. Dr. Hanney is currently working on a PhD in Physical Therapy at Nova Southeastern University. His research involves elucidating mechanisms of soft tissue repair after spinal injury. He is currently the principal instructor for courses involving therapeutic exercise and advanced orthopedic treatment of musculoskeletal injuries. Dr. Hanney has published in the peer reviewed press and has given a number of presentations at regional and national scientific meetings. Dr. Hanney maintains an

active license in Physical Therapy in the State of Florida (#0018334). He will teach Therapeutic Exercise and Orthopedic Physical Therapy.

Dr. Robert Wagner received a BA degree in Biology from LaSalle University in 1987. He received a MPT degree from Hahnemann University in 1989. He has recently completed an advanced DPT degree from Temple University. Dr. Wagner is currently participating in basic science research aimed at elucidating the biological effects of a number of physical modalities on tissue healing. This research is being conducted in collaboration with investigators in the Nanoscience Technology Center at UCF. It is anticipated that his ongoing work at the center will be externally funded along with a number of projects currently underway at the center. Dr. Wagner currently teaches the theory and use of therapeutic modalities, as well as, foundational courses in physical assessment and advanced courses in differential diagnosis. Dr. Wagner has presented at regional and national scientific meetings. Prior to coming to UCF, Mr. Wagner served as the Chair of the Department of Allied Health and Public Safety at Seminole Community College. While there, his responsibilities included the management and administration of departmental EMT, Paramedic, Fire Science, Respiratory Therapy, and Physical Therapist Assistant programs. Mr. Wagner maintains an active license in Physical Therapy in the State of Florida (#0005927). He will teach Theories and Procedures, Physical Assessment, Physical Therapy Integration and Advanced Orthopedic Physical therapy.

Mr. Gerald Bertetta received a BA degree in Marine Biology from San Francisco State University in 1974. In 1978, he earned a MA degree in Biology from the same institution. Subsequently, he served from 1978 to 1990 as a faculty member in the Department of Biology at Florida International University where he taught various courses related to human structure and function. From 1990 to 1994, he also served on the faculty at Miami-Dade community college in the Department of Biology. In 1995, Mr. Bertetta came to UCF serving simultaneously on the faculties of the Departments of Health Professions and Molecular and Microbiology. In his current role, he has taught a variety of courses in human anatomy and kinesiology at both the graduate and undergraduate levels. He was honored for his teaching excellence at the university level in AY 2003-2004. Since 2002, his research has generated over \$100,000 in external funds. He is currently seeking external funding for a collaborative research project looking at the biomechanical properties of the proximal femur when subjected to high stress loads. This research will also investigate the outcomes of patients who required surgical repair of hip fractures sustained as a result of similar bone stresses generated in home or community activities of daily living. Mr. Bertetta has presented his research at a number of regional and national scientific meetings. He will assist in teaching Gross Anatomy/Neuroscience.

Dr. Jeffery Bedwell received a BS degree in Psychology from James Madison University in 1995. In 2001, he earned a MS degree in Psychology from the University of Georgia. Three years later, he was awarded the PhD in Clinical Psychology from the University of Georgia. Dr. Bedwell joined the faculty in the Department of Psychology after receiving the latter degree in 2004. He currently has over twenty articles published in peer reviewed journals. In addition, Dr. Bedwell has presented his findings at numerous national and international scientific meetings. Since 2001, Dr. Bedwell's research has received more than \$100,000 in funding. His role in the proposed DPT program will be to teach course content related to the psychological aspects of

disability, particularly the neuropsychological features of stroke and traumatic brain injury in Neurological Physical Therapy and Advanced Neurological Physical Therapy.

Dr. Tom Edwards earned BS and MA degrees from St. Joseph's University in English and Health Education, respectively. He has also been awarded a BSRT from Midwestern State University and an EdD in Educational Leadership from the University of Central Florida. Dr. Edwards has served on the faculty of Thomas Jefferson University, as well as, at UCF where he is currently the director of the accredited baccalaureate program in Radiological Sciences (Radiography). Dr. Edwards has published in peer reviewed journals, has been successful in obtaining grants, and presented his work at regional and national scientific meetings. His role in the proposed DPT program will be to teach and coordinate the faculty and teach a course of Radiology and Imaging for Physical Therapists covering materials relating to the interpretation of medical images created by a variety of techniques. He will be assisted in this course by physicians and others with expertise in this area.

Dr. Keon-Hyung Lee received a Bachelor's Degree in Business Administration from Ohio University College of Business Administration in 1990, a Master's Degree in Public Health from Yale University School of Medicine in 1992, a Master of Science degree in Operations Research and Medical Decision Analysis from Stanford University School of Engineering in 1995, and a Ph.D. in Public Administration from the University of Southern California School of Policy, Planning, and Development in 2002. He was an Assistant Professor in the School of Public Affairs and Administration, Western Michigan University from August 2002 to July 2005 when he joined the Health Services Administration faculty at the University of Central Florida in the Department of Health Professions. His research and publications focus on factors affecting hospital financial performance and performance measures. He has eight publications in peer reviewed journals, an equal number in preparation, and has 15 presentations at national and international meetings. He has consulted for the Rand Corporation on issues of hospital costs, and teaches Health Care Finance in the accredited MS program in Health Services Administration. His role in the proposed DPT program is to teach a course in Health Care Finance.

Dr. Aaron Liberman received a BS degree in Psychology in 1965 from Baylor University. In 1966, he earned a MS in educational psychology from Indiana University. In 1968, he was granted a MA degree in Hospital and Health Administration from the University of Iowa. He subsequently was awarded the PhD in Hospital and Health Administration from the same institution in 1974. He has worked in both the private and public sectors, including a stint in the Executive Office of the President in Washington, DC. Dr. Liberman joined the faculty at UCF in 1996. He has served the Department of Health Professions in a variety of capacities, including as the Chair from 2000 to 2002. He has over 50 publications in the peer-reviewed press, has authored 4 books, and has consulted nationally and internationally to health care organizations. Dr. Liberman has generated a significant amount of external funding, much of which has been devoted to producing highly focused training modules for health care executives who have neither the time nor the financial resources to seek an advanced academic degree. He has been recognized at the university for his teaching excellence in 2003. In that same year, he was named as a university Charter Fellow by the Academy of Teaching, Learning, and Leadership. He teaches courses in Healthcare Organization and Management in the accredited MS program

in Health Services Administration. His role in the proposed DPT program will be to teach a course in Management of Physical Therapy services.

Dr. Jeffery Ludy received a BA in Economics from Syracuse University in 1972. In 1977, he was awarded an AS degree in Respiratory Therapy from SUNY at Syracuse. He later earned a MEd from the University of Virginia in Instructional Technology. In 1989, he joined the faculty at Valencia Community College as a Professor and Director of Clinical Education in the Respiratory Therapy program. He joined the COHPA faculty in 1995 and subsequently in 1999, he was granted an EdD from UCF in Curriculum and Instruction. He currently serves the Department of Health Professions as the Director of the accredited baccalaureate program in Cardiopulmonary Sciences (Respiratory Therapy). Dr. Ludy has published a number of articles in peer-reviewed journals and has recently published a textbook. Dr. Ludy's role in the proposed DPT program will be to team teach a course in cardiopulmonary rehabilitation and acute respiratory therapy with a clinical Physical Therapist.

Dr. James Rippe received a BA degree in American History and Literature in 1969 from Harvard College. He subsequently was awarded a MD degree from Harvard Medical School in 1979. Following internships and residencies in Internal Medicine at Massachusetts General Hospital, he was appointed as a fellow in Cardiology at the University of Massachusetts Medical School. From 1983 through 1993 he served first as an Assistant Professor and later as an Associate Professor of Medicine and Director of the Exercise Physiology and Nutrition Laboratory on the Medical School's faculty. In 1994, he was appointed to the faculty of Tufts University School of Medicine as an Associate Professor of Cardiology, a position he still holds. In 2005, Dr. Rippe was granted a tenured Professorship in Biomedical Sciences at UCF. He also serves the UCF community as the Director of the Center for Lifestyle Medicine. Dr. Rippe has served on numerous editorial boards, and is currently the Editor in Chief of the American Journal of Lifestyle Medicine. He has published extensively in peer-reviewed scientific journals. Dr. Rippe has published 37 books on health and fitness and has authored more than 70 book chapters. His role in the proposed DPT program will be to teach in courses in the area of exercise physiology and cardiac rehabilitation.

Dr. David Segal received a BS in Chemistry from the University of Florida in 1981. He subsequently was granted a PhD in Biochemistry and Molecular Biology from the University of South Florida. After receiving his degree, Dr. Segal was awarded a post-doctoral fellowship in Neurology at the University of Miami, School of Medicine. Following completion, he accepted a second fellowship in Psychiatry and Behavioral Medicine in the School of Medicine, University of Miami. Dr. Segal joined the faculty at UCF in 2004 as an Assistant Professor in the Cardiopulmonary Sciences program. He has published 4 monographs and 14 peer-reviewed articles in high impact scientific journals on hypervariable changes in the HIV genome *in vivo*, and in case studies improving on-line learning in health science. He has presented his work at national and international scientific conferences. He teaches pathophysiology and pharmacology at the undergraduate level for several accredited health professions programs. Dr. Segal's role in the proposed DPT program will be to teach the core health science course in pharmacology and pathology for physical therapy.

Dr. Lynn Unruh received a BSN degree from the University of Illinois in 1988. She later earned a BA degree in Economics from the same institution. In 1997, she was granted a MA in Economics from the University of Notre Dame. She subsequently earned a PhD in Economics also from Notre Dame. Dr. Unruh joined the faculty at UCF in 2000 and has recently been tenured as an Associate Professor. She has published extensively in peer-reviewed journals and has been a PI or Co-Investigator on nearly \$900,000 in externally funded grants and contracts. She is currently on leave as a Robert Wood Johnson Fellow at Rutgers University. She teaches Healthcare Economics and Healthcare Issues and Trends in the accredited MS in Health Services Administration. Her role in the proposed DPT program will be to teach a course on the changing environment in health care with special emphasis on emerging issues and trends in health care delivery systems.

The following biosketches briefly outline the qualifications and accomplishments of the regular adjunct clinical faculty who will be involved in the proposed DPT program.

Dr. Donald Goldman received a BS in Science from National University (formerly Lincoln College) in Lombard, Illinois in 1967 and later received the Doctor of Chiropractic from the same institution in 1969. He subsequently received the MD degree in 1975 from the University of Guadalajara, Mexico. He later trained in general and orthopedic surgery at the Metropolitan Hospital in New York City and the University of New Jersey Medical Center in Newark, New Jersey. Following his residency training, he spent four years (1978-1982) as a Division Surgeon in Orthopedics in the United States Army. Following his discharge he remained in the reserves and retired as a Colonel. During his period of active service, he completed fellowships in wound healing and electrical stimulation of healing bone from Johnson and Johnson and the University of Pittsburg, respectively. After leaving the military, Dr. Goldman spent the past twenty four years in private practice in Long Island, New York. Dr. Goldman has also served as a medical expert in Orthopedic Surgery for the Social Security Administration and as a medical expert for the Veterans Advocacy Project. His training and experience in surgery as well as his experiences in practice management and legal issue gives him great credibility in teaching subjects matter relative to the management and practice of Physical Therapy.

Dr. Barry Loughner received a BS degree in Biochemistry from Pennsylvania State University. Subsequently, he earned a DDS degree from New York University. He completed a three-year Face Pain Fellowship at the Parker Mahan Facial Pain Center at the University of Florida, and stayed on at UF, completing a MS in Anatomy and a PhD in Neurophysiology. Dr. Loughner practiced at the Midwest Center for Head Pain Management at Stouder Memorial Hospital in Tory, Ohio for seven years. He currently practices in Orlando, FL. He has published numerous articles on face pain and headaches, and is a frequent lecturer in that field. Dr. Loughner also teaches a head and neck anatomy course that is known nationally. He is a member of the International Association for the Study of Pain, the American Pain Society, the American Dental Association, and the Ethics Committee of the American Association for the Study of Headache. Dr. Loughner holds academic appointments at the University of Florida, School of Dentistry and at UCF, COHPA. His role in the proposed DPT program will involve teaching course content relating to head and neck anatomy and disorders of specific structures in these areas.

Mr. Dan Olson received a BS in Physical Therapy from Wright State University in 1977. He subsequently earned a Master of Health Science degree from the University of Indianapolis in 1999. In addition to his license in Physical Therapy, Mr. Olson holds a license as a certified Athletic Trainer in the State of Florida. Mr. Olson has presented numerous papers at regional and national conferences relating to Physical Therapy and Athletic Training. He has published in peer-reviewed journals and has been active in regional and national health care associations. He has practiced in both staff and supervisory levels at a number of nationally prominent health care settings. Mr. Olson has taught course content in the area of orthopedic assessment and management at UCF since 2003. His role in the proposed DPT program will continue to focus on his area of clinical expertise, orthopedic Physical Therapy.

VI. Assessment of Current and Anticipated Resources

A. In narrative form, briefly assess current facilities and resources available for the proposed DPT program (such as library volumes, serials, classroom, teaching laboratory, office space, equipment, fellowships, scholarships, graduate assistantships, internships, and any other related resources).

Institutional and Program Resources

Program Teaching/Laboratory/Faculty, Staff & Office Resources

Searches are currently ongoing on two existing faculty lines who will teach in both this program and in a graduate program in Health Sciences. Two additional full-time clinical faculty lines will be provided by COHPA as part of this proposal. Those individuals will be hired during the second year of operation and will be funded from enrollment growth funds. These clinical faculty are needed to teach the new courses to be offered. An additional staff member will be needed to assist the program in managing student records of learning outcomes and clinical assessment for the increased number of students enrolled each year (three classes instead of two) and additional clinical placements.

The facilities and educational resources available to the Program in Physical Therapy that will be used to support the proposed DPT program are excellent. In 1998, when the program moved into the new Health and Public Affairs building (HPA-I) it was allocated over 8,000 square feet of space for teaching purposes, laboratory activities, research, faculty and staff offices, and other necessary programmatic functions. Additionally, there are other common classroom and laboratory spaces within HPA-I and HPA-II that can be used by the program on an as needed basis. Of the total space, 961 square feet has been dedicated for administrative purposes (i.e., office space for the Program Director, the ACCE, an Administrative Assistant, two graduate assistants, and file space for sensitive programmatic documents). In the southeastern wing of the Health Public Affairs building nearby the program's administrative suite, there are office spaces (~130 square ft. each) for five faculty members. Close by is space (~ 300 square ft.) that has been dedicated as a faculty conference room and program library.

Teaching space includes two large rooms of 2032 and 2377 square feet, respectively. Adjacent to the first teaching space are lockers/changing rooms for both male and female students. The second teaching space was specially designed to serve as an anatomical laboratory and classroom. This facility is unique to the Physical Therapy program at UCF in that most programs throughout the country must rely on anatomical laboratories provided by a medical or dental school. The UCF anatomical laboratory has walk-in cold storage capacity for 12 human cadavers. In addition to the custom-designed cadaver storage area, this laboratory has a dedicated ventilation and emergency contaminant wash-off system to maintain a safe environment for faculty and students. Next to the anatomy laboratory is a computer laboratory equipped with up to date computer hardware, software and printer capabilities that have been dedicated for student use. Both major teaching spaces have multi-media capabilities and adequate storage areas for equipment and supplies. The program has state-of-the-art PT-specific equipment in sufficient number and quality available in each laboratory. Faculty computers and

general office equipment and supplies are more than adequate to support the program. Approximately \$200,000 has been spent on new PT-specific equipment since the program moved into the current facilities in 1998. Lavatories are located a short distance away.

Clinical Education Resources

The clinical education experiences/resources offered to the students are adequate in number, variety, and are appropriate in scope to meet the objectives of the proposed DPT program. Additionally, the clinical education resources adequately reflect all contemporary Physical Therapy practice arenas. The educational quality of these sites is evaluated annually by the ACCE and on an as necessary basis by the entire program faculty. To help ensure the quality of the learning experiences at our clinical education sites, the ACCE in concert with the Florida Consortium of Clinical Educators participates in annual Clinical Instructor (CI) certification training sessions around the state. These training sessions prepare practicing clinicians to mentor students and to assess the knowledge, skills, attitude, and behaviors of the students while they are in the clinical education phase of their training.

At present, the program maintains legally binding clinical affiliation agreements with 214 sites. Among these are 59 acute care hospitals (i.e., 12 Florida Hospital facilities, 8 Orlando Regional Healthcare System facilities, 3 St. Joseph's Hospital facilities, and such nationally renowned facilities as the Eisenhower Medical Center, Rancho Mirage, CA), 22 pediatric hospitals/clinics (i.e., Arnold Palmer Women's and Children's Hospital, Miami Children's Hospital, All Children's Hospital, and the Children's Hospital of Alabama), 22 ECF/Nursing Homes/SNF (i.e., 3 Life Care Centers of America, the Orlando Lutheran Towers, and the John Knox Village), 95 out-patient rehabilitation sites (i.e., 27 HealthSouth facilities, 13 CORA Rehabilitation Centers, 6 Kessler Rehabilitation Centers, 5 Adventist Care Centers, and 15 sports related facilities), 11 in-patient rehabilitation/sub-acute hospitals (i.e., Brooks Rehabilitation Center, HealthSouth Sea Pines Hospital, and Lawnwood Regional Medical Center), 3 federal sites (i.e., VA hospitals/clinics), and 2 public school systems (Orange and Collier).

Although the majority of the program's clinical affiliations are geographically located in the Central Florida area, contracts are maintained with corporate providers nationwide. Additionally, a number of agreements are maintained with nationally recognized rehabilitation centers, such as the Burke Rehabilitation Center in White Plains, New York. The latter agreements allow the best and brightest of the program's students to challenge themselves by training in some of the nation's premier rehabilitation facilities. These opportunities not only enhance student's educational experiences, they allow our students to demonstrate to elite employers the quality of their education at UCF, thereby broadening the horizons for all program graduates. This exposure has also become an important recruiting tool for the program to attract the best and brightest students nationally.

Student Resources

Although monies to help support entry-level Physical Therapy students traditionally have been limited nationally, the College, through the Office of Graduate Studies, has a restricted number of Provost's fellowships available yearly. These fellowships are competitively awarded based on

GRE scores, undergraduate GPA, student accomplishments, and documented need. In addition, the College is provided with a number of assistantships for teaching and/or research purposes. The program, typically, is allocated at least two assistantships on an academic year basis. The Program also has two endowed scholarships. The Jack Holloway Award is designated for students with a declared interest in Pediatric Physical Therapy. Since monies generated by the Holloway endowment vary somewhat from year to year, the number of students that can be supported also varies. Over the past several years, the Program has been able to support 3-4 students through the two years of the MSPT curriculum. With the addition of another year of didactic and clinical training, it is anticipated that fewer students will be supported by this award. Nevertheless, the students chosen for this award should be able to receive substantial support throughout the DPT program. The Phyllis A. Klock Award is given each year to the graduating student who has made the most outstanding contributions to the program. Although this award does not directly support a student's education while at UCF, it has been used to defray some of the costs of the program following graduation. Mrs. Klock is a Trustee of the University of Central Florida.

Given the current shortage of Physical Therapists in Central Florida and nationally, there are a number of local, regional, and national employers who regularly offer scholarship monies to students in return for a commitment from the students to work for the employer for an agreed upon period of time. Such scholarships typically pay one year of tuition and fees for each year of work commitment. In recent months, many local employers have further enhanced the value of their scholarship offers by attaching sign-on bonuses above and beyond the scholarship monies. Since the shortage of Physical Therapists in Central Florida is not expected to be altered appreciably in the coming years, it is expected that employer efforts to meet current and future staffing needs through student scholarships and bonuses will continue to grow.

Other services/resources available to students enrolled in the PT program have been assessed recently by the varying accrediting bodies (i.e., CAPTE) and have been judged to be outstanding.

Library Resources

The resources of the institutional library system and related learning resource centers are excellent. Indeed, they are more than adequate as compared to other libraries within the state university system of Florida to support the educational and scholarly goals of the program. The UCF library is housed on the main campus, just several hundred yards away from HPA-I where the program is housed. Satellite library facilities are located on the Daytona and Brevard Campuses.

The College has a medical librarian assigned as a consultant to students and faculty. This individual is available to the students and faculty by appointment for research assistance. Classes for library research are arranged through the Library Reference Department and a session is scheduled annually to orient new students to on-line searching capabilities. New faculty are given a library orientation during their first week on campus. An "Audio Tour" is available to assist students and faculty in learning the full range of library services provided.

The library has a “Main Collection” to support the learning needs of students and the research needs of both faculty and students. The size of the main collection is approximately 1.2 million bound volumes, 315,000 government documents, 33,000 media titles, and 2.4 million microform units. The library also supports a large number of serials to serve the graduate program. Overall the serials collection consists of 5,137 journal titles and 3,973 electronic journal titles. The serials collection consists of 58 journal titles directly related to Physical Therapy, of which 40 are current subscriptions. The libraries of the eleven state universities share an on-line catalog, WebLUIIS. Students and faculty can submit interlibrary loan requests for resources unavailable in the UCF library from any of the state universities, as well as from any other library in the world. Interlibrary loan requests can be submitted in person or electronically; most requests are available within two weeks. Titles in the main collection support graduate programs, and include those in Physical Therapy, Nursing, Health Services Administration, Education, and Management.

Additions are made annually to the main and reference collections to support the efforts of Physical Therapy students and faculty. The faculty decides on which books to be ordered, and the reference librarian assigned to the program coordinates the purchase. Journal subscriptions are added to the collection when requested by the faculty and when the budget permits. Journals and books are available to the students both in the main library and in the program’s library located in HPA-I. The library maintains approximately 300 electronic databases. All may be accessed remotely through a proxy or ID card access through the UCF library’s website (<http://library.ucf.edu>). In addition, there are 27 medical databases available to the students and faculty, and of these 10 contain access to full text journal articles. Print indices in the library include: Cumulative Index to Nursing and Allied Health Literature, Hospital Literature Index, International Nursing Index, and Hospital and Health Administration Index.

College Resources

The College of Health and Public Affairs provides many outstanding resources for faculty. As part of the baseline budget, the college allocates substantial funds to academic units for faculty development and business related travel.

The Instructional Support and Technology group within COHPA assists the faculty and staff in troubleshooting computer problems and in software instruction and application. ISAT also maintains equipment for multimedia classroom instruction. All classrooms have state of the art multimedia facilities.

The Research Office in COHPA reviews budgets for submission of grant proposals to external agencies and assists faculty in managing research grants and contracts.

The PT program faculty has been supported by the college administration in purchasing equipment and materials for scholarly needs. The anatomy laboratory has been equipped with specialized equipment such as a band saw and freezer to support anatomical research. Shared equipment for basic science research is available on campus through the Burnett College of Biomedical Sciences. The recently established Center for Lifestyle Medicine, which involves a number of COHPA faculty, will provide 8,000 square feet of space and equipment for human

metabolism and exercise physiology studies. In addition, it is anticipated that this space will allow program faculty to develop a human neocortical physiology laboratory. Taken together, college and center resources will be used to enhance the amount and quality of the clinical research that can be performed at UCF.

University Resources

Excellent resources exist within the University of Central Florida to support faculty development, research, and student instruction. The Department of Course Development and Web Services provides outstanding support for the enhancement of face to face courses and the construction of web sites for online courses. Currently, no online courses are offered by the Physical Therapy program. However, some of the advanced courses in the third year of the DPT program may be amenable to an online format.

The Center for Distributed Learning also supports faculty development efforts by offering incentives for instructional workshops for the design and construction of online courses.

The Faculty Center for Teaching and Learning is available to work with program faculty to promote teaching excellence, to evaluate learning outcomes, and to enhance student educational experiences. The center provides instruction in course design, syllabus information, learning theories, teaching methods, instructional technology, student assessment, diversity and atmosphere issues.

The university's Office of Instructional Resources supports academic, research, and administrative activities using traditional and digital media resources. The services offered by the OIR include the production of slides, posters, and similar media for presentation.

The Office of Research provides assistance in locating funding opportunities for faculty, reviews budget proposals, and assists in the completion of grant proposals. The OOR annually offers small "start-up" research grants to faculty on a competitive basis, as well as small travel grants to faculty who are presenting research papers at professional meetings.

B. Describe any additional facilities and resources required for transition to the DPT. If a new capital expenditure for instructional or research space is required, indicate where this item appears on the university's capital outlay priority list. The provision of new resources should be reflected in the budget table (DCU DPT Table Three), with the source of funding indicated. DCU DPT Table Three includes only I & R costs. If non-I & R costs (such as indirect cost affecting libraries and student services) are expected to increase as a result of the program, describe and estimate those expenses in narrative form. It is expected that high enrollment programs, in particular, would necessitate increased costs in non-I & R activities.

Additional Resources

It is not anticipated that major capital expenditures will be necessary for instructional or laboratory space to support the proposed DPT program. Although two additional semesters will be added to the program, the courses offered in the third year of the program will be delivered

during off-peak hours such that existing space can accommodate the needs of the faculty and students. It is expected, however, that expenditures totaling approximately \$50,000 – \$60,000 will be needed to add additional capital equipment and supplies for student training and use due to the addition of a third class of 34 students. Monies for these items will be generated through the additional FTE produced initially by retaining MSPT graduates who opt to pursue the DPT following graduation from the current program.

Accountability

VII. Assessment of Need and Demand (one to two pages, in addition to table)

A. What national, state, or local data support the need for more people to be prepared in this program at this level? (This should include any statement or rationale made by the accrediting body with regard to transition to the DPT; national, state, or local plans or reports that support the need for this transition; demand for transition of the program emanating from a perceived need by agencies or industries in your service area; and summaries of prospective student inquiries.) Indicate potential employment options for graduates of the program, and how this would differ from options for current graduates of the MPT program. Summarize the outcome of communication with existing DPT programs, as well as communication with other programs considering this transition.

Need Assessment

In order to fully address the question regarding the need for more and better trained Physical Therapists, it may be useful to first look at what Physical Therapists do within the health care system today. As described in the 2000 edition of the “Standard Occupational Classification System” handbook, Physical Therapists fall under the category heading of “therapists” under the broader classification of “health diagnosing and treating practitioners.” Other fields grouped in this category include occupational therapists, respiratory therapists, radiation therapists, recreational therapists, audiologists, and speech-language pathologists (Bureau of Labor Statistics (BLS), U.S. Department of Labor, Standard Occupational Classification System, 2000). Of the listed professions, physical therapists typically are the most heavily recruited and are the best paid in the marketplace.

The U.S. Department of Labor, BLS, “Occupational Outlook Handbook”, describes routine procedures of Physical Therapists as involving the examination of patients’ medical, social, and work histories, performing standardized tests and measures of “strength, range of motion, balance and coordination, posture, muscle performance, respiration, and motor function,” as well as determining the ability of patients to be independent and/or to reintegrate into community or workplace following injury or illness. As such, Physical Therapists are critical members of the health care team due to their expertise in movement sciences and in the restoration of independent function at home and in the workplace. Physical Therapists also develop specific treatment plans for patients to limit physical impairments and ensure proper rehabilitation (BLS, U.S. Department of Labor, *Occupational Outlook Handbook, 2004 – 2005 Edition*).

Physical Therapists typically practice in acute care and specialty hospitals; outpatient clinics/offices; in-patient rehabilitation facilities; skilled nursing, extended care or sub-acute care

facilities, educational institutions, research centers, schools, hospices, as well as fitness and athletic training facilities. According to the APTA, more than 120,000 physical therapists are licensed today in the United States, with a median salary dependent upon the position, educational level, years of experience, geographic location, and practice setting. The U.S. Department of Labor, BLS estimates that Physical Therapists held about 155,000 jobs in 2004, and notes that the number of jobs is greater than the number of practitioners because many Physical Therapists hold two or more jobs due to the growing demand for rehabilitative services and the current shortage of qualified personnel. Further, it is stated that, as of November, 2004, the nationwide average annual earnings estimate for Physical Therapists was \$60,180. The Florida-specific estimate for 2006 is 8,816 jobs and mean annual earnings of \$66,755 (Florida Research and Economic Database, Labor Market Information).

Recent employment projections derived from the Florida Agency for Workforce Innovation (AWI) predict an estimated 3.52% percent upward trend annually in employment opportunities for Physical Therapists between 2004 and 2012. The AWI estimates indicate that the need for new Physical Therapists will grow at a substantially faster rate than expected for all other health professions. The projected opening short fall due to growth in patient demand is three times the shortfall due to employee separation.

As current “Baby Boomer” Physical Therapists reach retirement age, it is expected that employee separation will add further to the annual short fall. Such data identify a critical need for more Physical Therapists in Florida in the coming years, and also indicate that the need is unlikely to be met fully by the existing educational programs. AWI data also indicates that Physical Therapists in Central Florida (Orlando area) earn approximately 73% more per hour than the mean wage of all occupations reported, suggesting that it is an occupation that is not only critically needed in Central Florida, but is very well compensated secondary to that need.

Over the past several academic years, the number of students applying for one of the 34 seats in the PT program at UCF has increased from the low 90s in 2003, to 115 in 2004, to 130 in 2005 and back slightly to 121 in 2006. The basic trend clearly suggests that student demand for training in the field far surpasses the program’s ability to meet that demand or to fully satisfy the health care needs of the state. It should also be noted that with the growing number of students opting to attend schools offering the clinical doctorate as the entry level degree, the viability of the program at UCF is linked closely to its ability to transition its educational offerings to the overwhelmingly preferred degree level. The decline in student applications in 2006, while modest, provides support for the previous assertion and suggests that the viability of the program at UCF may be compromised in the future unless it is permitted to transition to the DPT expeditiously. In fact, 19 students who were accepted into the Physical Therapy Class of 2008 declined UCF’s offer in order to attend an institution offering the DPT. Although many students went to institutions in Florida, almost half went to other states in the south and east (Alabama, Delaware, Georgia, New Jersey, New York, North Carolina and Virginia, and could well be lost to Florida in the future as practitioners.

Letters of support in Appendix C attest to the fact that there is a shortage of physical therapists in central Florida and that the preferred degree at hospitals is for the Doctor of Physical Therapy. Dr. Mark Brimer, the Director of Rehabilitation Services at Wuesthoff Health System writes

The Wuesthoff Health System has a critical shortage of therapists that cannot be matched with the available supply of licensed personnel. I would encourage you to make every effort to move the UCF program in the direction of DPT accreditation. The State of Florida cannot afford to lose the program you have established nor any other such high quality program.

According to APTA documents, the rationale for increasing the training opportunities in Physical Therapy and for awarding the DPT as the entry-level degree is closely linked. The linkage is based on at least five factors. Among the factors: 1) demographic changes in the population leading to increased demand for rehabilitative services, 2) the level of practice expertise inherent in the patient/client management model articulated in the *“Guide to Physical Therapist Practice”* requires considerable breadth and depth in educational preparation, a breadth and depth not easily acquired within the time constraints of the typical M(S)PT program; 3) societal expectations that the fully autonomous healthcare practitioner with a scope of practice consistent with the *“Guide to Physical Therapist Practice”* be a *clinical doctor*; 4) the realization of the profession's goals in the coming decades, including direct access, "physician status" for reimbursement purposes, and clinical competence consistent with the preferred outcomes of evidence-based practice, will require that practitioners possess a *clinical doctorate* (consistent with allopathic, osteopathic, chiropractic, podiatric, and veterinary medicine, dentistry, optometry, and pharmacy); and 5) many existing professional (entry-level) M(S)PT programs already meet the basic educational requirements for a clinical doctorate; in such cases, the graduate is denied the degree most appropriate to the length and academic rigor of their program of study.

Ongoing communications between the Program Director at UCF and the Program Directors/Chairs at institutions currently offering the DPT suggest that the move to the DPT has been generally beneficial to those institutions in terms of faculty and student recruitment and retention. Moreover, the move to the DPT at those institutions is beginning to show substantial improvements in student outcomes (i.e., improved national board scores, improved employer satisfaction, as well as, improved patient satisfaction with the quality of care provided by recent graduates). Communications with programs contemplating or currently in the transitional process indicate that the latter programs see the move to the DPT to be beneficial to them in the long run, but painful in the short run due to the fact that finding qualified faculty is becoming more difficult and expensive.

B. Use DCU DPT Table Two to indicate the number of students (headcount and FTE) you expect to major in the proposed program during each of the first five years following transition, categorizing them according to their primary sources. Please include a narrative for DCU DPT Table Two that includes the rationale for enrollment projections, and explanation of the estimated headcount and FTE ratio, and data regarding the enrollment and graduation rates for the MPT program for the previous five years.

DCU DPT Table 2.
NUMBER OF ANTICIPATED MAJORS FROM POTENTIAL SOURCES*

Graduate Degree Program - Headcount / FTE Projections

NAME OF PROGRAM **Physical Therapy – DPT**

CIP CODE **51.2308**

Academic Year	Year 1		Year 2		Year 3		Year 4		Year 5	
	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012	
Source of Prospective Students (Non-Duplicated Count in Any Given Year)	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE
Individuals drawn from agencies/industries in your service area (e.g., older returning students)	32	45	32	45	32	45	32	45	32	45
Students who transfer from other graduate programs within the university	0	0	0	0	0	0	0	0	0	0
Individuals who have recently graduated from preceding degree programs at this university **	12	17	24	22	36	41	36	41	36	41
Individuals who graduated from preceding degree programs at other Florida public universities	15	22	30	41	45	52	45	52	45	52
Individuals who graduated from preceding degree programs at non-public Florida institutions	0	0	0	0	0	0	0	0	0	0
Additional in-state residents **	7	10	14	19	21	24	21	24	21	24
Additional out-of-state residents **	0	0	0	0	0	0	0	0	0	0
Additional foreign residents **	0	0	0	0	0	0	0	0	0	0
Other (Explain) ***	32	36	0	0	0	0	0	0	0	0
Total	98	130	100	137	134	162	134	162	134	162

* List projected yearly cumulative ENROLLMENTS instead of admissions.

** Do not include individuals counted in any PRIOR category in a give COLUMN.

*** If numbers appear in this category, they should go DOWN in later years.

(*** Head count and FTE in this category represent 2nd year and 3rd summer students in the current MSPT program.)

Student Headcount Data

Student headcount and FTE calculations for the first five years following implementation of the proposed DPT program are provided in DCU DPT Table 2 above. These calculations are based on current enrollment limitations. Retention and graduation information associated with the MSPT program were factored into the calculations. The proposed DPT curriculum adds the equivalent of two full semesters to the MSPT program making it nine (9) consecutive semesters (i.e., three (3) summer, three (3) fall, and three (3) spring) in length. Accordingly, at any given time after the third year of implementation there will be three full cohorts of students enrolled in the DPT program and one (1) cohort made up of MSPT program graduates returning to campus to complete the course requirements for the DPT. The current facilities are more than adequate to handle the projected headcount by maximizing the utilization of existing space. In addition, the projected growth in student FTE will allow the faculty to expand in size thereby allowing more flexibility in teaching assignments while maintaining ideal faculty / student ratios.

The data in DCU Table Two above projects the initial cohort of DPT and transitional (i.e., returning) students to be 98 (45 FTE), a 44% increase over the current headcount. This figure is considered to be extremely conservative in that it assumes only ten students from each of the three most recent graduating classes will be allowed to enroll in the first transitional class despite the level of interest expressed by all members of each of the graduating classes. The headcount is expected to increase to 100 beginning with the summer semester of the second year of operation. In the third year, the headcount will increase again to 134 students and stabilize thereafter at that level for the fall and spring semesters. By the fifth year of operation, the growth of headcount will exhibit a 97% increase over current levels.

Extrapolating from recent retention and graduation data associated with the MSPT program, it is anticipated that those outcome measures will continue to be in the mid to upper 90% range in each category. It should be noted that by the fifth year of operation, the program will produce 94% more graduates yearly than current levels. However, those in the transitional program will already be licensed practitioners. It is also expected that the number of transitional students will decline somewhat after the fifth year of operation as the projected number of former UCF MSPT students returning to complete the DPT becomes exhausted. At that time, the program will have to decide whether it is feasible, and/or desirable to open the transitional DPT program to practicing Physical Therapists in the community who hold baccalaureate or Master's degrees from institutions other than UCF. Strong arguments can be made for continuing the program indefinitely for such individuals. Nevertheless, it is likely that the number of potential students will become exhausted quickly as all new students coming into the profession will soon be at the doctoral level already and those with lower credentials will either enroll in the transitional program shortly after it is offered or will be prepared to accept "second class" status within the profession.

C. Will the transition have a negative impact on the number of students enrolled, either due to increased length of the program or any other elements essential to the transition? If so, please explain.

Program Impact

The transition to the entry-level DPT at UCF is expected to have no significant impact on student enrollment since the typical DPT program offered nationally is comparable in length in terms of both the number of credit hours and the required semesters of enrollment. Accordingly, future competition for students between programs in-state will be based on the perceived educational quality of the program, the faculty's qualifications, the program's location, and other intangibles rather than the degree offered. In the short run, however, the transition is expected to be adventitious to the UCF program's finances. By adding an additional year to the curriculum, the overall head count will be increased by one third, adding substantially to the program's resources. During the transitional period, the summer head count in certain years will double from present levels due to the fact that current students do not graduate from the MSPT program until the end of the summer session. As shown in Figure 1 on page 14, at no time during the five year transition period will the number of graduates fall below current levels. However, it should be noted that in year three of the transition, graduation will be moved from the summer session to the spring session. It should also be mentioned that it is anticipated that a cohort of transitional students (~ 30) will graduate each year, thereby increasing the total number of degrees awarded by the College.

The transition to the DPT is expected to be advantageous to the program in other ways as well. In the spring of 2005, the program received 130 applications for 34 seats in the incoming class. This year (2006), 121 applications were received for the same number of seats. Accordingly, based on current training capacity, the program is forced to turn down roughly 75% of qualified students. Obviously, the program is clearly unable to meet student demand. To the point, however, it should be noted that 19 of our original top 34 candidates in 2006 decided to attend other schools, especially those schools that presently offer the DPT. This means that in the past year the program was unable to fill the available slots with top-ranked candidates.

As a result, the overall qualifications of the accepted and enrolled student at UCF has suffered somewhat. It can be expected that this real, albeit small, decline in currently enrolled student's educational credentials will have a measurable effect on the quality of care available to the citizens of Central Florida. On the other hand, approval of the DPT proposal is expected to reduce, if not completely alleviate the problem of accepted students choosing to attend other educational institutions. Conversely, if it is not possible to make the transition, it is anticipated that an even greater number of potential UCF students will be lost to institutions in Florida and the surrounding Southern states that have moved to the DPT already. Should this occur, these students and future practitioners could possibly be permanently lost to meeting the health care needs of Central Florida's citizens.

D. Briefly, indicate what steps will be taken to achieve a diverse student body in this program. Please create a place for signature at the end of section (VII) (C) and have your university's Equal Opportunity officer read, sign, and date this section of the proposal.

Student Diversity

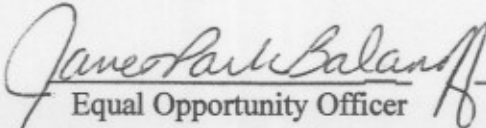
Since its inception in 1992, the Program in Physical Therapy at UCF has graduated a total of 253 students. Of those, 68% have been women and 32% men. Roughly 18% of the graduating students have been ethnic or racial minorities. This fourteen-year average for minority student graduates at UCF surpasses the most recent three-year national average for all educational programs reported by the APTA by nearly two percentage points. The Physical Therapy program at UCF, using funds provide by the regional area health education consortium (AHEC), has traditionally presented outreach programs at local secondary schools, community colleges, and universities. These programs are aimed at increasing minority recruitment, particularly in rural and underserved areas of Central Florida. As the data presented above attest, these efforts have shown great success over the past fourteen years and are expected to continue to do so in the future. Other outreach efforts include a Pre-PT Club on the main campus, which provides on-going advisement and mentoring for interested students, especially minority students. Program graduates, particularly our minority graduates, also act as "Ambassadors" in the community and help mentor and advise potential minority students.

In order to maintain a diverse student body, UCF will continue to take the following steps:

- Recruit from a variety of in-state and out-of-state schools, including minority institutions having strong undergraduate and graduate programs in health sciences, athletic training and other feeder programs;
- Make allowances for admissions decisions weighted more heavily on academic scores (GPA) than on test scores (GRE), in addition to letters of recommendations, results of interviews and other admissions requirements.
- Provide scholarship incentives for minority students; scholarship availability is a key component in attracting and matriculating minority students. While UCF does not award race-based scholarships, the UCF Foundation has been successful in soliciting and securing funds from private donors to support the needs of first generation, low-income, and/or minority students. To help make even further gains in this area, the University administration has allocated a percentage of all tuition increases in the 2005-2006 operating budget to need-based financial aid; these allocations are expected to continue in subsequent years.

These efforts are expected to result in continued diversity in the Physical Therapy Program as evidenced by the current cohort, which has a minority representation of slightly over fifteen percent.

Please create a place for signature at the end of section (VII) (C) and have your university's Equal Opportunity officer read, sign, and date this section of the proposal.

 11/29/07
Equal Opportunity Officer Date

Budget

VIII. Financial Resources and Commitment (one page, in addition to table)

Use DCU DPT Table Three to display dollar estimates of both current and new resources for the proposed program for the first and fifth years following transition. In narrative form, identify the source of both current and any new resources to be devoted to the proposed program, including any external resources or entities that may be available to support the program. If other programs will be negatively impacted by a reallocation of resources for the proposed program, identify the program and provide a justification.

Current and New Resources

Since two (the MSPT) of the three years (the DPT) of this program is currently in existence, the costs are relatively minimal to convert the MSPT to the DPT. Besides filling two existing but vacant faculty positions this year for 2006-07 (one to be supported by the Center for Lifestyle Management and the other provided by the College of Health and Public Affairs), there will be a need for 2 additional faculty starting in 2008, to handle the extra enrollments. These two faculty will be paid for by enrollment growth monies returned from the College to the department. In addition a full time secretary will be hired to handle the additional workload of accreditation assessments in the program at \$31,000 per year. Expenses are estimated at \$25,000 per year and some modest equipment for skill training will be purchased for the 34 additional students in the program at a cost of approximately \$36,000 per year. In years 2, 3 and 4, \$100,000 in start-up funds will be provided to the new and replacement faculty.

In years 2-5, revenue generated through student enrollment is sufficient to fund the increased cost of the program as long as the revenue generated is returned to the department to be used for the program. The program has computed the total revenue as well as costs for both the existing program (in the Summary Report in Appendix A) and the additional requirements of providing the additional year of the DPT curriculum (i.e. in 2008 (year 2) generates \$1,476,574 in total revenue while costs are estimated as \$1,267,720; in 2009 (year 3) generates \$1,556,082 at a cost of \$1,253,950; in 2010 (year 4) generates \$1,840,038 at a cost of \$1,253,950; and in 2011 (year 5) generates \$1,840,038 at a cost of \$1,153,950.)

Additional costs in year 1 will be funded 1) with unexpected faculty salary savings that will be carried forward and used to pay adjuncts until revenue is generated for full-time faculty in later years and 2) the new faculty hire committed by the Center for Lifestyle Medicine. All additional costs of the program will be funded by the College of Health and Public Affairs.

BOG DPT TABLE THREE
COSTS FOR PROPOSED PROGRAM -Doctor of Physical Therapy

	FIRST YEAR				FIFTH YEAR*			
	GENERAL REVENUE		CONTRACTS & GRANTS	SUMMARY	GENERAL REVENUE		CONTRACTS & GRANTS	SUMMARY
	CURRENT	NEW			CURRENT	NEW		
INSTRUCTION & RESEARCH								
POSITIONS (FTE)								
FACULTY	6.42	0.00	0.00	6.42	6.81	1.70	0.00	8.51
A&P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USPS	1.00	1.00	0.00	2.00	1.00	1.00	0.00	2.00
TOTAL	7.42	1.00	0.00	8.42	7.81	2.70	0.00	10.51
SALARY RATE								
FACULTY	\$642,000	\$0	\$0	\$642,000	\$681,000	\$170,000	\$0	\$851,000
A&P	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
USPS	\$29,870	\$31,000	\$0	\$60,870	\$29,870	\$31,000	\$0	\$60,870
TOTAL	\$671,870	\$31,000	\$0	\$702,870	\$710,870	\$201,000	\$0	\$911,870
I&R								
SALARIES & BENEFITS	\$829,759	\$38,285	\$0	\$868,044	\$877,924	\$248,235	\$0	\$1,126,159
OTHER PERSONAL SERVICES	\$21,500	\$0	\$0	\$21,500	\$21,500	\$0	\$0	\$21,500
EXPENSES	\$49,500	\$25,000	\$0	\$74,500	\$49,500	\$25,000	\$0	\$74,500
OPERATING CAPITAL OUTLAY	\$0	\$36,000	\$0	\$36,000	\$0	\$0	\$0	\$0
ELECTRONIC DATA PROCESSING	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LIBRARY RESOURCES	\$4,500	\$0	\$0	\$4,500	\$4,500	\$0	\$0	\$4,500
SPECIAL CATEGORIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL I&R	\$905,259	\$99,285	\$0	\$1,004,544	\$953,424	\$273,235	\$0	\$1,226,659

*Should relate directly to numbers in Table 2

DCU DPT TABLE THREE (continued)
COSTS FOR PROPOSED PROGRAM - Doctor of Physical Therapy

	SECOND YEAR				THIRD YEAR				FOURTH YEAR			
	GENERAL REVENUE		CONTRACTS & GRANTS		GENERAL REVENUE		CONTRACTS & GRANTS		GENERAL REVENUE		CONTRACTS & GRANTS	
	CURRENT	NEW		SUMMARY	CURRENT	NEW		SUMMARY	CURRENT	NEW		SUMMARY
INSTRUCTION & RESEARCH												
POSITIONS (FTE)												
FACULTY	1.39	1.70	0.00	3.09	1.57	1.70	0.00	3.27	1.57	1.70	0.00	3.27
A&P	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
USPS	0	1	0	1.00	0	1	0	1.00	0	1	0	1.00
TOTAL	1.39	2.70	0.00	4.09	1.57	2.70	0.00	4.27	1.57	2.70	0.00	4.27
SALARY RATE												
FACULTY	\$139,000	\$170,000	\$0	\$309,000	\$157,000	\$170,000	\$0	\$327,000	\$157,000	\$170,000	\$0	\$327,000
A&P	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
USPS	\$0	\$31,000	\$0	\$31,000	\$0	\$31,000	\$0	\$31,000	\$0	\$31,000	\$0	\$31,000
TOTAL	\$139,000	\$201,000	\$0	\$340,000	\$157,000	\$201,000	\$0	\$358,000	\$157,000	\$201,000	\$0	\$358,000
I&R												
SALARIES & BENEFITS	\$171,665	\$248,235	\$0	\$419,900	\$193,895	\$248,235	\$0	\$442,130	\$193,895	\$248,235	\$0	\$442,130
OTHER PERSONAL SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EXPENSES	\$0	\$25,000	\$0	\$25,000	\$0	\$25,000	\$0	\$25,000	\$0	\$25,000	\$0	\$25,000
OPERATING CAPITAL OUTLAY	\$0	\$36,000	\$0	\$36,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ELECTRONIC DATA PROCESSING	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LIBRARY/RESOURCES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SPECIAL CATEGORIES	\$0	\$100,000	\$0	\$100,000	\$0	\$100,000	\$0	\$100,000	\$0	\$100,000	\$0	\$100,000
TOTAL I&R	\$171,665	\$409,235	\$0	\$580,900	\$193,895	\$373,235	\$0	\$567,130	\$193,895	\$373,235	\$0	\$567,130

UCF\EXCEL\DCS\NEWPROGRAM\costs for PT doctoral (pbishop v1) Jan 25 07.xls

IX. Academic Unit Productivity

Briefly describe the productivity of the academic unit(s) associated with this degree with regard to teaching, research, and service. Such evidence may include trends for average course load, FTE productivity, student headcounts in major or service courses, degrees granted, external funding attracted, as well as, any qualitative indicators of excellence.

Program Productivity

Program productivity for the last five years during which the degree offered was the MSPT is summarized below. The number of graduates has stabilized in the last two years after the tumultuous years of transitioning from the BS to the BS/MS to the MS degree. Fall 1998 saw the beginning of BS/MS 3+2 program. The 7 semester MS program began in Summer 2002. The first MS program students and the last cohort of BS/MS students graduated in Summer 2002. In Summer 2004, the program was accredited for 10 years, through June 2014.

UCF Table X. Productivity of Current MSPT Program 2001-2006					
	Academic Year				
	2001-02	2002-03	2003-04	2004-05	2005-06
Headcount	60	40	49	54	60
MS degrees granted	27	43	14	24	23
Student Credit hours (grad)	2564	1515	1852	2139	2319
FTE	80.13	47.34	57.88	66.84	72.47

The following table summarizes the cumulative scholarly productivity of the program faculty.

UCF Table XI. Program Faculty Scholarly Productivity					
Faculty Name	Years of Clinical Experience	Journal Publications	Books/ Chapters	Presentations	Thesis / Dissertation Committees
Ted Angelopoulos, MPH, PhD	20	25	0	66	1 / 5
Gerald Bertetta, MA	0	0	0	6	0
William Hanney, PT, DPT	10	3	0	9	0
Janice Pitts, PT, PhD	12	1	0	11	0
Gerald V. Smith, PT, PhD	28	23	3	47	2 / 7
Robert Wagner, PT, DPT	17	0	0	6	0
Jeffrey Bedwell, PhD	NA	28	0	28	0
Tom Edwards, EdD	35	6	0	5	0
Keon-Hyung Lee, PhD	NA	6	0	10	0
Aaron Liberman, PhD	NA	62	6	11	0/3
Jeffrey Ludy, EdD	28	4	1	0	0
James Rippe, MD	28	37	37	194	0
David Segal, PhD	NA	14	0	20	0
Lynn Unruh, RN, PhD	33	22	3	38	0/2
Total	211	231	50	451	3/17

The following table summarizes cumulative grant activity of the program faculty.

UCF Table XII. Program Faculty Grant/Contract Productivity

Faculty Name	Funding Agency	Dates	Role	Direct Costs
Ted Angelopoulos, MPH, PhD	NIH R01 (AR #46552-01)	2001-2006	PI	\$365,000.00
	Rippe Health Assessment and Rippe Lifestyle Institute	2002-2005	Consultant	\$91,500.00
	NIH 1 R01 (NR#07738)	2003-2008	Co-PI	\$1,257,642.00
	NIH 1 R15 (AG #13767-01A1)	1998-2001	PI	\$108,750.00
	Hartford Hospital	1998-2000	PI	\$ 10,000.00
	UCF- Presidential Initiative	1997	PI	\$ 75,000.00
	Forrest General Hospital (0314010115)	1996-1998	PI	\$28,400.00
Gerald V. Smith, PT, PhD	NSF	2007-2012 (Pending)	Co-PI	\$318,336.00
	NINDS, R21Grant	2007-2010 (Pending)	PI	\$371,249.00
	Allied Health Education Center for Central Florida (AHEC)	2005-2006	PI	\$1000.00
	Allied Health Education Center for Central Florida (AHEC)	2004-2005	PI	\$2000.00
	NIA Claude D. Pepper Center II, RRC-B Core Laboratory	2001-2006	PI	\$869,000.00
	NIA Claude D. Pepper Center II, Leadership Core, IDS-1, IDS-2, RRC-B	2001-2006	Co-I	\$8,115,842.00
	NIH- NCMRR (5T32HD041899-03)	2002-2005	Co-I	\$758,762.00
	NIA Claude D. Pepper Center I - Pilot Grant	1999-2000	Co-PI	\$20,000.00
	NIA Claude D. Pepper Center I - Pilot Grant	1998-1999	Co-I	\$18,500.00
	VA RR&D Merit Grant (E1820-2RC)	1997-2002	Co-I	\$393,250.00
	NIA/NIH, R29 Grant	1997-2001	Co-PI	\$350,000.00
	VA Career Development Award	1997-2001	Co-I	\$425,000.00
	NIA - Claude D. Pepper Center I – Pilot Grant	1997-1998	PI	\$15,000.00
	Elan Pharmaceutical Company	1995-1996	Consultant	\$106,000.00
	NIA - Claude D. Pepper Center I – Pilot Grant	1995-1996	Co-PI	\$ 30,000.00
	University of Maryland, The Pangborn Fund	1991-1992	PI	\$15,615.00
	University of Maryland, Physical Therapy Alumni Association (1-91)	1991-1992	PI	\$13,000.00
	NIA (AG-06648) NINCDS (NS-23522) and March of Dimes Birth Defects Foundation (1-1004)	1987-1989	Co-I	\$42,000.00
	NSF (BSN-8416911) and BSRG (5SO7RRO5697-17)	1985-1987	Co-I	\$22,00.00
Jeffrey Bedwell, PhD	National Science Foundation (BCS-0639037)	2006-2009 (Pending)	Co-PI	\$386,000.00
	University of Central Florida - Office of Research and Commercialization In-House Research Grant	2005-2007	PI	\$ 15,000.00
	University of Central Florida - Office of Research and Commercialization Presidential Major Equipment Award	2005-2005	PI	\$75,000.00
	University of Central Florida – Burnett Honors College Student-Mentor Academic Research Team (SMART) Grant	2004-2005	PI	\$7,500.00
	American Psychological Association. Manfred Meier Neuropsychology Scholarship	2001-2004	PI	\$2,500.00
	Georgia Gerontology Consortium Seed Grant Program	2000-2001	PI	\$3,000.00
Tom Edwards, EdD	Area Health Education Center for Central Florida (AHEC)	2005-2006	PI	\$2,500.00
	Area Health Education Center for Central Florida (AHEC)	2004-2005	PI	\$2,500.00
	Area Health Education Center for Central Florida (AHEC)	2003-2004	PI	\$2,400.00
	Area Health Education Center for Central Florida (AHEC)	2002-2003	PI	\$2,700.00

	Area Health Education Center for Central Florida (AHEC)	2001-2002	PI	\$2,700.00
	State of Florida, Post-Secondary Education Planning Commission	2000-2001	PI	\$43,706.00
	State of Florida, Department of Education	2000-2001	PI	\$2,000.00
	UCF- Learning Resources Council	1999-2000	PI	\$1,235.00
	UCF- Division of Sponsored Research	1998-1999	PI	\$2,880.56
Keon-Hyung Lee, PhD	Western Michigan University, In-House Grant	2002 –2005	Co-I	\$45,000.00
Aaron Liberman, PhD	Ke'Pro South	2004	PI	\$12,600
	Halifax Fish Community Health	2004	PI	\$12,600.00
	American Association of Blood Banks	2004	PI	\$12,500.00
	UCF - Academy of Teaching, Learning, & Leadership - Fellowship	2003	PI	\$15,000.00
	Adventist Health System	2002-2003	PI	\$69,200.00
	Florida Hospital	2001	PI	\$49,800.00
	Pew Memorial Trusts	1982-1985	PI	\$100,000.00
	NIMH	1969	PI	\$3,750,000.00
Jeff Ludy, EdD	Area Health Education Center for Central Florida (AHEC)	2003-2004	PI	\$2000.00
	UCF- In House Grant	2003-2004	PI	\$7000.00
	Area Health Education Center for Central Florida (AHEC)	2002-2003	PI	\$2000.00
	Area Health Education Center for Central Florida (AHEC)	2001-2002	PI	\$2000.00
	American Association of Critical Care Nurses	2000 to 2001	Co-I	\$6000.00
	Area Health Education Center for Central Florida (AHEC)	1997-1998	PI	\$2000.00
	Area Health Education Center for Central Florida (AHEC)	1996-1997	PI	\$2000.00
Lynn Unruh, RN, PhD	NINR	2003-2007	Co-I	\$800,000.00
	UCF, In-House Grant	2002	PI	\$3,000.00
	UCF, In-house Grant	2001	PI	\$7,500.00
	NSF	1998	PI	\$13,500.00
	NIH - AHRQ	1998	PI	\$32,000.00

**APPENDICES FOR
PROPOSAL TO TRANSITION TO A DOCTOR OF PHYSICAL THERAPY**

**APPENDIX A –
Budget for Doctor of Physical Therapy
Headcount showing cohort groups of students**

DCU DPT Table 2. Number of Anticipated Majors From Potential Sources – Cohort groups*										
Graduate Degree Program - Headcount / FTE Projections										
Academic Year	Year 1		Year 2		Year 3		Year 4		Year 5	
	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012	
Source of Prospective Students (Non-Duplicated Count in Any Given Year)	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE
Individuals drawn from agencies/industries in your service area (e.g., older returning students)	32	45	32	45	32	45	32	45	32	45
Students who transfer from other graduate programs within the university	0	0	0	0	0	0	0	0	0	0
Individuals who have recently graduated from preceding degree programs at this university **	12	17	12	5	12	9	0	0	0	0
			12	17	12	15	12	9	0	0
					12	17	12	15	12	9
							12	17	12	15
Individuals who graduated from preceding degree programs at other Florida public universities	15	22	15	19	15	11	0	0	0	0
			15	22	15	19	15	11	0	0
					15	22	15	19	15	11
							15	22	15	19
Individuals who graduated from preceding degree programs at non-public Florida institutions	0	0	0	0	0	0	0	0	0	0
Additional in-state residents **	7	10	7	9	7	5	0	0	0	0
			7	10	7	9	7	5	0	0
					7	10	7	9	7	5
							7	10	7	9
Additional out-of-state residents **	0	0	0	0	0	0	0	0	0	0
Additional foreign residents **	0	0	0	0	0	0	0	0	0	0
Other (Explain) ***	32	36	0	0	0	0	0	0	0	0
Total	98	130	100	137	134	162	134	162	134	162

* List projected yearly cumulative ENROLLMENTS instead of admissions.

** Do not include individuals counted in any PRIOR category in a give COLUMN.

*** If numbers appear in this category, they should go DOWN in later years.

(*** Head count and FTE in this category represent 2nd year and 3rd summer students in the current MSPT program.)

**UCF Table 1A .1- Current Faculty Contributing to Current Program
Proposed Graduate Program Faculty Assignments - Doctor of Physical Therapy**

Faculty Name	Year 1	Year 2	Year 3	Year 4	Year 5
Ted Angelopoulos	0.50	0.50	0.50	0.50	0.50
Gerald Beretta	0.95	0.95	0.95	0.95	0.95
William Hanney	1.00	1.00	1.00	1.00	1.00
Janice Pitts	1.00	1.00	1.00	1.00	1.00
Gerald Smith	0.85	0.85	0.85	0.85	0.85
Robert Wagner	0.94	0.94	0.94	0.94	0.94
Jeffrey Bedwell	0.00	0.00	0.00	0.00	0.00
Tom Edwards	0.00	0.00	0.00	0.00	0.00
Keon-Hyung Lee	0.00	0.00	0.00	0.00	0.00
Aaron Liberman	0.00	0.00	0.00	0.00	0.00
Jeffrey Ludy	0.00	0.00	0.00	0.00	0.00
James Rippe	0.00	0.00	0.00	0.00	0.00
Lynn Unruh	0.00	0.00	0.00	0.00	0.00
David Segal	0.00	0.00	0.00	0.00	0.00
Donald Goldman	0.00	0.00	0.00	0.00	0.00
Barry Loughner	0.00	0.00	0.00	0.00	0.00
Dan Olson	0.00	0.00	0.00	0.00	0.00
Faculty 1 on existing line	0.00	0.00	0.00	0.00	0.00
Faculty 2 on existing line	0.00	0.00	0.00	0.00	0.00
New faculty 1	0.00	0.00	0.00	0.00	0.00
New faculty 2	0.00	0.00	0.00	0.00	0.00
TOTAL ASSIGNMENTS	5.24	5.24	5.24	5.24	5.24
Current faculty assignments	5.24	5.24	5.24	5.24	5.24

**UCF Table 1A.2 -Current and New faculty Contributing to New program
Proposed Graduate Program Faculty Assignments - Doctor of Physical Therapy**

Faculty Name	Year 1	Year 2	Year 3	Year 4	Year 5
Ted Angelopoulos	0.00	0.00	0.00	0.00	0.00
Gerald Beretta	0.05	0.05	0.05	0.05	0.05
William Hanney	0.00	0.00	0.00	0.00	0.00
Janice Pitts	0.00	0.00	0.00	0.00	0.00
Gerald Smith	0.15	0.15	0.15	0.15	0.15
Robert Wagner	0.06	0.06	0.06	0.06	0.06
Jeffrey Bedwell	0.06	0.06	0.06	0.06	0.06
Tom Edwards	0.09	0.09	0.18	0.18	0.18
Keon-Hyung Lee	0.00	0.09	0.09	0.09	0.09
Aaron Liberman	0.09	0.09	0.09	0.09	0.09
Jeffrey Ludy	0.03	0.03	0.03	0.03	0.03
James Rippe	0.03	0.03	0.03	0.03	0.03
Lynn Unruh	0.09	0.09	0.18	0.18	0.18
David Segal	0.06	0.06	0.06	0.06	0.06
Donald Goldman	0.15	0.15	0.15	0.15	0.15
Barry Loughner	0.10	0.10	0.10	0.10	0.10
Dan Olson	0.10	0.10	0.10	0.10	0.10
Faculty 1 on existing line	0.06	0.12	0.12	0.12	0.12
Faculty 2 on existing line	0.06	0.12	0.12	0.12	0.12
New faculty 1	0.00	0.85	0.85	0.85	0.85
New faculty 2	0.00	0.85	0.85	0.85	0.85
TOTAL ASSIGNMENTS	1.18	3.09	3.27	3.27	3.27
Current faculty contribution to new program	1.18	1.39	1.57	1.57	1.57
New faculty contribution to new program	0.00	1.70	1.70	1.70	1.70
New C&G faculty assignments	0.00	0.00	0.00	0.00	0.00

UCF DPT Table 3A
Cost for Current Program (MS)
Continuing in New Program (DPT)

Instruction & Research	First Year			Fifth Year		
	General Revenue Current	New	Summary	General Revenue Current	New	Summary
Positions (Person-years)						
Faculty	5.24			5.24		
A & P						
USPS	1.0			1.0		
Total						
Salary Rate						
Faculty	\$475,904			\$475,904		
A & P						
USPS	\$29,870			\$29,870		
Total						
I & R Expenses						
Salaries and Benefits	\$634,198			\$634,198		
Other Personnel Services	\$21,500			\$21,500		
Expenses	\$49,500			\$49,500		
Operating Capital Outlay						
Electronic Data Processing						
Library Resources	\$4,500			\$4,500		
Special Categories						
Total I & R	\$709,698			\$709,698		

These costs represent the salaries of current faculty teaching in the current program, cost of current staff, and current expenditures on library resources, other personnel services and operating expenses.

DATE SUBMITTED Fall 2006

Appendix Page 5

IDENTIFICATION OF CURRENT
NAME OF PROGRAM _____
PROGRAM LEVEL _____
CIP IDENTIFICATION _____
DATE SUBMITTED _____

Physical Therapy
DPT
31.2308
Fall 2006

	THIRD YEAR				FOURTH YEAR				FIFTH YEAR			
	TO BE USED TO		TO BE USED TO		TO BE USED TO		TO BE USED TO		TO BE USED TO		TO BE USED TO	
	CURRENT	SUPPORT	E&G	C&G	CURRENT	SUPPORT	E&G	C&G	CURRENT	SUPPORT	E&G	C&G
	BASE	NEW	REVENUE	NEW	BASE	NEW	REVENUE	NEW	BASE	NEW	REVENUE	NEW
	RESOURCE	PROGRAM	REVENUE	REVENUE	RESOURCE	PROGRAM	REVENUE	REVENUE	RESOURCE	PROGRAM	REVENUE	REVENUE
POSITIONS (in FTE):												
FACULTY	5.24	1.57	1.70	0.00	5.24	1.57	1.70	0.00	5.24	1.57	1.70	0.00
A&P			0									0
USPS	1.00		1.00		1.00		1.00		1.00		1.00	
TOTAL	6.24	1.57	2.70	0.00	6.24	1.57	2.70	0.00	6.24	1.57	2.70	0.00
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
SALARY RATE:												
FACULTY	524000	157000	170000	0	524000	157000	170000	0	524000	157000	170000	0
A&P		0	0			0	0			0	0	
USPS	31000	0	31000		31000	0	31000		31000	0	31000	
TOTAL	555000	157000	201000	0	555000	157000	201000	0	555000	157000	201000	0
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
SALARIES & BENEFITS	686820	193895	248235	0	686820	193895	248235	0	686820	193895	248235	0
OTHER PERSONAL SERVICE	0	0	0		0	0	0		0	0	0	
EXPENSES	0	0	25000		0	0	25000		0	0	25000	
OPERATING CAPITAL OUT	0	0	0		0	0	0		0	0	0	
ELECTRONIC DATA PROC	0	0			0	0			0	0		
LIBRARY RESOURCES	0	0	0		0	0			0	0		
SPECIAL CATEGORIES	0	0	100000		0	0	100000		0	0		
TOTAL	686820	193895	373235	0	686820	193895	373235	0	686820	193895	273235	0

Summary Analysis

Name of Program: Physical Therapy D.P.T.
Level of program: Doctoral
CIP code: 51.2308
Author: Gerald Smith

Additional resources needed for new program

Estimated Costs	Total	Current	Reallocation	New	C&G	Cost/fte*	Cost/fte**
Year 1	\$931,835	\$686,820	\$145,730	16%	\$99,285	\$0	\$7,168 \$ 1,885
Year 2	\$1,267,720	\$686,820	\$171,665	14%	\$409,235	\$0	\$9,253 \$ 4,240
Year 3	\$1,253,950	\$686,820	\$193,895	15%	\$373,235	\$0	\$7,740 \$ 3,501
Year 4	\$1,253,950	\$686,820	\$193,895	15%	\$373,235	\$0	\$7,740 \$ 3,501
Year 5	\$1,153,950	\$686,820	\$193,895	17%	\$273,235	\$0	\$7,123 \$ 2,884

* based upon total costs

** based upon current and new costs only, does not include C&G

FTE/Headcount

	Year 1	Year 2	Year 3	Year 4	Year 5
Headcount	98	100	134	134	134
FTE	130	137.00	162	162	162.00

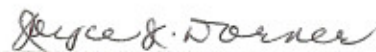
Criteria for Program Approval (8 criteria)

Met with Strength	Met	Met with Weakness	Unmet
		0	0

Estimated revenue generated through student enrollment

Revenue	Year 1	Year 2	Year 3	Year 4	Year 5
404	\$772,362	\$1,476,574	\$1,556,082	\$1,840,038	\$1,840,038
72394					

$\left(\frac{((fte * 32sch/fte) / 404sch/fac\ lines) * 1.2 * \$A}{1} \right)$


 Joyce Dorner, Dean
 College of Health and Public Affairs

APPENDIX B:
CAPTE Summary of Action Report
And Progress Report of May 1, 2005

In November 2003, CAPTE issued a report identifying areas in which the program was in non-compliance or in conditional compliance with their evaluative criteria. At this time, CAPTE deferred action on the program, and requested a progress report from the program in which areas of non- or partial compliance were to be addressed. The one area of non-compliance was the qualifications of the interim Program Director who filled the vacancy after the departure of the Program Director in August 2003. Criteria in conditional compliance were in areas of curriculum organization, resource availability, faculty research and community service.

Each of these issues was addressed beginning with the hiring of Dr. Gerald Smith as Program Director in January 2004. Dr. Gerald Smith prepared the progress report assumed his duties as the new Director of the program and prepared the requested Progress Report which was submitted in February 2004. In April 2004, CAPTE determined that the program had a director who met the qualification standards, that adequate resources were available, that many questions about the curriculum organization had been answered, and that the program had begun to plan a program of professional development for young faculty. Full compliance with the accreditation standards was then granted through June 30, 2014. The following letter denotes this action.

SUMMARY OF ACTION
Commission on Accreditation in Physical Therapy Education
Of the American Physical Therapy Association

Program in Physical Therapy
University of Central Florida
4000 Central Florida Boulevard
HPAI, Suite 256
Orlando, FL 32816-2205

The APTA Commission on Accreditation in Physical Therapy Education, after a thorough review of the Progress Report, submitted March 1, 2005, judged the physical therapist education program at the University of Central Florida to be in compliance with the intent of the following previously cited evaluative criteria: 2.2.4.2., 3.8.3.21, 3.8.3.22, 3.8.3.28d), 3.8.3.28.f), 3.8.3.30, 3.8.3.36, 3.8.3.37, 3.8.3.39, 3.8.3.44, 3.8.3.45, and voted to continue accreditation that was granted April 28, 2004.

Date of Action: April 20, 2005
Effective Date: April 20, 2005

The Commission is pleased to inform you that, through the process of self study, the program has met all of the requirements for compliance with the intent of the 1998 Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. The Commission appreciates the thorough and professional manner in which these obligations have been addressed.

Consultative Comment:

Utilizing the 2006 Evaluative Criteria (Criterion F-3), which will be in effect at the time a Progress Report would have been due, Professor Wagner has demonstrated acceptable scholarly accomplishments and ongoing plans. Therefore, the Commission has elected not to cite Criterion 2.2.4.2.

PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION

The United States Department of Education (USDE) requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an institution or program releases about accreditation or preaccreditation status, contents of reports of on-site reviews, and accrediting or preaccrediting actions with respect to the institution or program. [34 CFR 602.23(d) and 602.23(e)] The institution and program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program. If the institution or program chooses to disclose any additional information within the scope of the USDE rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the agency's street address, email address and phone number: Commission on Accreditation in Physical Therapy Education, 1111 North Fairfax Street, Alexandria, Virginia 22314; accreditation@apta.org; (703) 684-2782 or (703) 706-3245. If the Department of Accreditation finds that an institution or program has released incorrect or misleading information within the scope of the USDE rule, then it, acting on behalf of CAPTE, will make public correction, and it reserves the right to disclose this Summary of Action in its entirety for that purpose.

Next Accreditation Activity: Self-study Report and On-site Review 2013

APPENDIX C:
Letters of Community Support



DONALD I. GOLDMAN, M.D., FAADep
ORTHOPAEDICS SURGERY AND SPORTS MEDICINE
AMERICAN ACADEMY OF DISABILITY EVALUATING PHYSICIANS™
MEDICAL EXPERT "ORTHOPAEDIC SURGERY" SOCIAL SECURITY ADMINISTRATION
VETERAN ADVOCACY PROJECT™

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Fax: (407) 992-4316

February 23, 2006

Gerald V. Smith, P.T., Ph.D.
Associate Professor and Director Program in Physical Therapy
College of Health and Public Affairs University of Central Florida
HPA1, Room 256D
Orlando, FL 32816-2205

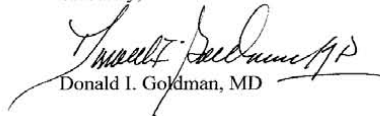
Dear Dr. Smith:

I am a practicing Orthopaedic surgeon maintaining offices in New York and Orlando, Florida. I am well aware of a tremendous growth in population that is occurring in the central Florida area consisting of not only young working people but a rapidly growing elderly population. I have been following the Wuesthoff Health System projections and I am aware there is a shortage of practicing physical therapists in relation to the significant increase in population. In my opinion, the University of Central Florida, in association with other therapy groups, should make a concerted effort to increase the amount of therapists being produced in the educational system or an even greater shortage of therapists will occur despite the best efforts of our current system. Please take into consideration that this shortage will most likely become critical if we do not act now.

If you want the best trained therapists - train them in Florida at our outstanding institutions.

Any questions, please feel free to contact me at either one of my offices.

Sincerely,


Donald I. Goldman, MD

DIG/ds



110 Longwood Avenue
P.O. Box 565002
Rockledge, FL 32956-5002
(321) 636-2211

February 1, 2006

Gerald V. Smith, PT, PhD
Associate Professor and Director
Program in Physical Therapy
College of Health and Public Affairs
University of Central Florida
HPA 1, Rm 256 D
Orlando, FL 32816-2205

Dear Dr. Smith:

As you know, the demographics of the population of Central Florida are rapidly changing. Besides a growth in the general population, we have a rapidly growing senior population that relies heavily on the services of physical therapy for their return to functional activity following a healthcare episode.

The Wuesthoff Health System has a critical shortage of therapists that cannot be matched with the available supply of licensed personnel. This shortage is not limited to simply this organization. At one point in the recent past, there were as many as 20 open physical therapy positions in the Brevard County area alone.

I would strongly encourage you to make every effort to move the UCF program in the direction of DPT accreditation. The State of Florida cannot afford to lose the program you have established nor any other such high quality program.

Additionally, my personal efforts to attract and hire therapists from other states have met with mixed success (at best). Nationally, with the estimated 78.2 million Baby Boomers moving toward retirement age (those born between 1946 and 1964), we need to retain and advance the educational services you have established at UCF. It is important to the future of the State of Florida.

Please continue your efforts to move the program in the DPT direction!

Sincerely,

A handwritten signature in cursive script that reads 'Mark A. Brimer'.

Mark A. Brimer Ph.D.
Director, Rehabilitation Services
Wuesthoff Health System

Committed To A Higher Standard



A Chapter of the American Physical Therapy Association

February 19, 2006

Gerald V. Smith, PT, PhD
Associate Professor and Director
Program in Physical Therapy
College of Health and Public Affairs
University of Central Florida
HPA 1, Rm 256D
Orlando, FL 32816-2205

Dear Dr. Smith

This letter is to offer the full support of the Florida Physical Therapy Association for the proposal for UCF to make the transition from offering the M.S. degree in Physical Therapy to an entry level DPT. As you are well aware, there are over 111 professional DPT programs accredited or developing. There are over 89 MPT programs approved to convert, developing or intending to convert to the DPT- we feel that UCF should join this growing list. There are many reasons why the DPT degree is appropriate for physical therapy practice and the profession. I would like to identify the reasons we consider this program as essential for the future of our profession.

- Professional DPT programs more accurately reflect the scope, depth, breadth, and rigor of the high-quality education preparation needed for current and future practice
- The professional DPT program offers a sound educational background that should better equip the graduate to enter clinical practice able to examine, evaluate, diagnose, prognose, and intervene in the management of impairments, functional limitations, and disabilities of the cardiopulmonary, musculoskeletal, neuromuscular, and integumentary systems.
- The DPT degree will better facilitate the consumer's recognition of the physical therapist as a fully autonomous health care practitioner who is a point of entry into the health care system.
- DPT graduates will assist in meeting the critical shortage of professionally trained physical therapists that already exists in the State of Florida.
- The decision to make the transition will allow UCF to be better positioned to successfully recruit the most qualified applicants in a highly competitive applicant marketplace.

The Florida Physical Therapy Association stands ready to assist you in this most worthwhile transition to a professional doctoral program for physical therapists.

2104 Delta Way, Suite #7 • Tallahassee, Florida 32303 • Telephone (850) 222-1243 • Fax (850) 224-5281
www.fpta.org



A Chapter of the American Physical Therapy Association

Sincerely,

A handwritten signature in cursive script that reads "Mark D. Stoff, PT".

Mark D. Stoff, PT, M.Ed., AT/L
President

2104 Delta Way, Suite #7 • Tallahassee, Florida 32303 • Telephone (850) 222-1243 • Fax (850) 224-5281
www.fpta.org



IMPROVING HEALTHCARE SERVICES IN CENTRAL FLORIDA THROUGH RESEARCH, EDUCATION, AND PROGRAM SUPPORT

October 3, 2006

Diane Jacobs, Ph.D.
Professor and Chair
Department of Health Professions
HPA2 210
University of Central Florida
4000 Central Florida Blvd.
Orlando, Florida 32816

Dear Dr. Jacobs,

I am pleased to offer this letter of support for the University of Central Florida's proposed expansion of the Health Professions curriculum to include a Doctor of Physical Therapy program.

With the field of Physical Therapy overwhelmed with qualified applicants and the high rate of candidates ultimately choosing to attend institutions offering the highest quality professional programs, it stands to reason that such a critically necessary program would keep pace with desired enrollment at the University of Central Florida thus giving Florida the highest caliber of licensed professional.

Florida, with its expanding elder population, is seeing a tremendous need to augment habilitative and rehabilitative services in order to preserve a quality of life. The approved UCF College of Medicine at Lake Nona stands poised to ensure the increased population needs are met by Physical Therapists with the greatest depth of clinical training available. The entry level clinical doctorate program in Physical Therapy is symbiotic with the University's excellence in healthcare education.

The University of Central Florida is integral in the development of our metropolitan region and its standards of advanced education contribute to global society, as well. Graduates of a University of Central Florida Doctorate of Physical Therapy program would enhance that image and the overall healthcare of our community. The Health Council of East Central Florida enthusiastically supports this program and the benefits it will contribute.

Sincerely,

A handwritten signature in blue ink that reads "Karen van Caulil".

Karen van Caulil, PhD
Executive Director

1155 S. Semoran Blvd. Suite 1111 Winter Park, FL 32792 Tel: 407.671.2005 Fax: 407.671-5474
www.hcecf.org



DEPARTMENT OF VETERANS AFFAIRS

VA Medical Center
5201 Raymond Street
Orlando, FL 32803

October 20, 2006

675/11

Diane M. Jacobs, Ph.D
Professor and Chair
Department of Health Professions
HPA2210
University of Central Florida
4000 Central Florida Blvd.
Orlando, Florida 32816

Dear Dr. Jacobs,

I am pleased to offer this letter of support for the University of Central Florida's proposal to transition its master's program in Physical Therapy to a Doctor of Physical Therapy program.

The Orlando VA Medical Center has provided support to the Physical Therapy Program as a clinical education site since 1992 and plans to continue collaborative efforts to promote the education of physical therapy students. Upgrading of the program to the Doctorate level degree is in accordance with the Commission on Accreditation of Physical Therapy Education (CAPTE) and reflective of the need both locally and nationally for highly trained physical therapists.

It is to our community's advantage that support is given to the UCF Physical Therapy Program's transition to the Doctorate level degree. There is a high demand for physical therapists in the local area and the demand is not expected to change. Central Florida's healthcare needs are complex and ever changing. Practitioners with a high level of knowledge and analytical thinking skills are required to meet the challenges in healthcare delivery. Advanced from the Masters Level to Doctorate level degree is a natural evolution of the education process to meet the expected demands of healthcare professionals in the future.

The Orlando VAMC enthusiastically supports the Physical Therapy Program in its endeavor and plans to continue clinical education support in the future.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'M. Doukas', written over a horizontal line.

MICHAEL A. DOUKAS, M.D., M.P.A.
Chief of Staff

**REQUEST FOR AUTHORIZATION
TO IMPLEMENT
A NEW DEGREE PROGRAM**

DOCTOR OF NURSING PRACTICE

**University of Central Florida
College of Health and Public Affairs
School of Nursing**

January, 2007

Florida Board of Governors

Request to Offer a New Specialist, Professional or Doctoral Degree Program

University of Central Florida
University Submitting Proposal

August, 2007
Proposed Implementation Date

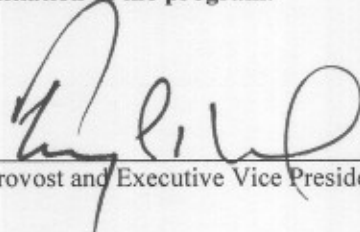
College of Health and Public Affairs
Name of College or School

School of Nursing
Name of Department(s)

School of Nursing
Academic Specialty or Field

Doctor of Nursing Practice
Complete Name of Degree
(Include Proposed CIP Code)

The submission of this proposal constitutes a commitment by the university that, if the proposal is approved, the necessary financial commitment and the criteria for establishing new programs have been met prior to the initiation of the program.



Provost and Executive Vice President

1/22/07
Date



President

1/25/07
Date

Indicate the dollar amounts appearing as totals for the first and the fifth years of implementation as shown in the appropriate summary columns in DCU Table Four. Provide headcount and FTE estimates of majors for years one through five. Headcount and FTE estimates should be identical to those in DCU Table Three.

	Total Estimated Costs	Projected Student Enrollment	
		Headcount	FTE
First Year of Implementation	<u>\$ 104,761</u>	20	9.36
Second Year of Implementation		45	22.97
Third Year of Implementation		65	32.81
Fourth Year of Implementation		60	30.47
Fifth Year of Implementation	<u>\$ 375,448</u>	60	30.47

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UNIVERSITY OF CENTRAL FLORIDA SCHOOL OF NURSING

DOCTOR OF NURSING PRACTICE

INTRODUCTION

Florida continues to face a critical shortage of nurses; current estimates reveal a shortage of over 13,000 which is projected to escalate to over 40,000 by 2011 based on population growth alone (FL Agency for Workforce Innovation). The most central problem in the nursing shortage is not a lack of qualified applicants, but rather the inability to admit them to nursing education programs due to the faculty shortage. In Florida, 6,293 of the 10,923 qualified nursing school applicants were turned away for the fall semester 2004 (FL Center for Nursing). This issue is further compounded by the fact that it is estimated that 18% (143) of Florida's 795 nursing school faculty members will retire in the next three years (Florida Council of Nursing Education Administration). A survey conducted by the Florida Center for Nursing (2005) with 96 program respondents indicated that there were 92 current vacant faculty positions.

Nursing as a practice profession requires both practice experts and nurse scientists to expand the scientific basis for patient care. Doctoral education in nursing is designed to prepare nurses for the highest level of leadership in practice, education and scientific inquiry. The Doctor of Nursing Practice (DNP) is a degree designed to prepare individuals for specialized nursing practice and nurse educator roles. Nurses prepared with the DNP will be able to use their practice expertise to educate the next generation of nurses.

The American Association of Colleges of Nursing (2004) developed a position paper on research and practice focused programs and their distinct differences. The two types of doctoral programs differ in their goals and the competencies of their graduates. Due to the distinct differences with the two programs, two types of doctorates, research-focused and practice-focused, may coexist within the same education unit. The DNP position statement (AACN, 2004, p.4) identifies the benefits of practice focused doctoral programs as:

- Development of needed advanced competencies for increasingly complex practice, faculty, and leadership roles;
- Enhanced knowledge to improve nursing practice and patient outcomes;
- Enhanced leadership skills to strengthen practice and health care delivery;
- Better match of program requirements and credits and time with the credential earned;
- Provision of an advanced educational credential for those who require advanced practice knowledge but do not need or want a strong research focus (e.g. practice faculty);
- Enhanced ability to attract individuals to nursing from non-nursing backgrounds; and
- Increased supply of faculty for practice instruction.

The commencement of a DNP program at the University of Central Florida is essential in order to meet the need for more nursing faculty members for the state of Florida, especially central Florida. Current master's prepared nurse practitioners and clinical nurse specialists are interested in obtaining the DNP degree to enhance their knowledge in practice and leadership to meet the increasingly complex challenges of the health care system. There are students anxiously waiting for the program, current masters students are prepared to begin the DNP program and the School of Nursing faculty is prepared to initiate the program with no new costs.

I. PROGRAM DESCRIPTION

Describe the degree program under consideration, including the level, emphases (including tracks or specializations), and the total number of credit hours.

The University of Central Florida (UCF) School of Nursing proposes a Doctor of Nursing Practice (DNP) Program to prepare nurse clinicians, nurse practitioners, and educators for leadership roles in specialized areas of advanced practice. The essential features of this program include the following: prepares nurses at the highest level of practice for the current healthcare environment based on a strong scientific foundation for practice; flexibility and emphasis on evidence based practice, leadership, and organizational analysis; and analysis of practice including completion of the residency project during the capstone clinical residency year.

The objectives of the DNP program are to prepare graduates to:

1. Critically analyze complex clinical situations and practice systems.
2. Assume leadership roles in the development of clinical practice models, health policy and standards of care.
3. Demonstrate advanced diagnostic reasoning skills and clinical judgment through scholarship and nursing practice.
4. Analyze the social, economic, political, epidemiological and other scientific data to improve individual, aggregate and population health.
5. Demonstrate information fluency and advanced communication skills to lead quality improvement initiatives to improve patient care and health care systems.
6. Design, implement, and evaluate comprehensive care to clients within an area of advanced practice specialization.

The DNP program was designed by the School of Nursing DNP Task Force with input from a variety of sources. A review of other DNP programs in nursing, especially within the state was conducted. A consultant from the University of Tennessee at Memphis, Dr. Donna Hathaway visited UCF for two days. Dr. Hathaway currently chairs the DNP Task Force for the American Association of Colleges of Nursing (AACN) and she has extensive experience leading a DNP Program. A survey was developed and circulated to registered nurses in the central Florida region of the state (Survey included in the appendix). Additionally the following documents were reviewed: *Position Statement on the Practice Doctorate in Nursing (AACN, 2006)* and the AACN *Essentials of Doctoral Education for Advanced Nursing Practice, The Doctorate of Nursing Practice: Essential Competencies for Practice*.

The target audience for the program is nurses who hold a master's degree in nursing with specialized knowledge and skills in advanced nursing practice and live in the state of Florida. Applicants to the DNP program will possess specialized advanced nursing practice knowledge in the following tracks: clinical nurse specialist and nurse practitioner.

The DNP program is a minimum of 45 credits beyond the master's degree in nursing. Each student will take coursework that corresponds to the eight essential competencies delineated by the American Association of Colleges of Nursing. The competencies address the following:

1. Scientific underpinning for practice.
2. Organizational and systems leadership for quality improvement and systems thinking.
3. Clinical scholarship and analytical methods for evidence-based practice.
4. Information systems/technology and patient care technology for the improvement and transformation of health care.
5. Healthcare policy for advocacy in health care.
6. Inter-professional collaboration for improving patient and population health outcomes.
7. Clinical prevention and population health for improving the nation's health
8. Advanced nursing practice.

The DNP curriculum is extremely efficient with four courses being shared with the PhD program (12 credits); two courses are shared with the master's program (6 credits); and seven courses are new to this program (27 credits). All didactic courses will be offered using interactive distributive learning methods. This modality is preferred by students at UCF and it accommodates the part-time working nurse population.

The program will admit at least 20 part-time students in the first year. Both full-time and part-time students will be admitted in the second year and thereafter. The decision to admit part-time students the first year was based on assessment of needs of those who have indicated interest in starting the program in 2007. Most nurses with a master's degree are working full-time in positions that they would not want to leave. A part-time program option is very appealing to these nurses. The part-time plan of study can be completed in 3 calendar years (9 semesters). Students enrolled full-time can complete the program in 2 calendar years (5 semesters). Faculty members are committed to facilitate student completion of the program in a timely manner to increase the number of doctorally-prepared nurses for clinical, faculty, and administrative positions in the state. The nursing shortage is ever increasing and the need for doctorally prepared advanced practice nurses to teach in nursing education programs to prepare nurses to meet the need is critical. Currently, there are not enough faculty members to teach the needed number of new nurses plus the anticipated retirement of an estimated 18 % of current faculty makes it essential that this program be started as soon as possible.

The School of Nursing has an outstanding reputation for excellence and innovation in its educational programs. Its consistent excellence in the undergraduate and graduate programs is a strong foundation for the development of this needed practice doctoral program. Faculty members have received University awards such as those for Service Learning, Outstanding Teaching, Outstanding Research, and Outstanding Advisement. Existing university resources also provide a strong infrastructure that enhances this reputation. Resources such as the UCF Faculty Center for Teaching and Learning, Course Development and Web Services, Office of Instructional Resources (OIR), UCF Library and staff, and the Institute for Simulation and Training (IST) are utilized by the School of Nursing faculty members. Faculty members from the School of Nursing have been faculty fellows in the UCF Faculty Center for Teaching and Learning and almost every faculty member in the School of Nursing has completed IDL or ADL training with Course Development and Web Services.

II. READINESS

A. Institutional Mission and Strength

Is the proposed program listed in the current State University System Strategic Plan? How do the goals of the proposed program relate to the institutional mission statement as contained in the SUS Strategic Plan and the University Strategic Plan?

The DNP program in Nursing is congruent with the mission, vision, and goals of the University, College and School of Nursing. The addition of a DNP program will allow the School of Nursing to have a comprehensive nursing program that prepares nurses at the baccalaureate, masters and doctoral levels. The program will support and enhance undergraduate and graduate education, research and scholarship and partnerships within the University and the metropolitan area. It will facilitate the School's ability to achieve recognition and national prominence.

The Doctor of Nursing Practice (DNP) Degree was approved by the Florida Board of Governors at their March 23, 2006 meeting in Tallahassee, Florida. The Board of Governors determined that if a university has a doctor of philosophy in nursing program in existence then state approval for the DNP program was not required. Universities interested in commencing a DNP program would seek Board of Trustee approval at the institutional level and programs would be allowed to commence as Post-Master's programs. The Board of Governors has determined that Nursing is a targeted program for Florida and their recognition of the DNP demonstrates their acknowledgment of the fact that there is an acute nursing shortage and an even greater nursing faculty shortage in Florida. The initiation of DNP programs will provide an important vehicle to prepare nursing faculty members. The Board of Governors in approving this new degree in Florida understands the need for nurses with further knowledge and skills to meet the challenges of healthcare as well as facilitating the development of more nurse faculty members to produce more nurses for Florida.

Congruence with Mission and Goals

The Doctor of Nursing Practice program is congruent with the mission of the University and it is consistent with the mission and goals of the University, College, and School of Nursing. Specific examples follow.

The mission of the **University** of Central Florida (UCF) is as follows:

The University of Central Florida is a public, multi-campus, metropolitan research university, dedicated to serving its surrounding communities with their diverse and expanding populations, technological corridors, and international partners. The mission of the university is to offer high-quality undergraduate and graduate education, student development, and continuing education; to conduct research and creative activities; to provide services that enhance the intellectual, cultural, environmental, and economic development of the metropolitan region, address national and international issues in key areas, establish UCF as a major presence, and contribute to the global community.

Offering the DNP program at UCF will serve the surrounding communities by preparing nursing faculty members to teach at the community colleges and in healthcare settings as well as provide a higher level advanced practice nurse to meet the needs of health care in our communities. The DNP students will engage in a DNP Project and DNP Residency experience in health care agencies in the surrounding communities thus enhancing delivery of clinical care, research, and clinical education. The addition of the DNP Program will also positively impact the economic development of the metropolitan region while meeting a national and state need for nurse faculty members.

The mission of the **College of Health and Public Affairs** is to foster excellence in undergraduate and graduate education, research, and community service in health and public affairs, social and justice services, and basic and

applied life sciences. The College seeks to develop the intellectual capabilities of its students through its commitment to broad-based community partnerships, focused research, professional development, and training opportunities. The vision of the College is to provide innovative partnerships in education, service, and research responsive to both community and global needs. Strategically, the College strives to develop critical new programs and initiatives, expand external funding, and increase its ability to attract outstanding undergraduate and graduate students.

Offering the DNP program at UCF will provide additional opportunities for community partnerships, focused clinical research and professional development for masters prepared nurses who are not interested in a research focused doctorate but would rather have further education in a practice doctorate program. Currently, the School of Nursing has over 300 clinical affiliation agreements. Additionally, the nursing program has 14 identified community nursing coalitions. The DNP program will provide many opportunities to partner with new agencies, and expand the services that are delivered in the community nursing coalitions (CNC). The DNP program will focus on population based health care as well as complex health care problems that are common to the central Florida communities thus extending the strong partnership tradition in service to the community while providing students with needed knowledge and skills.

The mission of the School of Nursing is to provide excellence in nursing education, research and service to develop clinicians, leaders and scholars who promote the health of diverse populations at the local, state, national and international level. The mission is accomplished by focusing on (1) vulnerable populations, innovative technology and health systems and policy; (2) creating interdisciplinary and community partnerships, and (3) providing multi-modal, multi-site access for career advancement and professional development. The work of the faculty of the School of Nursing encompasses teaching, practice, research and service to one's profession, university, and the community.

Offering the DNP program at UCF will demonstrate responsiveness to the community needs for this program. Courses focus on the areas of vulnerable populations, innovative technology and health care systems and policy. The DNP program would provide many opportunities for students to be mentored by expert clinical faculty members who have expertise in research thus developing scientific based clinical innovations.

The University has articulated five goals by which it measures its progress towards achievement of its mission. UCF goals are to offer the best undergraduate education available in Florida, achieve international prominence in key programs of graduate study and research, provide international focus to our curricula and research programs, become more inclusive and diverse, and be America's leading partnership university. The School of Nursing contributes substantially to each of these major goals. Selected examples are described.

UCF Goal 1: Offer the best undergraduate education available in Florida

- A comprehensive curriculum that integrates a community focused approach with specific clinical experiences to engage students in the delivery of health care across the life cycle. The curriculum is organized to move students from chronic care to acute care experiences while maintaining a connection to a community nursing coalition (CNC).
- Nationally recognized web-based programming for the Registered Nurse to baccalaureate degree option (RN to BSN).
- Student success rates on the National RN licensing examination that leads the State of Florida's public institutions.
- Recipient of state and federal grants to expand undergraduate education.
- Multiple college and university faculty awards for excellence in instruction and advising.
- The strong undergraduate program will provide excellent opportunities for DNP graduate teaching assistantships. DNP graduate teaching assistants will be able to teach with excellent undergraduate educators as well as participate in an outstanding undergraduate program.

UCF Goal 2: Achieve international prominence in key programs of graduate study and research.

- Graduate instruction provided by faculty who are board certified in their nursing specialties and recognized leaders, e.g. Robert Wood Johnson Executive Fellow, Fellows in the American Academy of Nursing.
- Research funding that addresses both national and international health care issues such as quality of life for breast cancer survivors, obesity and exercise in post-menopausal women and prostate cancer.
- Faculty participation on National Institutes of Health Peer Advisory Review Groups.
- Faculty participation on dissertation committees and doctoral student research with Kaunas Medical University Doctoral Program in Nursing.

The addition of the DNP program in Nursing will enhance the University's ability to offer high quality graduate education. The design of the DNP program capitalizes on the strengths of the University, the College and the School of Nursing to offer robust educational experiences and experiential learning such as service learning courses and community partnerships for advanced practice as well as the evaluation of best practices in providing care to individuals and groups. The program will further enhance the missions of all units by expanding and increasing both disciplinary and interdisciplinary research activities across campus and with health care agency partners.

UCF Goal 3: Provide international focus to our curricula and research programs

- Creation of WebOne, an international, interactive web-based oncology nursing education program that has been translated into five languages and received a technology award from Sigma Theta Tau, the International Honor Society of Nursing.
- Collaborative contracts with the City University of London in England, the University of Lund in Sweden and Kaunas Medical University in Lithuania for programs of student and faculty exchange and research collaboration.
- Two faculty members have served on international doctoral committees, Dr. Byers and Dr. Powel.

The addition of the DNP program will expand opportunities to collaborate with nurses on a global basis through research and education, thereby strengthening the opportunities to reach international goals. The DNP program will expand the School's ability to recruit students and forge linkages with other countries. In addition, doctoral students from both this country and abroad will expand distance learning opportunities and potential health and education technology applications internationally. Discussions have occurred with Kaunas Medical University, Lithuania; City University, London, England; and Samara Medical University, Russia.

UCF Goal 4: Become more inclusive and diverse

- Implementation of unique service learning and educational program that immerse undergraduate and graduate students in Central Florida's neighborhoods.
- Undergraduate and graduate programs provide clinical education and research opportunities in delivery of culturally competent healthcare to diverse populations, and improve neighborhood access to healthcare services.
- Establishment of an Endowed Professorship in Minority Health Affairs supported by the Chatlos Foundation.

The DNP program will increase access to high-quality doctoral education in the state and region. The program will enhance the metropolitan missions of the University, the college, and the state through research to improve healthcare outcomes for the citizens of the state of Florida. The addition of a DNP program expands opportunities for current nursing students to further their education and focus on practice, models of care delivery, environments of care delivery and patient outcomes with a focus on vulnerable populations. Students from diverse backgrounds are very interested in increasing their knowledge to provide services to diverse communities.

UCF Goal 5: Be America's leading partnership university

- Affiliation agreements with over 300 agencies in the Central Florida area for clinical education of students.
- Initial and continuing support for Community Nursing Coalitions from the Central Florida Area Health Education Center (AHEC).
- Partnership with local health departments, Orange County Neighborhood Centers for Families, Boys and Girls Clubs of Central Florida, Hospice of the Comforter, Apopka Farm Workers, the Senior Resource Alliance, and the City of Orlando Department of Children and Youth for Implementation of 12 Community Nursing Coalitions in Central Florida (a sample of the current partnerships).
- Partnership arrangements with the hospital systems in Central Florida.
- Partnership with donors to the School of Nursing's educational programs: \$1,020,000 endowment from the Bert Fish Foundation for an Eminent Scholar in Nursing Education; \$1,020,000 endowment from the Chatlos Foundation for student scholarships and an Endowed Professorship; \$1,000,000 from Beat and Jill Kahli for the Endowed Chair in Oncology Nursing; \$100,000 from the Gracia Anderson Foundation to create a nursing skills laboratory for graduate students.
- Joint appointments at Orlando Regional Hospital System for Nurse Scientists; Dr. Laurie Powel, Dr. Karen Dow Meneses, and Dr. Jean Kijek.
- Location of the Florida Center for Nursing in the College of Health and Public Affairs, which helps guide policy regarding nursing workforce and healthcare policy development. The Center was established by the legislature in 2002.
- Agreements with Kaunas Medical University, Lithuania; City University, London, England; and Lund University, Sweden.

The addition of the DNP program in Nursing will enhance the mission of the University, the College and the School to develop and expand partnerships in education, research, and service. The DNP program will have service learning courses (NGR 7XXX Advanced Clinical Management for APN and NGR 7XXX Epidemiology for APN) as well as required projects in the community. All academic units have a strong history of partnerships that benefit the citizens of the state and region. The School's current partnerships with area service agencies will benefit from the participation of doctoral students in practice, research, research utilization and outcomes research. DNP students will work in the partner agencies, conduct their projects related to clinical practice phenomena and engage in an immersion clinical experience that will impact the staff, patients and the systems of care in positive ways.

B. How does the proposed program specifically relate to existing institutional strengths such as programs of emphasis, other academic programs and/or institutes and centers?

The School of Nursing has an outstanding reputation for excellence and innovations in its educational programs. Existing university resources that promote a strong educational infrastructure enhance this reputation. The UCF Faculty Center for Teaching and Learning, the Course Development and Web Services Department, the Office of Instructional Resources (OIR), and the Institute for Simulation and Training (IST), are significant assets for developing the DNP program. Faculty in the School of Nursing have collaborated on research grant submissions to NIH with faculty from IST, partnered with IST on Human Patient Simulator research and have partnered with Student Health on research related to alcohol use and utilization of the 24 hour telephone triage system.

Faculty members in the School of Nursing have forged strong partnerships with the large hospital systems in both Central Florida and the state. Dr. Byers and Dr. Sole serve on the Institutional Review Board at ORMC. Drs. Powel and Dow conduct research at MD Anderson Hospital. Dr. Desmarais conducts research with Florida Hospital, Dr. Leuner has served on the search committee for the Chief Nurse Executive at the VA Hospital and Dr. Leuner is a member of the Winter Park Hospital Advisory Board. Dr. Sole was recently appointed to the State of Florida Biomedical Research Committee. Dr. Dow Meneses was appointed in 2006 to the President's Advisory Board on Cancer. The School of Nursing has nationally recognized clinical research experts who have forged strong ties with colleagues in acute care environments through research mentorship, educational programming, consultation and testing nursing interventions. Areas for study include quality outcomes, manipulation of environmental stimuli and development and testing of best practice protocols. Two nursing faculty members (Drs. Dow Meneses and Dennis) have secured RO1 research grants from the National Institutes of Health.

In addition, the Florida Center for Nursing, established by the legislature, is housed in the College of Health and Public Affairs. This center is instrumental in establishing policies in nursing workforce development and managing data relative to the workforce. The Center for Nursing will provide opportunities for students to be involved in projects, participate in workforce policy studies, and experience public policies being developed and recommended to political leaders in the state.

C. Describe the planning process leading up to the submission of this proposal. Include a chronology of activities, listing the university personnel directly involved and any external individuals who participated in planning. Provide a timetable of events for the implementation of the proposed program.

DNP Table 1: DNP Chronology	
Date/Time Period	Activity
June-July 2004	Conducted 11 county Registered Nurse (RN) population (n=7772) with responses from 1379 nurses. Data yielded need for DNP program.
August 2004	School of Nursing Faculty Association discussion of DNP program in Nursing and full faculty support to develop white paper for degree approval.
September 2004- present	Development of Nursing Ad Hoc Committee to plan DNP program: Dr. L. Holcomb, Chair, Dr. C. Blackwell, Dr. M. Sole, Dr. J. Byers, Dr. D. Wink, Dr. J. Kijek, Dr. J. Leuner.
September 7, 2004	DNP White Paper submitted to Dean McCarthy in College of Health and Public Affairs.
September 2005	Dr. Kijek and Dr. Leuner attend American Association of Colleges of Nursing (AACN) meeting in Boston MA. to develop DNP Essentials Document.
January, 2006	DNP Ad Hoc Committee elects Dr. E. Rash as Chair.
March 23, 2006	Florida SUS Board of Governors meeting and vote to approve DNP degree.
May 2006	External consultant, Dr. Donna Hathaway, Dean University of Tennessee, Memphis. Two day visit to work with faculty members at UCF to plan DNP program.
July 2006	Presented the DNP program to the School of Nursing Advisory Board. Received unanimous support for the program.
July-August 2006	Dr. J. Kijek conducted needs assessment from current students and alumni. Enthusiastic support for program.
September 2006	Dr. Kijek and Dr. Leuner met with Dr. Bishop to plan writing of the proposal for UCF Board of Trustees.
September 15, 2006	Nursing faculty forum to discuss DNP proposed curriculum plan, led by Dr. Rash chair of Ad Hoc DNP Committee.
October 2006	Submit DNP White Paper to Dean Dorner, Interim Dean College of Health and Public Affairs.
October 2006	Approval of DNP Curriculum, Admission, Progression and Graduation requirements by Nursing Faculty Association.
October 2006	COHPA Graduate Committee Approval.
November 2006	DNP Proposal Submitted to University Graduate Curriculum Committee.
December 2006	University Graduate Curriculum Committee Review for Approval.
January 2007	DNP Proposal submitted to the UCF Board of Trustees for approval.
April 2007-August 2007	Projected recruitment and admission of first students.
August 2007	First students projected to enroll.
May 2010	First students projected to graduate.

III. Program Quality – Reviews and Accreditation

If there have been program reviews, accreditation visits, or internal reviews in the discipline pertinent to the proposed program, or related disciplines, provide all the recommendations and summarize the institution's progress in implementing the recommendations.

The School of Nursing engaged in a university program review in 2002-2003 and during the same time period the program was reviewed by the Commission on Collegiate Nursing Education, the accrediting body for baccalaureate and higher education in nursing. The School of Nursing received full accreditation from the Commission on Collegiate Nursing Education in September 2002 for five years until September 2007. Following the visit, the CCNE Board noted in a letter to the School of Nursing (SON) that it was necessary to, "Demonstrate that students receive timely communication relating to changes in academic policy and program issues." The SON Faculty Association approved the following statement for the student handbook, "All students will be notified in a timely manner of changes in academic policy and program issues via the respective program Listservs, the approved method for communication at UCF." (UCF-SON Faculty Association minutes April 19, 2005). A Continuous Improvement Progress Report (CIPR) was submitted to CCNE on June 30, 2005 documenting critical assessment activities and monitoring progress toward meeting program goals, producing intended outcomes and serving our community of interest. This report was received and approved by CCNE. The next accreditation visit by CCNE is scheduled for March 2007.

The final report from the program review (2002-2003) identified six recommendations for the masters program and two for the baccalaureate program. (See appendix for report)
All recommendations have been addressed as follows:

- **MSN Recommendation 1: Develop a sound fiscal plan and work towards a sustainable balance among demand, growth, and cost.**
Engaged in a cost analysis for all MSN tracks and conducted a state needs assessment to identify the demand and growth potential for the graduate program. Identified the need for a skills laboratory for the graduate program and approached a donor for funding for the laboratory, received \$100,000. Determined the need to develop two additional tracks, Nurse Educator and Clinical Nurse Leader. Both were designed around existing courses making them very cost effective. Received two grants from the Florida Board of Education, SUCCEED Florida (\$420,000. and \$147,000.00) to prepare more nurse educators for the state. The availability of the Nurse Educator track totally on-line made it possible to obtain grant funding to offer the program.
- **MSN Recommendation 2: Enhance marketing and recruiting efforts.**
Received funding and support from UCF through the Graduate Recruitment Enhancement Project to develop marketing and recruitment efforts targeted for the graduate program. With support from Graduate Studies, the graduate program was able to develop new program literature, market the program and program options at significant discipline specific conferences and meetings and increase information sessions.
- **MSN Recommendation 3: Monitor enrollment in tracks and course offerings to ensure maximum student learning and access to programs.**
In partnership with IST, the nursing program has developed a custom software program and database for enrollment management entitled, Nursing Course Advising and Planning System (NCAPS). This system has been in the development phase for 2-3 years and it was rolled out in spring, 2006. It is now in place and it is utilized to track all matriculates through their programs of study. For each student, a program of study is entered into the system after the student meets with an advisor. The system will produce reports to identify the number of students projected for each track and course.

- **MSN Recommendation 4: Develop strategies for increasing financial support from all sources.**
The School of Nursing has aggressively sought financial support from donors and grants. In 2005-6, support for a new endowed chair (\$600,000.) was obtained. The Beat and Jill Kahli Endowed Chair in Oncology Nursing was established and Dr. Karen Dow Meneses, currently a faculty member in nursing, was selected for the chair. Financial support from the Gracia Anderson Foundation supported the development of a graduate nursing skills laboratory (\$100,000.) Five new endowed scholarships have been established to provide financial support for graduate students. Annually, a federal Nurse Traineeship Grant has been received through a competitive grant process to support graduate students. The grant award has increased annually.

In 2005-6 (\$420,000) and 2006-7 (\$147,000), the School of Nursing received grant funding from the State of Florida through their SUCCEED Florida Nursing grant program. A competitive process, the nursing program received funding each year to prepare nurse educators at the graduate level. In 2006 a proposal was funded by BCBS of Florida to provide UCF with an additional \$125,000 to assist the nurse educator students in order to complete their studies. In 2005, the nursing program joined the SUS baccalaureate and higher degree programs in Florida to submit a joint proposal to the legislature for recurrent funding for nursing. This proposal was viewed very positively and UCF received \$812,000 in 2006-2007 to prepare graduate students for positions as nurse faculty. This funding will increase in 2007-8 to over a million dollars for the remaining four years.

- **MSN Recommendation 5: Enhance program support to achieve UCF-SON potential for national prominence as indicated by recent benchmarking assessments.**

The School of Nursing at UCF ranked first in Florida in 2004 and 2005 for receipt of NIH funding support for research. Dr. Karen Dow Meneses was appointed by President George W. Bush to the National Cancer Advisory Board for a six-year term.

Governor Jeb Bush appointed Dr. MaryLou Sole to the state's nine-member Biomedical Research Advisory Council. She holds the "professional medical organization" seat and represents the Florida Nurses Association.

- **MSN Recommendation 6: Implement Nursing PhD program in Fall 2003 to meet the need for more doctorally-prepared nursing faculty within the region.**
The PhD in Nursing program commenced in fall 2003 and the first cohort of students are preparing to graduate during the 2006-2007 academic year. The program has grown steadily each year and twice a year admissions have proved to assist with program growth. All courses are offered on one day of the week utilizing distributed learning, thus increasing access to doctoral education for nurses from around the state.

The following recommendations were identified for the baccalaureate program and all have been addressed.

- **BSN Recommendation 1: Establish and fill additional faculty lines to increase size of BSN generic program.** All vacant lines were filled in 2003-4 and several lines were filled with twelve month instructors in order to ensure year-round coverage of classes. The generic (basic) program was increased from 96 to 120 students for fall and an accelerated BSN program was initiated in 2003, welcoming another 60 students to UCF. Additionally a program commenced in Daytona in 2005 for 24 students. There was an 82% growth in the generic (basic) BSN program between 2003 and 2005.
- **BSN Recommendation 2: Develop a sound fiscal plan for all program offerings at all locations and work towards a sustainable balance among demand, growth, and cost.**
A complete cost analysis for the baccalaureate programs has been completed and an evaluation of the curriculum. In 2006-7 the BSN curriculum changes are being implemented to be more cost effective and

resourceful in all aspects of the program. Twelve month faculty members have been hired in instructor lines to teach year-round, thus saving costs for summer salaries and adjunct faculty. The utilization of ITV to share class content among all three locations has been a cost effective strategy to deliver course content.

- **BSN Recommendation 3: Review productivity of area campus offerings in light of budget constraints.**

A complete analysis of the regional campus offerings has been undertaken and where possible classes have been added to maximize resources. Regional campus administrators have requested nursing to offer more classes and a site was developed in Daytona to offer the basic BSN program.

- **BSN Recommendation 4: Enhance marketing and recruiting efforts for the RN to BSN program.**

Marketing and recruitment has increased substantially for the RN to BSN program. Faculty members have engaged in recruitment activities across the state, ads have been placed in professional journals and in healthcare agencies. Faculty members have taught classes within local healthcare agencies and community colleges to develop a “presence” and encourage enrollment and this strategy has been very successful. This has occurred in Ocala, Daytona, Cocoa, Santa Fe Community College and Lake Sumter Community College.

IV. Curriculum

A. For all programs, provide a sequenced course of study and list the expected specific learning outcome and the total number of credit hours for the degree. Degree programs in the science and technology disciplines must discuss how industry-driven competencies were identified and incorporated into the curriculum as required in FS 1001.02 (6). Also indicate the number of credit hours for the required core courses, other courses, dissertation hours and the total hours for the degree.

Today’s complex, multi-tiered health care environment depends on the contributions of highly skilled and knowledgeable individuals from multiple professions. DNP graduates will possess a wide array of knowledge gleaned from the sciences and have the ability to translate that knowledge quickly and effectively to benefit patients. The DNP is a degree designed specifically to prepare individuals for specialized nursing practice. By virtue of this focus on direct patient care, the DNP graduate approaches patients from a holistic perspective, and the curriculum reflects the depth and breadth of knowledge that is fundamental in order to organize care delivery given emerging practice problems and ethical dilemmas that emerge as new diagnostic and therapeutic technologies evolve.

The goal of the DNP program is to prepare expert nurse clinicians with in-depth clinical expertise for leadership roles in a specialized area of advanced practice. The practice doctorate in nursing provides essential academic preparation for the terminal degree for nursing practice. Employment opportunities for graduates will include clinical education, management, practice, clinical outcomes research and administration. Over the past several years, national nursing organizations have studied the needs of nursing education and have recommended the doctor of nursing practice program as one that would enhance knowledge of advance practice nurses to deliver direct services to individuals and groups. Current health care needs of society require more knowledge than can be delivered in the current specialty Masters programs. Additional knowledge of complex clinical situations and practice systems require coursework in leadership, clinical practice, policy, information systems, health policy, and economics. Further, the complexity of nursing health care also requires that clinical nurse scholars can utilize and evaluate relevant data to provide comprehensive health care services.

The objectives of the DNP program at UCF are to prepare clinical nurse scholars who: 1) Critically analyze complex clinical situations and practice systems; 2) Assume leadership roles in the development of clinical practice models, health policy and standards of care; 3) Demonstrate advanced diagnostic reasoning skills and

clinical judgment through scholarship and nursing practice; 4) Analyze the social, economic, political, epidemiological and other scientific data to improve individual, aggregate and population health; 5) Demonstrate information fluency and advanced communication skills to lead quality improvement initiatives to improve patient care and health care systems; and 6) Design, implement, and evaluate comprehensive care to clients within an area of advanced practice specialization.

The minimum number of credits for award of the post-masters DNP is 45 credits. Full-time and part-time plans of study are included. Students will be permitted to take additional coursework that enhances their professional goals. Faculty will advise and mentor students throughout the program, and assist students in developing plans of study to match their career and scholarly goals.

The Essentials of Doctoral Education for Advanced Nursing Practice developed by the American Association of Colleges of Nursing (2006) provides the framework and serves as the professional standard delineating the DNP competencies for all programs. The DNP *Essentials* document addresses the DNP Core (Essentials 1-8) content which is integrated into the curriculum plan. The DNP Core (Essentials 1-8) provide outcome competencies deemed essential for all graduates of a DNP program regardless of specialty focus. The DNP Core (Essentials 1-8) is comprised of the following:

1. Scientific underpinnings for practice.
2. Organizational and systems leadership for quality improvement and systems thinking.
3. Clinical Scholarship and analytical methods for evidence-based practice.
4. Information systems/technology and patient care technology for the improvement and transformation of health care.
5. Health care policy for advocacy in health care.
6. Inter-professional collaboration for improving patient and population health outcomes.
7. Clinical prevention and population health for improving the nation's health.
8. Advanced nursing practice.

The DNP curriculum is comprised of core courses (33 credits), residency (6 credits) and, a DNP Project (6 credits). The core courses in the curriculum have been carefully constructed to incorporate the AACN competencies for DNP graduates.

The core DNP courses serve to enhance the skill and science base of the graduate and strengthen the focus on research utilization. Safety and efficiency in healthcare systems is addressed, organizational and policy implications are emphasized within the context of care delivery. An emphasis is placed on evidence based practice, state-of-the-art interventions and information fluency.

The DNP residency will serve to provide an in-depth clinical experience for students. This advanced practicum will provide the opportunity to link policy making with clinical systems, translate research into practice and serve as change agents for health care. The clinical residency experience will be facilitated by an advanced practice expert clinician/teacher.

An advanced clinical scholarly project will be completed by all students in the DNP program. A scholarly project, derived from clinical practice will be developed in depth with faculty supervision.

DNP Table 2: Full-Time Plan of Study		
Semester	Credits	Courses
Fall 2008	9	<ul style="list-style-type: none"> • NGR 7XXX Epidemiological Principles in Advanced Practice Nursing • NGR 7115 Philosophical and Theoretical Foundations of Nursing Science • NGR 7817 Quantitative Methods in Nursing Research I
Spring 2009	12	<ul style="list-style-type: none"> • NGR 7123 Concept Development • NGR 7190 Healthcare Systems and Policy • NGR 6874 Nursing Environment Management • NGR 7XXX Advanced Pharmacology for APN
Summer 2009	6	<ul style="list-style-type: none"> • NGR 7XXX Leadership and Economics in Advanced Practice Nursing • NGR 7XXX DNP Project (3 credits)
Fall 2009	9	<ul style="list-style-type: none"> • NGR 7XXX Advanced Clinical Management for APN • NGR 7XXX Advanced Clinical Practice Selective for APN • NGR 6099 Advanced Skills or Elective
Spring 2010	9	<ul style="list-style-type: none"> • NGR 7XXX DNP Project (3 credits) • NGR 7XXX DNP Residency (6 credits)

DNP Table 3: Part-Time Plan of Study		
Semester	Credits	Courses
Fall 2007	6	<ul style="list-style-type: none"> • NGR 7XXX Epidemiological Principles in Advanced Practice Nursing • NGR 7817 Quantitative Methods in Nursing Research I
Spring 2008	6	<ul style="list-style-type: none"> • NGR 6874 Nursing Environment Management • NGR 7XXX Advanced Pharmacology for APN
Summer 2008	3	<ul style="list-style-type: none"> • NGR 7XXX Leadership and Economics in Advanced Practice Nursing
Fall 2008	6	<ul style="list-style-type: none"> • NGR 7115 Philosophical and Theoretical Foundations of Nursing Science • NGR 6099 Advanced Skills or Elective
Spring 2009	6	<ul style="list-style-type: none"> • NGR 7123 Concept Development in Nursing • NGR 7190 Healthcare Systems and Policy
Summer 2009	3	<ul style="list-style-type: none"> • NGR DNP Project (3 credits)
Fall 2009	6	<ul style="list-style-type: none"> • NGR 7XXX Advanced Clinical Management for APN • NGR 7XXX Advanced Clinical Practice Selective for APN
Spring 2010	6	<ul style="list-style-type: none"> • NGR 7XXX DNP Project (3 credits) • NGR 7XXX DNP Residency (3 credits)
Summer 2010	3	<ul style="list-style-type: none"> • NGR 7XXX DNP Residency (3 credits)

DNP Table 4 : Essentials of DNP for Advanced Nursing Practice Matrix with Courses

<u>Courses</u>	#1 Scientific Underpinning for Practice	#2 Organizational & Systems Leadership for Quality Improvement and Systems Thinking	#3 Clinical Scholarship and Analytical Methods for Evidence-Based Practice	#4 Information Systems/ Technology & Patient Care Technology for the Improvement and Transformation of Health Care	#5 Healthcare Policy for Advocacy in Health Care	#6 Interprofessional Collaboration for Improving Patient and Population Health Outcomes	#7 Clinical Prevention and Population health for Improving the Nation's Health	#8 Adv Nursing Practice
NGR 6874 Nursing Environment Management				■	■			
NGR 7XXX Advanced Pharmacology for APN	■						■	■
NGR 7XXX Epidemiological Principles in APN		■		■			■	
NGR 7115 Philosophical & Theoretical Factors of Nursing Science	■		■					
NGR 7123 Concept Development in Nursing	■		■					

DNP Table 4: Essentials of DNP for Advanced Nursing Practice Matrix with Courses

<u>Courses</u>	#1 Scientific Underpin- ning for Practice	#2 Organizational & Systems Leadership for Quality Improvement and Systems Thinking	#3 Clinical Scholarship and Analytical Methods for Evidence-Based Practice	#4 Information Systems/ Technology & Patient Care Technology for the Improvement and Transformation of Health Care	#5 Healthcare Policy for Advocacy in Health Care	#6 Interprofes- sional Collaboration for Improving Patient and Population Health Outcomes	#7 Clinical Prevention and Population health for Improving the Nation's Health	#8 Advanced Nursing Practice
NGR 6099 Advanced Skills for Management of Illness and Injuries (elective)								■
NGR 7817 Quantitative Methods in Nsg. Research I		■					■	■
NGR 7XXX Advanced Leadership & Economics in APN		■	■	■	■	■	■	■
NGR 7190 Healthcare Systems & Policy		■		■	■			
NGR 7 XXX Advanced Clinical Management for APN		■		■		■	■	■
NGR 7XXX Advanced Clinical Practice Selective for APN		■		■		■	■	■
NGR 7XXX DNP Project			■					■
NGR 7XXX DNP Residency		■		■		■	■	■

Organization and Administration of the Program

The DNP program will be administered by a faculty member with experience coordinating programs at the graduate level. Dr. Kijek will provide leadership for this program to include oversight for course offerings, plan for clinical experiences and program evaluation. It is anticipated that the FTE assignment for program coordination will be 0.25. The amount of workload release will be evaluated as the program grows. The coordinator will 1) serve as the contact person for recruitment; 2) facilitate program planning for admitted students; 3) assign initial advisement to DNP program faculty; 4) help students track through the program in relation to policies and procedures; 5) facilitate coursework and DNP Project and Residency planning; and 6) work with a DNP Committee.

Recruitment Plan

A multifaceted recruitment strategy will be used to attract students from the state, the region, and the nation. It is expected that the program will recruit students from the central Florida area, the state and the southern region because of the reputation of UCF and the School of Nursing in the delivery of web-mediated and on-line programs and educational technology.

Planned recruitment activities will include mailed announcements to all Schools of Nursing with master's programs in Florida, development of recruitment brochures and posters that will be sent to universities and large healthcare agencies, periodic open houses, targeted mailings to School of Nursing alumni, exhibits at relevant state and regional conferences such as Sigma Theta Tau International, Florida Nurses Association, Southern Nursing Research Society and information will be located on the School of Nursing website.

Faculty members and the DNP Program Coordinator will work closely with the Office of Graduate Studies to complement their recruitment activities. Faculty members will make targeted visits to select colleges and universities and make presentations about the program. Also, faculty members will distribute program announcements and brochures at professional meetings in the state and region.

B. Describe the admission standards and graduation requirements for the program.

The following criteria will be used in making admission decisions:

- A bachelors and a master's degree in nursing from accredited institutions
- Licensure as a registered nurse in the state of Florida
- A GRE score of 1000 on the combined verbal and quantitative sections
- A TOEFL above 220 for students with English as a second language
- A written essay of no more than 500 words addressing goals for the DNP program and professional practice
- A personal interview with the Nursing DNP Admissions, Progression and Graduation Committee
- Undergraduate GPA of 3.2/4.0 and/or MSN GPA of 3.0/4.0
- Three professional references that can describe your ability to be successful in a DNP program. Include at least 1 clinical and 1 academic reference letters of recommendation evaluating potential for doctoral study
- Resume (two page limit)
- MSN degree in an APN specialty role (ANP, FNP, PNP, CNS,) from an accredited institution
- Graduate level evidenced based practice or comparable course
- Licensure and certification as an APN

Graduation requirements:

- All coursework completed with a minimum grade of B
- A satisfactory DNP project (see Institutional Effectiveness Plan)
- Clinical performance evaluated at a satisfactory level
- A satisfactory public presentation of the DNP project
- A professional portfolio

Assessment Data for the Doctor of Nursing Practice Program – Institutional Effectiveness Plan

The mission of the Doctor of Nursing Practice Program is to prepare nurse clinicians for leadership roles in specialized areas of advanced nursing practice and educator roles. Students will be prepared with the knowledge and skills to advance the science of nursing through practice, research, scholarship, education and leadership and contributions to the community and the profession. Graduates may assume positions as direct service providers, as nurse practitioners, or clinical nurse specialists, as faculty members in Schools of Nursing, or executive leaders in health policy and systems.

Outcome I

Demonstrate knowledge of science based theories and concepts and methods of inquiry to determine the nature and significance of health and health care delivery in the clinical environment.

Measure: Assessment of integrated scholarly professional portfolio will be done upon completion of NGR 7XXX DNP Residency. The portfolio will be scored using a rubric established by a panel of faculty members that addresses the following: (a) Presentations at professional meetings/conferences (b) Professional service, (c) Manuscripts submitted for publication, (d) Exemplars of professional practice and (e) abstract and executive summary of DNP Project.

Measure: The DNP Committee will assess the written DNP Project using a rubric developed by a panel of faculty members. Elements of the DNP Project to be included in the rubric:

Description of target population, implementation and assessment of a clinical practice model or system, examination of anticipated change, examination of the impact of the model approach process with analyses of completed and anticipated outcomes of proposed model, in-depth evaluation of financial, technological, and administrative impact of the project.

Outcome II

Demonstrate practice expertise, specialized knowledge and expanded responsibility and accountability in the care and management of individuals and families.

Measure: Faculty members facilitating the DNP Residency experience will evaluate the residency experience using a rubric developed by faculty members teaching in this program of five in-depth case presentations.

Measure: Preceptors will evaluate DNP Residents clinical proficiency utilizing an evaluation form developed by faculty members in this program

Outcome III

Contribute to knowledge generation through the preparation of a tangible and deliverable product that is derived from the practice immersion experience and demonstrates synthesis of learning and lays the groundwork for future scholarship.

Measure: The DNP Committee will evaluate the DNP Project professional presentations using a rubric developed by a panel of faculty members.

Measure: The DNP Program Committee will utilize end of program focus group data to evaluate the DNP Project, DNP Project outcomes and process.

C. List the accreditation agencies and learned societies that would be concerned with corresponding bachelor's or master's programs associated with the proposed program. Are the programs accredited? If not, why?

The baccalaureate and master's programs in nursing are accredited by the Commission on Collegiate Nursing Education (CCNE). CCNE accredits 90% of all master's degree programs nationally. CCNE will be the accrediting agency for the DNP. DNP programs are new and CCNE has a task force developing the standards for DNP accreditation.

D. Provide a one or two sentence description of each required or elective course.

The DNP program has been designed to be efficient and capitalize on the resources currently available in the School of Nursing. Four existing courses are offered as part of the PhD program and will be shared with the PhD students, two courses (Nursing Environment Management and elective) are currently available for the masters' students and seven courses will be new for the DNP program. The following is a list of course descriptions. Courses that are currently being taught are identified **.

The curriculum is built on the existing curriculum at UCF School of Nursing for the adult nurse practitioner, clinical nurse specialist, family nurse practitioner, and pediatric nurse practitioner, master's of science in nursing specialty tracks. In addition, all DNP students will need to hold RN licensure and national certification as adult nurse practitioner, clinical nurse specialist, family nurse practitioner, or pediatric nurse practitioner.

The DNP program will provide rich and varied opportunities for practice to achieve the program outcomes. Practice experiences will be designed individually with a faculty mentor in order to meet specific clinical competencies. Experiences will include in-depth work with experts from nursing and other disciplines in order to provide opportunities for meaningful student engagement in practice environments to achieve advanced practice at a high level of complexity.

Proficiency may be acquired through methods such as completing specified procedures, patient case analysis and demonstrating clinical experiential competencies. The final DNP Capstone Project demonstrates a synthesis of the student's work and provides the groundwork for future scholarship. The DNP primarily involves mastery of an advanced specialty within nursing practice. The final DNP Project may include manuscripts submitted for publication, systematic review of research, research utilization project and practice topic dissemination through national presentations. This is a form of scholarly experience demonstrating use of evidence to improve practice and/or patient outcomes.

The final DNP Project documents outcomes of the student's educational experiences, provides a measurable medium for evaluating the immersion experience (Residency) and summarizes the student's growth in knowledge and expertise. The DNP Project will be presented in a public forum at the completion of the program.

Doctor of Nursing Practice Course Descriptions

NGR 6099C: Advanced Skills for the Management of Illness and Injuries **

3(2, 1). PR: Pre or Co - NGR 6240 or NGR 6331 or C.I. Development of pathological, theoretical, and clinical skills for the evaluation, diagnosis, intervention, and management of illnesses and injuries (elective).

NGR 6874: Nursing Environment Management **

3 (3, 0), PR: NGR 5720, NGR 6722. In depth analysis of the use of informatics, quality management, risk reduction, and patient safety concepts and tools to promote improved patient outcomes.

NGR 7XXX: Epidemiological Principles in Advance Practice Nursing

3 (3, 0) PR: Admission to the DNP Program or C.I. Advanced application of epidemiological principles and concepts in practice, including surveillance, prevalence, prevention, and data management.

NGR 7XXX: Advanced Pharmacology for APN

3 (3, 0) PR: NGR 51141, NGR 6192

Course Description: Comprehensive understanding and application of pharmacotherapeutics for acute and complex patients throughout the lifespan.

NGR 7115: Philosophical and Theoretical Foundations of Nursing Science **

3(3, 0). PR: Doctoral standing in School of Nursing or C.I. Analysis of the nature and levels of theory in science disciplines, historical and contemporary approaches to knowledge generation, and implications for nursing

NGR 7123: Concept Development in Nursing **

3(3, 0). PR: NGR 7115. Philosophical foundations and conceptualization techniques of concept development and analysis to advance the synthesis of knowledge in nursing.

NGR 7190: Healthcare Systems and Policy **

3(3, 0). PR: Doctoral standing in the School of Nursing or C.I. Underpinnings of healthcare policy; healthcare policy formation and change agency; influences on healthcare systems; related analysis and research.

NGR 7817: Quantitative Methods in Nursing Research I **

3 (3, 0) Designing quantitative studies and related statistical analysis; maximizing statistical power; ethical issues related to research.

NGR 7XXX: Leadership and Economics in APN

3 (3, 0) PR NGR 7190. Advanced analysis of change management, leadership theories/ strategies, finance and resource management and the United States healthcare economic structures.

NGR7XXX: Advanced Clinical Management for APN

3 (3, 0), PR: NGR 7XXX Adv Pharmacology for APN. Advanced diagnostic reasoning and analysis of clients with complex health maintenance, health promotion and illness management.

NGR7XXX: Advanced Clinical Practice Selective APN

3 (0, 9), PR: NGR 7XXX Adv Pharmacology for APN. Clinical management of clients with complex health maintenance, health promotion and illness management needs

NGR7XXX: DNP Project

3 – 6 (3-6, 0) PR: Completion of all DNP coursework except NGR 7XXX Advanced Clinical Management for APN; NGR 7XXXL Advanced Clinical Practice Selective for APN or NGR 7XXX DNP Residency. Analyze health care needs, develop an evidence based intervention and evaluate outcomes for a specific population within an identified health care setting.

NGR7XXX: DNP Residency

3-6 (0, 8 - 16) PR: Completion of all DNP coursework except NGR 7XXX (DNP Capstone Project). Clinical management of clients with complex health maintenance, health promotion and illness management needs focusing on a continuum of care.

** Designates courses that are currently being taught in the School of Nursing

- E. Describe briefly the anticipated delivery system for the proposed program as it may relate to resources e.g., traditional delivery on main campus; traditional delivery at branches or centers; or nontraditional instruction such as instructional technology (distance learning), self-paced instruction, and external degrees. Include an assessment of the potential for delivery of the proposed program through collaboration with other universities, both public and private. Cite specific queries made of other institutions with respect to the feasibility of shared courses utilizing distance learning technologies, and joint-use facilities for research or internships.**

The School of Nursing will offer the DNP Program utilizing interactive distributive learning (IDL) methods as well as face to face classes. All courses will be web enhanced. The current doctoral courses are offered face to face every other week with web assignments/component on alternating weeks. Clinical and residency courses will use Web CT mode for clinical conferences and presentations. The course NGR 6874 Nursing Environment Management is a web based course. Electives are web based or live classes meeting weekly or biweekly. IDL methods encompass a variety of teaching methods including the following: live classes, media-enhanced courses and web-based instruction. IDL courses differ from the proliferation of available on-line courses in that the course design and implementation maximizes the interactive abilities of the applied media. One hundred percent of nursing faculty members are prepared to teach courses on-line, and several are skilled in interactive television course delivery.

V. Assessment of Current and Anticipated Faculty

- A. Use DCU Table One to provide information about each existing faculty member who is expected to participate in the proposed program by the fifth year. Append to the table the number of master's theses directed, number of doctoral dissertations directed, and the number and type of professional publications for each faculty member.**

Currently, expertise in advanced practice nursing exists in the faculty. Dr. Sole and Dr. Powel are both clinical nurse specialists. Dr. Wink and Dr. Rash are family nurse practitioners, Dr. Blackwell is an adult nurse practitioner and Dr. Robinson is a pediatric nurse practitioner. Dr. Byers is certified in nursing administration qualifying her to teach health care policy and nursing environment management. Dr. Robinson is qualified to teach epidemiology in that she has a minor in epidemiology from the University of Florida.

Additional faculty expertise is needed for advanced pharmacology, family and adult nurse practitioners for advanced clinical management, and economics. It is expected that new faculty hires with funds from the legislature for graduate nursing programs will enhance the expertise of the current faculty. The current faculty members are very strong in research and advanced practice projects. Drs. Sole, Byers, Powel and Kijek have clinical appointments at Orlando Regional Health Systems. Drs. Wink, Rash, Blackwell, and Robinson all have clinical practice positions as nurse practitioners. Drs. Dennis, Dow-Meneses, Sole, Powel, Byers, Robinson, Chen, Rash, and Blackwell are all actively engaged in research projects. Drs. Dennis, Dow-Meneses, and Sole have nationally funded research. Several of the faculty members hold leadership positions in local, state or national professional organizations – Dr. Leuner is President of the Theta Epsilon Chapter of Sigma Theta Tau International Honor Society in Nursing and Dr. Kijek is President of the Florida Nurses Association District 8. Drs. Byers, Dennis, Dow-Meneses and Sole serve on NIH and DHHS grant review boards. Drs. Byers, Dennis, Dow-Meneses, and Sole are fellows in the American Academy of Nursing. Dr. Byers is a member at the Florida Organization for Nurse Executives Board of Directors. She is also a facility appraiser for the American Nurses Credentialing Center Magnet Hospital Program. Dr. Dow-Meneses is currently a member of President Bush's National Cancer Advisory Board as well as serving on several committees of the National Cancer Institute. Dr. Sole has sustained committee members for the American Association of Critical Care Nurses and represents AACN on the American College of Chest Physicians Quality Improvement Committee.

DNP Table 5: 5 year course schedule – faculty FTE					
Course	Year 1	Year 2	Year 3	Year 4	Year 5
7XXX Epi for APN	Robinson (0.08)	Robinson (0.08)	Robinson (0.08)	Robinson (0.08)	Robinson (0.08)
NGR 7817 Quant Methods in Nsg Res	Existing course	Existing course	Existing course	Existing course	Existing course (Sole)
NGR 7115 Phil/The NSc		Existing course	Existing course	Existing course	Existing course (Dennis)
NGR 7123 Concept Devel.		Existing course	Existing course	Existing course	Existing course (Dow-Meneses)
NGR 7190 H Sys & Policy		Existing course	Existing course	Existing course	Existing course (Byers)
NGR 6874 Nsg Env Mngt	Existing course	Existing course	Existing course	Existing course	Existing course (Byers)
NGR 7XXX Adv Pharm APN	TBA (.08)	TBA (.08)	TBA (.08)	TBA (.08)	TBA (.08)
NGR 7XXX Ldrshp & Econ in APN	TBA (.08)	TBA (.08)	TBA (.08)	TBA (.08)	TBA (.08)
NGR 7 XXX DNP Project		TBA (.25)	TBA (.45)	TBA (.45)	TBA (.45)
NGR 7XXX Adv Cl Mgmt for APN			TBA (.08)	TBA (.08)	TBA (.08)
NGR 7XXXL Adv Cl Mgmt for APN			TBA (.25)	TBA (.25)	TBA (.25)
NGR 7 XXX DNP Residency			TBA (.50)	TBA (.50)	TBA (.50)
NEW FTE	(0.24)	(0.49)	(1.27)	(1.27)	(1.27)

DNP Table 6: Current and New Faculty Contribution to New Program					
Proposed Graduate Program Faculty Assignments – Doctor of Nursing Practice					
Faculty Name	Year 1	Year 2	Year 3	Year 4	Year 5
Current faculty					
Christopher Blackwell	0.00	0.03	0.14	0.14	0.14
Jacqueline Byers	0.00	0.03	0.06	0.06	0.06
Huey Shys Chen	0.00	0.03	0.06	0.06	0.06
Karen Dennis	0.00	0.00	0.06	0.06	0.06
Karen Dow Meneses	0.00	0.01	0.06	0.06	0.06
Jean Kijek	0.25	0.25	0.25	0.25	0.25
Jean Leuner	0.00	0.03	0.06	0.06	0.06
Lorrie Powel	0.00	0.03	0.06	0.06	0.06
Elizabeth Rash	0.00	0.03	0.14	0.14	0.14
Patricia Robinson	0.08	0.11	0.14	0.14	0.14
Mary Lou Sole	0.00	0.03	0.06	0.06	0.06
Diane Wink	0.00	0.03	0.14	0.14	0.14
Current faculty 1	0.08	0.08	0.14	0.14	0.14
Current faculty 2	0.00	0.00	0.14	0.14	0.14
New faculty 1	0.08	0.08	0.14	0.14	0.14
New faculty 2	0.00	0.00	0.14	0.14	0.14
TOTAL ASSIGNMENTS	0.49	0.77	1.79	1.79	1.79
Current faculty contribution to new program	0.41	0.69	1.51	1.51	1.51
New faculty contribution to new program	0.08	0.08	0.28	0.28	0.28
New C&G faculty assignments	0.00	0.00	0.00	0.00	0.00

DNP Table 7: Faculty Member's Supervision of Student Research and Scholarship						
Name	Master's Theses Directed	Doctoral Dissertation Directed	Refereed Journal Articles	Monograph	Proceedings Edited	Refereed Presentations
Christopher Blackwell PhD, ARNP	0	0	5	0	0	5
Jacqueline Byers, PhD, RN, FAAN	16	3	48	0	0	56
Huey Shys Chen, PhD, RN	0	0	0	0	0	14
Karen Dennis, PhD, RN, FAAN	2	13	45	0	0	7
Karen Dow, PhD, RN, FAAN	15	0	39	4	1	61
Jean Kijek, PhD, RN	7	0	2	1	1	1
Jean D. Leuner, PhD, RN	3	2	0	0	0	0
Lorrie Powel, PhD, RN	0	4	9	0	0	19
Elizabeth Rash, PhD, ARNP	0	0	5	0	0	1
Patricia Robinson, PhD, ARNP	0	0	0	0	0	21
Mary Lou Sole, PhD, RN, CCNS, FAAN	22	0	46	5	0	76
Diane Wink, EdD, ARNP	9	0	19	1	0	15
TOTAL	74	22	218	11	2	276

Faculty members who will teach in the DNP Program have experience in supervision of student research and projects. Faculty members have supervised 74 master's theses, 22 doctoral dissertations and they are well published in refereed journals.

B. Also, Use DCU Table One to indicate whether additional faculty will be needed to initiate the program, their faculty code (i.e. A, B, C, D, E as detailed in the lower portion of Table One), their areas of specialization, their proposed ranks and when they would be hired. Provide in narrative the rationale for this plan; if there is no need for additional faculty, explain.

The School of Nursing at UCF received a funded legislative budget request in academic year 2006-2007 to fund an increase in enrollment in the masters and doctoral programs. This funding will be five years of recurrent monies to be funded as follows:

2006-2007: \$812,000.00
2007-2008: \$1,015,000.00
2008-2009: \$1,015,000.00
2009-2010: \$1,015,000.00
2011-2012: \$1,015,000.00

These funds were secured to pay student's tuition and fees, and faculty members to support the educational requirements for the programs of study. Two new faculty members are needed who are advanced practice nurses with clinical specialty foci in the area of critical care and adult/family nurse practitioners. Faculty members with expertise in these areas will complement the current faculty. The legislative appropriation for nursing noted above will pay these faculty salaries.

These additional funds will significantly impact the ability to offer the DNP program as all new faculty members needed for this program will be funded utilizing this funding stream. New faculty members will bring additional expertise for advanced practice nursing (adult or family nurse practitioners) and leadership/economics for the DNP program. Other new faculty members in the School of Nursing will have expertise to assist in DNP projects and mentorship of DNP students particularly in teaching activities for the graduate teaching assistants.

Two lines are vacant in the school of nursing and the funds for this salary support. We are searching for advanced practice nurse faculty who are adult or family nurse practitioners.

C. Use DCU Table One to estimate each existing and additional faculty member's workload (in percent person-years) that would be devoted to the proposed program by the fifth year of implementation, assuming that the program is approved. (Note: this total will carry over to DCU Table Four's fifth year summary of faculty positions).

DCU Table One

DCU Table One: Faculty Participation in Proposed Degree Program by Fifth Year							
Faculty CODE	Faculty Name or "New Hire"	Academic Discipline/ Specialty	Rank	(For Existing Faculty Only)		Initial Date for Participation in Proposed Program	5 th Year Workload in Proposed Program (Portion of Person-year)
				Contract Status (Tenure status or equivalent)	Highest Degree Held		
A	Christopher Blackwell PhD, ARNP	Nursing	Asst. Prof.	TE	PhD		0.14
A	Jacqueline Byers, PhD, RN, FAAN	Nursing	Prof.	T	PhD		0.06
A	Huey Shys Chen, PhD, RN	Nursing	Asst. Prof.	TE	PhD		0.06
A	Karen Dennis, PhD, RN, FAAN	Nursing	Prof.	T	PhD		0.06
A	Karen Dow – Meneses, PhD, RN, FAAN	Nursing	Prof.	T	PhD		0.06
A	Jean Kijek, PhD, RN	Nursing	Assoc. Prof.	T	PhD		0.25 (Coord.)
A	Jean D. Leuner, PhD, RN	Nursing	Prof.	T	PhD		0.06
A	Lorrie Powel, PhD, RN	Nursing	Assoc. Prof.	TE	PhD		0.06
A	Elizabeth Rash, PhD, ARNP	Nursing	Asst. Prof.	TE	PhD		0.14
A	Patricia Robinson, PhD, ARNP	Nursing	Asst. Prof.	TE	PhD		0.14
A	Mary Lou Sole, PhD, RN, CCNS, FAAN	Nursing	Prof.	T	PhD		0.06
A	Diane Wink, EdD, FNP, ARNP	Nursing	Prof.	T	EdD		0.14
B	Current Faculty (1)	Nursing	Assoc. Prof.	TE	PhD		0.14
B	Current Faculty (2)	Nursing	Assoc. Prof.	TE	PhD		0.14
E	New Faculty (1)	Nursing	Assoc. Prof.	TE	PhD		0.14
E	New Faculty (2)	Nursing	Assoc. Prof.	TE	PhD		0.14
Faculty CODE	Corresponding Faculty Position Category in TABLE 3 for the Fifth Year	Proposed Source of Funding for Faculty				TOTAL 5 th Year Workload by Budget Classification	
A	Current General Revenue	Existing Faculty – Regular Line				1.23	
B	Current General Revenue	New Faculty – To be Hired on Existing Vacant Line				0.28	
C	New General Revenue	New Faculty – To be Hired on a New Line				0.28	
D	Contracts and Grants	Existing Faculty – Funded on Contracts and Grants					
E	Contracts and Grants	New Faculty – To Be Hired on Contracts and Grants					
		Overall Total for 5 th Year				1.79	

D. In the case of PhD programs, use DCU Table Two to compare the number of faculty, research productivity and projected number of students to at least three peer institutions, two of which must be outside Florida. For those disciplines that are included in the National Research Council (NRC) Research Doctorate Programs in the United States and the National Science Foundation (NSF), please utilize the data from these two sources. NRC data is available on CD ROM and the NSF data is available on line at www.nsf.gov/sbe/srs/profiles/. For disciplines that are not included in these two sources, please utilize alternate sources to provide comparable data. Universities may choose to provide additional peer data comparisons that are not available from NRC or NSF, such as percent of graduate students supported by contracts and grants, and total contracts and grants for the most recent year.

The proposed program is not a PhD program. UCF has waived this requirement. This is a clinical program and not a research focused program.

VI. Assessment of Current and Anticipated Resources

A. In narrative form, assess current facilities and resources available for the proposed program in the following categories:

1. Library volumes (Provide the total number of volumes available in this discipline and related fields).

As of January 2002, the University of Central Florida library contained 2662 monographs in the discipline and related fields. The current number of volumes for the master's and doctoral programs are sufficient for the DNP program. (See Appendix B)

2. Serials (Provide the total number available in this discipline and related fields, and list those major journals which are available at your institution).

The library collection analysis conducted by library staff shows 166 journal titles available in nursing and related fields. Of these journals, 126 journals are specific to nursing. Current journal holdings for master's and doctoral programs are sufficient for the DNP program.

3. Describe classroom, teaching laboratory, research laboratory, office, and any other type of space, which is necessary and currently available for the proposed program.

The School of Nursing is located in Health and Public Affairs Building I. The space available to nursing is 6933 square feet. The building is well equipped with both small and large classroom space and graduate teaching laboratories. All classrooms are equipped to be multimedia classrooms and have the latest available educational technology and computer access. All full-time regular faculty members have private offices. There is adequate space for graduate teaching and research assistants. The School of Nursing has a 25-station computer laboratory fully equipped with software computing packages, statistical software, desktop publishing and graphic programs. Technical support is available through the College of Health and Public Affairs.

Two new faculty members will be hired to teach in the DNP program. Two shared offices have been identified in HPA 1 (Room # 310 and 307) and these offices will accommodate four people. Two non-tenure earning faculty (Instructors) will move to these offices in order to accommodate new senior tenure-earning faculty being hired. The new staff person will be located in the nursing office where a shared cubicle has been identified.

No new skills laboratories will be needed for this program. The existing skills laboratories in HPA I will accommodate the DNP students.

4. Equipment, focusing primarily on instructional and research requirements.

The School of Nursing has two skills laboratories equipped to instruct both undergraduate and graduate students in basic and advanced nursing skills. The School's Computer Lab is also available for student use as well as classroom instruction.

5. Fellowships, scholarships, and graduate assistantships (List the number and amount allocated to the academic unit in question for the past year).

The following table depicts the support allocated to the School of Nursing graduate students during the past academic year (2005-2006). Students were competitive in receiving fellowships and tuition waivers to accompany their graduate teaching assistantships. Three students out of the 36 students or 8% currently enrolled in the Ph.D. Program are supported with assistantships. It is anticipated that support would be available for five students annually in the DNP program. These students would assist senior faculty members with their teaching assignments in order to develop the future faculty workforce needed in schools of nursing.

Type of Funding	Amount
State of Florida Tuition Waivers (GTA support)	\$9,760.00
Tuition Support (University funds)	\$63,077.00
Fellowships (University funds)	\$28,000.00
Professional Nursing Traineeships (Federal funds)	\$6,844.00
Total	\$107,681.00

6. Internship sites if appropriate.

All students in the DNP program will participate in a DNP Residency at the end of their program of studies. The residency placements will be arranged with advanced practice nurses and clinical specialists in healthcare agencies for which we have affiliation agreements. At the present time, the School of Nursing has affiliation agreements with over 300 agencies.

B. Describe additional facilities and resources required for the initiation of the proposed program (e.g., library volumes, serials, space, assistantships, specialized equipment, other expenses, OPS time, etc.). If a new capital expenditure for instructional or research space is required, indicate where this item appears on the university's capital outlay priority list. The provision of new resources will need to be reflected in the budget table (DCU Table Four), and the source of funding indicated. DCU Table Four only includes I&R costs. If non-I&R costs, such as indirect costs affecting libraries and student services, are expected to increase as a result of the program, describe and estimate those expenses in narrative form. It is expected that high enrollment programs in particular would necessitate increased costs in non- I&R activities.

It is not anticipated that major capital expenditures will be necessary for instructional or laboratory space to support the proposed DNP program. A program assistant will be hired in year one of the program to assist with student applications, admissions, programs of study, scheduling clinical placements and other duties. The salary for this person (\$27,000) will come from the legislative funding that has been secured by the program. In addition, the secretary will need a computer and printer estimated at \$3,000.00 and this expense will be paid from the legislative funding.

Two new faculty members will be hired in year one from the special legislative appropriations for the graduate nursing programs. These faculty members will supervise students in the DNP Project and DNP Residency and they will replace faculty to teach in master's courses thus replacing existing faculty to teach in the DNP program.

VII. Accountability

Assessment of Need and Demand

A. What national, state, or local data support the need for more people to be prepared in this program at this level? (This may include national, state, or local plans or reports that support the need for this program; demand for the proposed program which has emanated from a perceived need by agencies or industries in your service area; and summaries of prospective student inquiries) indicate potential employment options for graduates in the program. If similar programs (either private or public) exist in the state, provide data that support the need for an additional program. Summarize the outcome of communication with such programs.

The need for additional doctorally prepared nurses is very critical due to the severe national, state and local shortage of professional nurses (RNs) and nurse faculty. These data strongly support the development of the DNP program. In addition there is a high demand for more highly educated nurses to provide health care to the exploding population. The US Health Care system has become very complex and is in need of health care providers with the knowledge to address the increasingly complex health care system. The Institute of Medicine (2001) identified core competencies that all health care providers should possess. These core competencies include a focus on patient centered care, an interdisciplinary approach to health care management, the use of evidence based practice, continuous quality improvement, and knowledge of economics and finance. Nursing's response was to develop educational programs that would prepare expertly trained clinicians who could contribute not only to the management of health and illness in an individual, a family, community.

The American Association of Colleges of Nursing (AACN) formed a national Task Force on the Practice Doctorate in Nursing with all major stake holders in advanced practice nursing. The idea of a practice doctorate is not new to nursing, 20 years ago the first practice-focused doctorate was started at Case Western Reserve University with a focus on an entry level practice doctorate for nursing but the current focus has shifted to the need for the advanced practice doctorate. The task force has held a variety of forums and invitational meetings to discuss the national need for the practice doctorate. In total, there were more that 620 individuals representing 231 different educational institutions and 18 agencies as well as 65 leaders from 45 professional organizations participating in the development of the Doctor of Nursing Practice. The AACN has clearly identified that the need for additional education and knowledge is critical for meeting the increasingly complex health care needs of society. The goal is that the minimum preparation for advanced practice nursing will be at the doctoral level by the year 2015. Currently, the Board of Governors has approved the new DNP program as a post master's doctoral program to meet the health care needs of the State of Florida.

National Need

According to the latest projections from the U.S. Bureau of Labor Statistics published in the November 2005 [*Monthly Labor Review*](#), more than 1.2 million new and replacement nurses will be needed by 2014. Government analysts project that more than 703,000 new RN positions will be created through 2014, which will account for two-fifths of all new jobs in the health care sector. The American Association of Colleges of Nursing conducted a national survey of its member schools in 2005-06 (409 responses – 69.7 % of member schools) and found that there were 817 faculty vacancies nationally in July 2005. Sixty-four schools (15.7 %) with no vacancies indicated the need for additional faculty and 75 schools (18.3 %) with no vacancies indicated no additional faculty needed.

State Need

The Florida Agency for Workforce Innovation projects that by 2011, Florida will need an additional 41,584 RNs due to population growth alone.

The Southern Regional Education Board (SREB) surveyed 56 colleges and universities for data regarding nurse student enrollment. Only 24 institutions (43 %) responded. Associate degree programs (9 out of 12 institutions) reported turning away a total of 918 qualified applicants and baccalaureate programs (11 out of 13) reported turning away 1,918 qualified applicants. Lack of faculty was the single most cited factor for turning away qualified students (Florida Center for Nursing, 2006). A survey conducted by the Florida Council of Nursing Education Administration 2006, indicated that within 3 years an estimated 143 of Florida's 795 nursing school faculty will retire.

Florida's health care needs will continue to be complex. The shortage of nurses will continue to grow. The shortage of nursing faculty and nurses makes for the development of the practice doctorate an imperative to meet the needs for the teacher of nurses. The DNP will allow the preparation of doctorally prepared advanced practice nurses to teach nursing students and graduate students. The Florida Hospital Association, the Florida Center for Nursing, and Florida Nurses Association all support the development of the DNP programs to meet the challenges facing nursing and health care. Mary Lou Brunell, Executive Director of the Florida Center for Nursing strongly supports the DNP program stating "it will prepare more nurse educators to meet the nurse faculty shortage, a primary barrier to nurse educational program expansion."

Local Need

In 2005, the UCF School of Nursing processed 885 qualified applicants for 216 spaces for the basic BSN program. In 2005, there was a shortage of 7,440 RNs in Florida and 1,429 of these were in Central Florida (Florida Center for Nursing, 2006). A telephone survey of eight regional nursing program directors in central Florida conducted by UCF School of Nursing in June 2005 indicated that in the next five years, they expected that 28 faculty members would retire and that they would have at least 66 faculty vacancies. In summer 2004, the School of Nursing completed a needs assessment of 7772 registered nurses in central Florida with responses from 1379 (18%) (See Appendix A). Seventy-three individuals indicated that they were interested in a clinical doctoral (DNP) program.

In August 2006, an email survey was sent to the School of Nursing MSN alumni and current MSN students. Sixty-seven responses were returned in less than two weeks with 85 % indicating a strong interest in the DNP program. Twenty current MSN nurse practitioner students indicated their interest in the DNP program upon completion of their program; three of these are interested in full-time study. Forty-seven MSN nurse practitioner alumni responded, 37 are interested in part-time study starting in 2007 or 2008 and three of these are interested in full-time study. Five alumni were not interested and five were not sure.

Community response has been excellent. The School of Nursing Community Advisory Board endorsed this program as a priority to meet the needs of health care and nursing education in Central Florida. Thirty four members of the Central Florida Advanced Practice Council at the October, 2006 meeting indicated a strong need for the DNP program and a strong interest in starting the DNP program in 2007 or 2008. Letters of support from the community indicate strong support. Anne Peach, Vice President, Nursing of Orlando Regional Healthcare stated that there is "a tremendous need for this type of educational program in Central Florida." Dr. James Drake, Interim President of Brevard Community College wrote that "the clinical doctorate will significantly advance the profession as well as the practice of nursing, and the consequent quality of health care provided to patients. In addition to preparing nurses for advanced clinical roles, the program will prepare more nurse educators to help meet the acute nursing faculty demand currently experienced." He also stated that assessment of his region leads them to conclude that there are more than sufficient numbers of nurses who would enroll in a DNP program in Central Florida area. Dennis Cahill President and Chief Operating Officer of the Central Florida

Family Health Center, Inc wrote that the DNP will significantly add to the quality of health care in our community and that the DNP nurse will be better prepared to provide care to our complex patients. Strong letters of support have also been received from Lake Sumter Community College, Valencia Community College, Daytona Beach Community College, and Santa Fe Community College.

Two other DNP programs have started in the State. The University of South Florida started their DNP program in Fall 2004 and the University of Florida started in 2005. Communications with the Deans of the respective schools supports the development of the DNP program at UCF. Their respective regions have similar needs for nurses, advanced educated clinical practitioners, as well as nurse educators. The shortage of nurses and nurse faculty in this state makes the development of DNP programs a priority as is evident by the Board of Governor's approval of this degree program this year.

DCU Table Three-B: Number of Anticipated Majors from Potential Sources*
GRADUATE DEGREE PROGRAM

ACADEMIC YEAR	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5

Source of Students (Non-Duplicated Count in Any Given Year)	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE
Individuals drawn from agencies/industries in your service area (e.g., older returning students)	5	2.34	15	8.15	25	10.78	20	10.78	20	10.78
Students who transfer from other graduate programs within the university	0	0	0	0	0	0	0	0	0	0
Individuals who have recently graduated from preceding degree programs at this university**	10	4.68	20	10.13	30	15.00	30	15.00	30	15.00
Individuals who graduated from preceding degree programs at other Florida public universities	5	2.34	10	4.69	10	4.69	10	4.69	10	4.69
Individuals who graduated from preceding degree programs at non-public Florida institutions										
Additional in-state residents**										
Additional out-of-state residents**										
Additional foreign residents**										
Other (Explain)**										
TOTAL	20	9.36	45	22.97	65	32.81	60	30.47	60	30.47

* List projected yearly cumulative ENROLLMENTS instead of admissions.

** Do not include individuals counted in any PRIOR category in a given COLUMN.

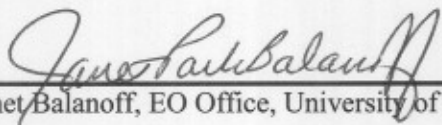
*** If numbers appear in this category, they should go DOWN in later years.

C. For all programs, indicate what steps will be taken to achieve a diverse student body in this program. Please create a place for signature at the end of section VII(C) and have your university's Equal Opportunity officer read, sign, and date this section of the proposal.

Neither FAMU nor FIU has a similar program to the DNP program. Special recruiting efforts will be directed at these two schools to attract minority students into the program. The School will establish collaborative relationships with predominantly minority institutions in the state to encourage applications by underrepresented minorities in Nursing. Faculty cooperation at these institutions will be requested for identification and referral of students interested in the DNP program. Faculty members will distribute program announcements and brochures at professional meetings targeting Hispanic Nurses Association and Black Nurses Association in the state and region encouraging minority students to make application to the program.

The School of Nursing will aggressively recruit its own minority graduates into the program. The School of Nursing has a 17% master's minority enrollment. Graduate Studies at UCF has made significant progress toward recruitment of minority students so that they now comprise over 17% of the graduate enrollment.

I have reviewed this section and found no adverse impact on protected class students, faculty or employees.



Janet Balanoff, EO Office, University of Central Florida

1/17/07

Date

VIII. Budget

A & B. Assuming no special appropriations for initiation of the program, how would resources within the institution be shifted to support the new program?

Use DCU DNP Table Four to display dollar estimates of both current and new resources for the proposed program for the first and fifty years of the program. In a narrative form, identify the source of both current and any new resources to be devoted to the proposed program. If other programs will be negatively impacted by a reallocation of resources for the proposed program, identify the program and provide justification.

This doctoral program will complement the current PhD in Nursing program. Some resources will be shared for example, six courses are currently being offered. No resources will be shifted to offer this program; rather funding has been secured from the State of Florida due to the fact that nursing is a targeted degree program. The funding secured from the legislature is recurrent funding for the purpose of preparing more nurses with masters degrees and doctoral degrees.

The majority of costs for the DNP program are salaries for existing faculty members who will teach courses and supervise clinical practice residency and DNP project. Faculty members currently teaching doctoral courses will have the DNP students in their existing courses. Faculty members currently teaching masters advanced practice didactic courses will also teach a majority of the DNP practice courses. New faculty members will be assigned to teach the masters courses along with supervision of DNP projects and residency. All faculty members will share in the workload for supervision of DNP projects. Since the DNP program will be implemented on a part-time basis the first year, the impact on existing programs will be minimal. One new course will be added in the first, second, and third semester.

In year one of the program, two new faculty members will be hired (\$144,788.) and a program assistant whose salary will be \$27,000 and \$3000 is allocated for a computer and printer. These costs (\$174,788) will be borne by the nursing program utilizing existing monies from the special budget appropriations provided to nursing \$812,000.00.

In years two through five, no additional faculty or staff will be hired. Current faculty will teach the DNP classes and supervise DNP projects and residency. In year 2-5, GTAs will be established due to the fact that the full-time students will begin in year two. Using doctoral students as GTAs to teach courses is a benefit to the DNP students as well as the school. One GTA is equivalent to a full time faculty member or \$72,394.00 for a nine month faculty line as determined through the Pegasus funding model. In subsequent years of the program, 2.5 FTE will be covered with GTA assistantships or the equivalent of \$180,985.00 salary savings. The GTAs will be able to cover four courses/clinical courses each semester while generating student credit hours to produce a revenue stream for the school of nursing.

Many of the DNP students want to be prepared to teach nursing as part of their education. Providing teaching experiences is a significant factor for retaining students in doctoral programs. In an effort to provide teaching opportunities for doctoral students, full-time DNP students will be offered positions as GTAs. DNP students who work as GTAs will have the advantage of obtaining teaching experience under the direction of seasoned faculty members. They may obtain experience with large and small classes, clinical laboratory supervision, and/or clinical instruction in area agencies. They will have support from the Faculty Center for Teaching and Learning to develop and refine their teaching skills. These GTA experiences will give the DNP students an edge in securing teaching positions once they complete the program. Incorporation of GTA opportunities also assists in meeting the DNP program goal of preparing faculty members for schools of nursing to meet the nursing faculty shortage.

In year two there will be 1.0 FTE for GTAs that will generate student credit hours to enhance revenue generation for the nursing program. In year three and thereafter, there will be 2.5 FTE for GTAs that will continue to generate student credit hours. GTAs will be able to replace undergraduate faculty who will teach in the graduate program for both the masters and DNP programs.

The following chart depicts program expenses and revenues and includes the cost savings from having GTAs teach undergraduate nursing courses. This chart will demonstrate that the program not only breaks even but it generates funds every year after year two. The additional costs in year two (\$11,143) will be absorbed utilizing the department budget and special legislative appropriations.

DNP Table 8 : Program Cost Analysis				
DNP Expenses	Year of Program	DNP Revenue	GTA Cost Savings	Revenue minus Cost
\$104,761	Year 1	0	0	
\$189,850	Year 2	\$106,313	1.0 FTE (\$72,394)	(-\$11,143)
\$379,448	Year 3	\$260,899	2.5 FTE (\$180,985)	\$62,436
\$375,448	Year 4	\$346,086	2.5 FTE (\$180,985)	\$151,623
\$375,448	Year 5	\$346,086	2.5 FTE (\$180,985)	\$151, 623

DCU Table Four: Costs for Proposed Program									
INSTRUCTION & RESEARCH	FIRST YEAR					FIFTH YEAR			
	GENERAL REVENUE		CONTRACTS & GRANTS	SUMMARY		GENERAL REVENUE		CONTRACTS & GRANTS	SUMMARY
	CURRENT	NEW				CURRENT	NEW		
POSITIONS (FTE)									
FACULTY	0.41	0.08	0.00	0.49		1.51	0.28	0.00	1.79
A&P	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
USPS	0.00	1.00	0.00	1.00		0.00	1.00	0.00	1.00
TOTAL	0.41	1.08	0.00	1.49		1.51	1.28	0.00	2.79
SALARY RATE									
FACULTY	\$46,353	\$9,045	\$0	\$55,398		\$172,476	\$31,656	\$0	\$204,132
A&P	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
USPS	\$0	\$27,000	\$0	\$27,000		\$0	\$27,000	\$0	\$27,000
TOTAL	\$46,353	\$36,045	\$0	\$82,398		\$172,476	\$58,656	\$0	\$231,132
I&R									
SALARIES & BENEFITS	\$57,246	\$44,515	\$0	\$101,761		\$213,008	\$72,440	\$0	\$285,448
OTHER PERSONAL SERVICES	\$0	\$0	\$0	\$0		\$0	\$90,000	\$0	\$90,000
EXPENSES	\$0	\$3,000	\$0	\$3,000		\$0	\$0	\$0	\$0
OPERATING CAPITAL OUTLAY	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
ELEC DATA PROCESSING	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
LIBRARY RESOURCES	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
SPECIAL CATEGORIES	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
TOTAL I&R	\$57,246	\$47,515	\$0	\$104,761		\$213,008	\$162,440	\$0	\$375,448

SECOND YEAR				THIRD YEAR				FOURTH YEAR			
GENERAL REVENUE		CONTRACT S & GRANTS	SUMMARY	GENERAL REVENUE		CONTRACTS & GRANTS	SUMMARY	GENERAL REVENUE		CONTRACTS & GRANTS	SUMMARY
CURRENT	NEW			CURRENT	NEW			CURRENT	NEW		
0.69	0.08	0.00	0.77	1.51	0.28	0.00	1.79	1.51	0.28	0	1.79
0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
0	1	0	1.00	0	1	0	1.00	0	1	0	1.00
0.69	1.08	0.00	1.77	1.51	1.28	0.00	2.79	1.51	1.28	0.00	2.79

\$78,814	\$9,045	\$0	\$87,858	\$172,476	\$31,656	\$0	\$204,132	\$172,476	\$31,656	\$0	\$204,132
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$27,000	\$0	\$27,000	\$0	\$27,000	\$0	\$27,000	\$0	\$27,000	\$0	\$27,000
\$78,814	\$36,045	\$0	\$114,858	\$172,476	\$58,656	\$0	\$231,132	\$172,476	\$58,656	\$0	\$231,132

\$97,335	\$44,515	\$0	\$141,850	\$213,008	\$72,440	\$0	\$285,448	\$213,008	\$72,440	\$0	\$285,448
\$0	\$36,000	\$0	\$36,000	\$0	\$90,000	\$0	\$90,000	\$0	\$90,000	\$0	\$90,000
\$0	\$12,000	\$0	\$12,000	\$0	\$3,000	\$0	\$3,000	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$97,335	\$92,515	\$0	\$189,850	\$213,008	\$165,440	\$0	\$378,448	\$213,008	\$162,440	\$0	\$375,448

Summary Analysis

Name of Program: Doctor of Nursing Practice

Level of program: Doctoral

CIP code:

Author: Jean Leuner and Jean Kijek

Additional resources needed for new program

Estimated Costs	Total	Current	Reallocation		New	C&G	Cost/fte*	Cost/fte**
Year 1	\$104,761	\$0	\$57,246	55%	\$47,515	\$0	\$11,192	\$11,192
Year 2	\$189,850	\$0	\$97,335	51%	\$92,515	\$0	\$8,265	\$8,265
Year 3	\$378,448	\$0	\$213,008	56%	\$165,440	\$0	\$12,420	\$12,420
Year 4	\$375,448	\$0	\$213,008	57%	\$162,440	\$0	\$12,322	\$12,322
Year 5	\$375,448	\$0	\$213,008	57%	\$162,440	\$0	\$12,322	\$12,322

* based upon total costs

** based upon current and new costs only, does not include C&G

FTE/Headcount

	Year 1	Year 2	Year 3	Year 4	Year 5
Headcount	20	45	65	60	60
FTE	9.36	22.97	30.47	30.47	30.47

Estimated revenue generated through student enrollment

Revenue	Year 1	Year 2	Year 3	Year 4	Year 5
	\$0	\$106,313	\$260,899	\$346,086	\$346,086

Estimated revenue generated through GTA replacement of faculty					
Revenue	Year 1	Year 2	Year 3	Year 4	Year 5
	0	0	\$62,436	\$151,623	\$151,623

C. Describe what steps have been taken to obtain information regarding resources available outside the institution (businesses, industrial organizations, governmental entities, etc.). Delineate the external resources that appear to be available to support the proposed program.

The School of Nursing currently receives funding from the National Institutes of Health for faculty research (Dr. Dennis). Dr. Dow Meneses and Dr. Sole have federal funding support as well as support from other foundations and grants. Dr. Leuner has secured funding for the graduate program through the SUCCEED Florida Grant mechanism and legislative appropriations. Additional faculty members have contracts and grants with foundations and agencies that provide funds to the School of Nursing. In 2004, the School of Nursing had funding support for a total of over one million dollars. The School of Nursing receives about \$70,000 annually in Federal Professional Nurse Traineeship awards to support tuition and fees for graduate students.

In 2006-07, the School of Nursing worked collaboratively with the baccalaureate and higher educational institution in Florida to develop a proposal to request a special appropriation for the legislature. The proposal was approved and funding was received from the State of Florida legislature for \$812,000.00 to support an increase in enrollment for masters and doctoral students. Funds will be recurring for five years for this initiative.

D. Specifically address the potential negative impacts that implementation of the proposed program will have on related undergraduate programs (ie., shift in faculty effort, reallocation of instructional resources, reduced enrollment rates, greater use of adjunct faculty and teaching assistants) and explain what steps will be taken to mitigate any such impacts. Also discuss the potential positive impacts that the proposed program might have on related undergraduate programs (i.e., increased undergraduate research opportunities, improved quality of instruction associated with cutting edge research, improved labs and library resources.)

No negative effects are anticipated to occur as a result of the implementation of the DNP program. Rather, it is anticipated that the presence of the DNP program will significantly increase enrollment and meet the needs of masters prepared nurses who desire a practice doctorate. This program will provide resources for undergraduate and master's student's research projects, and faculty mentors for junior faculty members.

E. Describe any other projected impacts on related programs, such as required courses in other departments.

The addition of faculty members to teach in the DNP program will benefit nursing as well as other departments in the University. There will be more opportunities for interdisciplinary research projects, research funding and collaboration with healthcare agencies. Students in the DNP program will share several courses with students in the PhD program thus enriching the educational experience for all students.

IX. Productivity

Provide evidence that the academic unit(s) associated with this new degree have been productive in teaching, research, and service. Such evidence may include trends over time for average course load, FTE productivity, student headcounts in major or service courses, degrees granted, external funding attracted; as well as qualitative indicators of excellence.

Data in **DNP Table 9** provide evidence of the School of Nursing's productivity over the past 3 years. Student credit hours have increased. Faculty research and scholarship activities (e.g. publications and presentations) have been strong. External funding has increased each year, in fact School of Nursing led Florida in NIH funding in 2003 and 2004. The School of Nursing is strongly meeting its responsibility to educate and graduate nurses with undergraduate and graduate degrees, while being productive in research, service, and scholarship.

DNP Table 9: Productivity Measures for the School of Nursing 2003 - 2006			
Measures	2003/2004	2004/2005	2005/2006
Student Majors Headcount			
UG	483	490	542
Grad	186	217	215
Doctoral	20	24	36
Total	689	731	793
Degrees Granted			
UG	186	231	277
Grad	57	65	48
Total	237	291	336
Student Credit Hours			
Lower	378	258	201
Upper	14,309	16,136	17,636
Grad	3,889	3,862	4,184
Total	18,576.	20,256.	22,021
Publications	70	15	36
Books	1	4	2
Papers/Presentations	111	105	89
Research Grants	\$4,256,449	\$3,220,744	\$4,259,110
Foundation Grants	\$ 25,000	\$ 21,000	\$ 278,000
Program Grants	\$ 987,760	\$ 830,926	\$ 238,399

DNP Table 10 displays grants and contracts awarded to faculty members over the past five years. Faculty members have been awarded a mix of research, training and service grants to benefit the citizens of the region exceeding \$12 million in the past 5 years. The research grants are aimed at chronic problems and health promotion confronting the region as well as the nation. The training grants expand access to education for nurses in the state and region. Public service grants are targeted toward health problems and health promotion in the state and region. Several of the grants are multi-year grants.

DNP Table 10: 2002-2006 Grants and Contracts				
Contact	Grant	Type	Agency	Amount
Ark, P.	Area Health Education Center (AHEC)	Training	AHEC	\$20,000
Brown, EJ	An Ethnography: Drug Use Among African American Women	Research	National Institute of Drug Abuse	\$870,000
Brown, EJ	HIV Prevention Among Southeastern Rural Black Women	Training	University of California, San Francisco	\$25,026
Brown, EJ	STD/HIV Intervention Needs of African American Women Who Smoke Crack: A Rural and Urban Comparison	Research	UCF Office of Research, In-House Grant	\$7,498
Brown, EJ	An Ethnography: Drug Use Among African American Women in Rural North Florida	Research	National Institutes of Health	\$917,918
Browne-Krimsley, V.	2003-2004 Project Liftoff: Community Based Health Start Services	Research	Prenatal & Infant Healthcare of Brevard	\$195,000
Byers, J.	Graduate Leadership & Education Program Expansion	Training	US Department of Health & Human Services	\$683,227
Byers, JF	Graduate Program Expansion Grant	Training	Division of Nursing, DHHS	\$886,000
Byers, JF	Advanced Nursing Education Traineeship	Training	Division of Nursing, DHHS	\$58,906
Byers, JF	The RWJ Executive Nurse Fellows Program	Fellowship	Univ. of California at San Francisco	\$45,000
Byers, J.	Evaluation of Coordinated Youth Initiative Program	Research	Winter Park Health Foundation	\$25,000
Covelli, M	2005 Project Liftoff	Service	Healthy Start Coalition	\$208,338
Dennis, K.	Home vs Center-Based Weight Loss & Exercise in Menopause	Research	National Institutes of Health	\$1,245,845
Dennis, K.	Active Living By Design	Research	Robert Wood Johnson Foundation	\$200,000
Dennis, K.	Intergenerational Physical Activity: Development and Test	Research	Senior Resource Alliance	\$10,000
Dow, KH	Quality of Life Intervention in Breast Cancer Survivors	Research	National Institute of Nursing Research	\$1,836,599
Dow, KH	WebOne: Oncology Nurse Education	Training	Bristol, Myers, Squibb Company	\$86,524

Contact	Grant	Type	Agency	Amount
Dow, KH	Fundamentals in Oncology	Training	Bristol, Myers, Squibb Company	\$19,262
Dow, KH	Cancer Beliefs and Behaviors of Filipino Americans	Research	Oncology Nursing Foundation	\$10,000
Dow, KH	I-4 Corridor Grant	Research	UCF	\$200,000
Dow, K.	Fertility After Breast Cancer: A Web-Based Program	Research	Susan G Komen Breast Cancer Foundation	\$259,524
Dow, K.	Interoperable Surgical Simulation with the Combat Trauma Patient Simulator	Research	STRICOM	\$40,000
Dow, K	Quality of Life Intervention in Breast Cancer Survivors	Research	National Institutes of Health	\$1,636,739
Hennig, L.	Statewide Expansion of RN-BSN Program for Rural Areas	Training	US Department of Health & Human Services	\$1,029,253
Hennig, L	RN-BSN Program in Ocala, Florida	Training	Local Agency Funding	\$21,000
Kiehl, E.	Evaluation of Coordinated Youth Initiative Programs	Research	Winter Park Health Foundation	\$25,000
Kiehl, E	Still Back to Sleep: A reminder for families, caretakers, & healthcare providers	Research	March of Dimes	\$14,332
Kiehl, E	Nursing Area Health Education Center (AHEC)—1999-present	Training	AHEC	\$80,000
Kijek, J.	Advanced Nursing Education Traineeship Grant	Training	US Department of Health & Human Services	\$187,956
Leuner, J.	UCF-SUCCEED Florida – Nursing Education Grant Program	Training	Florida Department of Education	\$420,397
Leuner, J.	UCF – SUCCEED Florida – Nursing Education Grant Program	Training	Florida Department of Education	\$147,000
Leuner, J.	Promise of Nursing NSNA Foundation	Training	NSNA Foundation in partnership with Johnson and Johnson	\$47,000
Peterson, J.	Nursing Role in Advocating for Patient's Wishes at End-of-Life	Research	UCF/Office of Research	\$7,046
Ruland, J.	Comparison of Outcomes of Community-Based vs Traditional Generic Baccalaureate Programs: A Pilot Study	Research	National League for Nursing	\$9,524
Sole, M	Alcohol Screening and Intervention in a College Clinic	Research	National Institutes of Health	\$264,211
Sole, M.	Assessment of Endotracheal Cuff Pressures with Continuous Monitoring: A Pilot Study	Research	American Assoc of Critical Care Nurses	\$10,000
Sole, ML	Multi-Site Survey of Closed-System Suctioning and Airway Management Practices of Intubated Patients	Research	American Association of Critical-Care Nurses	\$6,000

Contact	Grant	Type	Agency	Amount
Stullenbarger, E & Browne-Krimsley, V	Distant Site Expansion of UCF Generic BSN Program	Training	Department of Health & Human Services-HRSA	\$846,469
Stullenbarger, E & Kiehl, E	Integration of Community-Based Nursing Education across Program Levels	Expansion / Evaluation	Helene Fuld Health Trust	\$92,424
Wink, D.	Comparison of Outcomes of Community-Based vs Traditional Generic Baccalaureate Programs: A Pilot Study	Research	National League for Nursing	\$9,524
TOTAL				\$12,703,542

Another measure of the School's productivity is the undergraduate students pass rate on the national licensing examination for Registered Nurses (NCLEX). (See **DNP Table 11**). Student pass rates are well above both the state and national rates for first time takers of the examination

DNP Table 11: NCLEX Pass Rate Comparison										
	95-96 %	96-97 %	97-98 %	98-99 %	99-00 %	00-01 %	02-03 %	03-04 %	04-05 %	05-06 %
UCF	92.42	96.4	95.23	97.10	90.60	95.38	87.7	90.3	94.63	94.12
Florida	88.24	89.28	87.24	82.98	80.65	83.90	85.4	84.8	84.16	88.05
USA	77.18	87.6	87.37	84.11	84.56	86.19	87.3	86.6	86.15	87.29

Students in the School of Nursing have been very active in their professional and community activities. The undergraduate Student Nurse Association participates in projects related to Domestic Violence Programs and Homeless Coalitions. Students participate in numerous community projects as part of the School of Nursing Community Nursing Coalitions in over 16 different neighborhoods or communities of Central Florida. The doctoral students have been very active in the past three years with 12 refereed publications and 31 presentations at national and regional professional meetings or conferences. In addition, four graduate students received the National Student Nurses Association Promise of Nursing fellowships this year.

School of Nursing faculty members have been the recipients of many of the Annual University and College of Health and Public Affairs awards. In fact, since 1996, faculty members have received university or College of Health and Public Affairs awards every year. These data are displayed in **DNP Table 12**. In addition, five faculty members are fellows of the American Academy of Nursing. Dr. Jean Kijek was awarded the degree of Professor Honoris Causa of Udmurt State University (Russia) in 2003 for her work developing educational programs and fostering scholarship at Udmurt State University.

UCF Table 12: University and College Award Recipients (1996-Present)			
Year	Recipient	Award Source	Award
2006	Dow, Karen	UCF	Pegasus Professor Award
2005	Dow, Karen	UCF	Research Incentive Award
2005	Kiehl, Ermalynn	College of Health & Public Affairs	Excellence in Distinguished Research
2006	Ruland, Judy	UCF	Excellence in Faculty Academic Advising
2005	Smith, Lisa	UCF	Teaching Incentive Program Award
2004	Covelli, Maureen	UCF	Teaching Incentive Program Award
2003	Lafferty, Patricia	UCF	Excellence in Faculty Academic
2003	Smith, Frances	UCF	Teaching Incentive Program Award
2002	Peterson, Janice	UCF	Teaching Incentive Program Award
2002	Sole, Mary Lou	UCF	Research Incentive Award
2001	Browne-Krimsley, Valerie	UCF	Excellence In Advising
2001	Browne-Krimsley, Valerie	College of Health & Public Affairs	Excellence In Advising
2001	Dow, Karen	UCF	Research Incentive Award
2001	Hennig, Linda	College of Health & Public Affairs	Teaching Incentive Program Award
2001	Holcomb, Lygia	College of Health & Public Affairs	Excellence In Graduate Teaching
2001	Kiehl, Ermalynn	College of Health & Public Affairs	Excellence In Professional Service
2001	Kiehl, Ermalynn	UCF	Excellence In Professional Service
2001	Peterson, Janice	College of Health & Public Affairs	Excellence In Undergraduate Teaching
2001	Wink, Diane	UCF	Faculty Leadership Award
2000	Gropper, Roberta	College of Health & Public Affairs	Excellence In Professional Service
2000	Kijek, Jean	UCF	Faculty Leadership Award
2000	Leli, Patricia	College of Health & Public Affairs	Excellence in Faculty Advising
2000	Wink, Diane	College of Health & Public Affairs	Excellence In Undergraduate Teaching
2000	Wink, Diane	UCF	Excellence In Undergraduate Teaching
1999	Browne-Krimsley, Valerie	College of Health & Public Affairs	Excellence in Professional Service
1999	Dow, Karen	College of Health & Public Affairs	Excellence In Graduate Teaching
1999	Hennig, Linda	College of Health & Public Affairs	Excellence In Faculty Advising
1999	Kiehl, Ermalynn	College of Health & Public Affairs	Teaching Incentive Program Award
1999	Stullenbarger, Elizabeth	UCF	Faculty Leadership Award
1998	Dow, Karen	College of Health & Public Affairs	Distinguished Researcher
1998	Dow, Karen	College of Health & Public Affairs	Teaching Incentive Program Award
1998	Sole, Mary Lou	College of Health & Public Affairs	Teaching Incentive Program Award
1998	Sole, Mary Lou	College of Health & Public	Excellence In Professional Service
1998	Wink, Diane	College of Health & Public Affairs	Teaching Incentive Program Award
1997	Dow, Karen	UCF	President's Special Merit Award
1997	Wink, Diane	College of Health & Public Affairs	Excellence In Faculty Advising
1997	Wink, Diane	UCF	Excellence In Faculty Advising
1996	Covelli, Maureen	UCF	Teaching Incentive Program Award
1996	Hennig, Linda	College of Health & Public Affairs	Excellence In Undergraduate Teaching
1996	Hennig, Linda	College of Health & Public Affairs	Teaching Incentive Program Award
1996	Sole, Mary Lou	College of Health & Public Affairs	Excellence In Research Award

Faculty members are committed to professional and community service that addresses the mission and goals of the University. Professional activities include active involvement in local, state, and national organizations; journal editorial boards; local, state, and national advisory boards; and research/grant review panels. Community activities demonstrate commitment to the communities within the UCF service area as well as at the state and national level. Examples of faculty member professional and community service are found in **DNP Table 13**.

UCF Table 13: Examples of Faculty Professional and Community Service		
	Selected Professional Activities	Selected Community Service
Ahern, Nancy	<ul style="list-style-type: none"> • Phi Kappa Phi American Nurses Association • Florida Nurses Association • National League for Nursing 	<ul style="list-style-type: none"> • Brevard County Florida School Health Advisory Board • Brevard Community College Nursing Advisory Board, Cocoa, FL • New Smyrna Beach High School Advisory Council, Co-chair, New Smyrna Beach, FL • Volusia County Florida Chapter, American Lung Association Board
Ark, Pamela	<ul style="list-style-type: none"> • Association of Community Health Nursing Educators • American Public Health Association/Public Health Nursing Section 	<ul style="list-style-type: none"> • Little Egypt Leadership Council, Orlando FL – Member representing UCF LE CNC • Little Egypt Neighborhood Association, Orlando FL – Community Nursing Center Representative
Blackwell, Christopher	<ul style="list-style-type: none"> • Golden Key National Honor Society • University of Central Florida Alumni Association, founding President of school of Nursing Chapter • Central Florida Advanced Practice Nursing Council 	<ul style="list-style-type: none"> • Volunteer Board Member, Central Florida Gay, Lesbian, Bisexual and Transgender Community Center. • Co-Coordinator, National Kidney Foundation Hispanic Health Initiatives Central Florida Health Fair.
Bushy, Angeline	<ul style="list-style-type: none"> • Fellow in the American Academy of Nursing • National Rural Nurses Organization 	<ul style="list-style-type: none"> • Florida, Volusia School District Advisory Board • St. John's River Rural Health Network - Board Member • Northeast Florida Area Health Education Center (AHEC) Board Member
Byers, Jacqueline	<ul style="list-style-type: none"> • National Association for Healthcare Quality • American Association of Nurse Executives • Reviewer or editorial board, 8 journals • DHHS – grant reviewer 	<ul style="list-style-type: none"> • Education Advisory Committee, Florida Patient Safety Commission • Member, Nursing Research Committee, Orlando Regional Healthcare System • Member, Institutional Review Board, Orlando Regional Healthcare System
Chen, Huey Shys	<ul style="list-style-type: none"> • American Public Health Association 	<ul style="list-style-type: none"> • Vice president of the Chinese American Scholars Association of Florida.

	<ul style="list-style-type: none"> Chinese American Scholars Association of Florida (CASAF) Editorial and Review Boards, 8 journals 	<ul style="list-style-type: none"> Being a volunteer (teaching assistant) to a Chinese school teacher to help 5th graders from Asia American family learn Chinese language at The Chinese School of CAACF, Inc on Saturday afternoon (from 2-4pm)
Covelli, Maureen	<ul style="list-style-type: none"> Sigma Theta Tau National Council of Cardiovascular Nursing/ American Heart Association Florida Nurses Association 	<ul style="list-style-type: none"> Healthy Start Brevard Parish Nurse Development Board for St. Mary Magdalen Catholic Church Jones High School , Health Projects Advisory Board, Magnet Programs
Dennis, Karen	<ul style="list-style-type: none"> American Academy of Nursing NIH grant reviewer Council on Nutrition, Metabolism and Physical Activity North American Association for the Study of Obesity Editorial Board or reviewer – 7 journals, 	<ul style="list-style-type: none"> American Heart Association – Community Advisory Board Active Living by Design, City of Orlando Orange County Commission on Aging Childhood Obesity Task Force, Orange County, FL
Desmarais, Paul	<ul style="list-style-type: none"> Sigma Theta Tau American Association of Critical Care Nursing 	<ul style="list-style-type: none"> Member, AACN Member, Sigma Theta Tau ACLS Certified, BCLS Certified
Dow Meneses, Karen	<ul style="list-style-type: none"> NINR grant reviewer Co-chair and permanent member, Population and patient oriented training study section – J Co-chair and permanent member, Cancer education study section – G Clinical Nurse Scientist, MD Anderson Cancer Center, Orlando 	<ul style="list-style-type: none"> Member, IRB at MD Anderson Cancer Center Chair, American Cancer Society Scholarship and Professorship in Nursing Committee Member, Blue Ribbon Panel Evaluation of Public Education Programs Member, Urological Nurses Association Member, Oncology Nurses Association
Edmondson, Karen	<ul style="list-style-type: none"> National League of Nurses Volusia-Flagler Advanced Practice Nursing Council 	
Gullo, Marifrances	<ul style="list-style-type: none"> Florida Nurses Association Volusia/Flagler Advanced Practice Nursing Council- President American Academy of Nurse Practitioners 	<ul style="list-style-type: none"> Volusia/Flagler Homeless Coalition Mental Health Association of Volusia/Flagler County BABES Program for 1st graders in Volusia County Schools
Heglund, Steven	<ul style="list-style-type: none"> American Academy of Nurse Practitioners Phi Kappa Phi Florida Nurses Association 	<ul style="list-style-type: none"> Visiting Nurse Association of the Treasure Coast, Annual Holiday Gift Distributor (SC)
Hennig, Linda	<ul style="list-style-type: none"> Florida Nurses Association, Nominating Committee, Chair Sigma Theta Tau, Faculty 	<ul style="list-style-type: none"> Florida State Association of Rehabilitation Nurses Advisory Board Florida Hospital Rehabilitation Center Community

	Counselor <ul style="list-style-type: none"> Florida State Association of Rehabilitation Nurses Advisory Board 	Advisory Board
Hoyt, Erica	<ul style="list-style-type: none"> American Association of Critical Care Nurses International Nursing Association for Clinical Simulation and Learning 	
Kijek, Jean	<ul style="list-style-type: none"> Association of Florida International Linkage Florida Nurses Association, President District 8 Florida Eastern Europe & Canada Linkage Institutes Past Director 	<ul style="list-style-type: none"> United Nations Association of Central Florida International Council of Central Florida, Inc, Board member
Ladores, Sigrid	<ul style="list-style-type: none"> National Association of Pediatric Nurse Practitioners Florida Nurses Association Philippine Nurses Association 	<ul style="list-style-type: none"> Parramore Kidz Zone Lisa Merlin House Orlando Union Rescue Mission Sunny Shores Sea Camp for Children with Cystic Fibrosis
Lafferty, Patricia	<ul style="list-style-type: none"> National League for Nursing American Medical Informatics Associations Florida Nurses Association 	<ul style="list-style-type: none"> OCPS School Health Advisory Council Southwood Community Center Advisory Board
Lange, Barbara	<ul style="list-style-type: none"> Florida Public Health Association Florida Nursing Association National League for Nurses 	<ul style="list-style-type: none"> Senior Home Care, Executive Advisory Board member Brevard Co. Health Dept. Mobilizing for Action through Planning and Partnership (MAPP) member Emergency/Disaster RN Volunteer, American Red Cross
Leli, Patricia	<ul style="list-style-type: none"> Florida Nurses Association Central Florida Health Educators 	<ul style="list-style-type: none"> Florida Hospital College, School of Nursing Advisory Board UCF-SON representative for Corner Lake Middle School Coordinated School Health Program
Leuner, Jean	<ul style="list-style-type: none"> Florida Association of Colleges of Nursing, President Sigma Theta Tau, National Honor Society of Nursing, Theta Epsilon, President Manuscript Reviewer for 2 journals 	<ul style="list-style-type: none"> Winter Park Health Foundation Advisory Committee, Winter Park Memorial Hospital Life Fulfilling Community, Member Board of Directors at UCF
Mayer, Betty	<ul style="list-style-type: none"> Florida Nurses Association American Academy of Nurse Practitioners Phi Kappa Phi 	<ul style="list-style-type: none"> Appointment, West Volusia Hospital Authority Citizens Advisory Board Florida Local Advocacy Council (formerly Florida Statewide Human Rights Advocacy Committee)
Peterson, Janice	<ul style="list-style-type: none"> Hospice and Palliative Nurses Association National Gerontological Nursing Assoc 	<ul style="list-style-type: none"> Hospice of Orange and Osceola, Board Member Central Florida Partnership to Improve End-of-Life Care, Member

	<ul style="list-style-type: none"> Manuscript Reviewer – 3 journals 	<ul style="list-style-type: none"> Florida Council on Aging
Powel, Lorrie	<ul style="list-style-type: none"> International Society for Quality of Life Research Society of Behavioral Medicine Oncology Nursing Society – National 	<ul style="list-style-type: none"> American Cancer Society – Regional
Rash, Elizabeth	<ul style="list-style-type: none"> Florida Nurse Practitioner Network, Inc. American Academy of Nurse Practitioners Editorial Review Board, The American Academy of Nurse Practitioners 	<ul style="list-style-type: none"> Central Florida Coalition for the Prevention & Control of Obesity in Children Action for Healthy Kids, State Task Force Jones High School, Adolescent Fitness Program Nap Ford Charter School Faculty Wellness Initiative
Robinson, Patricia	<ul style="list-style-type: none"> Association of Nursing in AIDS Care National Association of Pediatric Nurse Practitioners Physicians for Human Rights 	<ul style="list-style-type: none"> University of Florida Minority Mentoring Program Reviewer, Coordinated School Health Resource Center Material Review Committee, Department of Education, State of Florida
Ruland, Judith	<ul style="list-style-type: none"> Commission on Collegiate Nursing Education - Accreditation evaluator Editorial Review Board, - 2 journals <i>On-line Journal of</i> 	<ul style="list-style-type: none"> Volunteer in Mission to Guatemala (Seven day mission) with Coronado United Methodist Church Volunteer in Mission to Creel Mexico (Seven day mission) with Coronado United Methodist Church
Sheplan, Ilona	<ul style="list-style-type: none"> President, Florida Chapter of NAPNAP 	
Smith, Frances	<ul style="list-style-type: none"> Sigma Theta Tau past President Phi Kappa Phi. Reviewer – 4 textbook publishers 	<ul style="list-style-type: none"> Working with suicidal persons, to lay ministry classes, First United Methodist Church, Orlando, FL Orange County Mental Health Association
Smith, Lisa	<ul style="list-style-type: none"> American Association of Critical Care Nurses Society of Critical Care Medicine 	<ul style="list-style-type: none"> Aloma Methodist Church Youth Group Volunteer Winter Park School District Volunteer Orlando Regional Healthcare IRB committee
Sole, Mary Lou	<ul style="list-style-type: none"> American Association of Critical-Care Nurses (AACN) Chair, Research Work Group Editorial Board, or reviewer Accreditation Site Visitor, Commission on Collegiate Nursing Education 	<ul style="list-style-type: none"> Leader of the Year, Girl Scout New Generations Service Unit Nursing Research Committee, Orlando Regional Healthcare System
Wink, Diane	<ul style="list-style-type: none"> National Organization of Nurse Practitioner Faculties American Academy of Nurse Practitioners Editorial Board or reviewer – 4 journals 	<ul style="list-style-type: none"> External Reviewer for Promotion and Tenure Candidate <i>UNC Greensborough</i> Judge. Annual Best Nursing Leader Contest 2005. <i>ADVANCE for Nurses</i>. Mid Atlantic Edition Judge 6th Annual Best Nursing Team Contest 2005. <i>ADVANCE for Nurses</i> Mid Atlantic Edition

X. Appendices

APPENDIX A

SCHOOL OF NURSING NEEDS SURVEY



School of Nursing

Please place an "X" in the box(es) to indicate your response.
Thank you.

Demographics

1. Gender

- ☐ Female ☐ Male

2. Year of Birth: 19__

3. Ethnicity

- ☐ Asian
☐ American Indian or Alaska Native
☐ Black or African American
☐ Hispanic
☐ Native Hawaiian or Other Pacific Islander
☐ White

4. FL county in which I currently live: __

- ☐ Brevard ☐ Orange
☐ Citrus ☐ Osceola
☐ Flagler ☐ Seminole
☐ Lake ☐ Sumter
☐ Levy ☐ Volusia
☐ Marion ☐ Other

5. Currently working in nursing: (Mark all that apply)

- ☐ Full-time
☐ Part-time
☐ Not employed in nursing
☐ Not employed
☐ Retired

6. Tuition reimbursement offered by employer:

- ☐ Yes
☐ No
☐ Unknown

7. Primary place of employment:

- ☐ Acute Care Hospital
☐ Ambulatory Care
☐ Community/Public Health
☐ Home Health
☐ Insurance/Managed Care
☐ Nursing Home/Long Term Care
☐ Physician Practice
☐ Private Practice
☐ Psychiatric Facility
☐ Rehabilitation Facility
☐ School Health
☐ School of Nursing/Faculty
☐ VA/Military
☐ Other _____

8. Highest Degree:

- ☐ Diploma
☐ Associate/Nursing
☐ Associate/Other
☐ BA/BS/Nursing
☐ BA/BS/Other
☐ MA/MS/Nursing
☐ MA/MS/Other
☐ Doctorate/Nursing
☐ Doctorate/Other
☐ Other _____

9. I would consider attending school to earn a higher nursing degree:

- | Full-time: | Part-time: |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No |

10. I would prefer to attend educational programs that are: (Mark all that apply)

- ☐ Traditional Classroom, face-to-face with the instructor
☐ Classroom/web enhanced, part time in classroom, part time on line
☐ Web based, entire class/program conducted on line
☐ Satellite Broadcast/Interactive Television (ITV)
☐ Web Camera

11. I have easy access to a computer:

- ☐ At home with Internet access
- ☐ At work with Internet access
- ☐ At resource library with Internet access
- ☐ No
- ☐ Other _____

12. I prefer to take classes that are offered:

(Mark all that apply)

- ☐ Weekday Days
- ☐ Weekday Evenings
- ☐ Weekends
- ☐ Intensive compressed classes (longer class times, fewer class dates)
- ☐ Concentrated days during the week (several classes in one day)

13. Clinical Practice Area:

- ☐ Critical Care Unit
- ☐ Emergency/Trauma
- ☐ Geriatrics
- ☐ Medical Nursing
- ☐ Nursing Administration/Management
- ☐ OB/GYN
- ☐ Oncology
- ☐ Pediatrics
- ☐ Primary Care
- ☐ Psych/Mental Health
- ☐ QA/Risk Mgmt/Infection Control
- ☐ Rehabilitation
- ☐ School Health
- ☐ Transplant
- ☐ Other _____

15. Masters Specialty Programs:

- ☐ Clinical Nurse Specialist (CNS) – Acute Care
- ☐ Nurse Practitioner: Adult
- ☐ Nurse Practitioner: Family
- ☐ Nurse Practitioner: Pediatric
- ☐ Nursing Leadership and Management –
(Mark all that are of interest):
- ☐ Case Manager
- ☐ Educator
- ☐ Individualize
- ☐ Nurse Manager

16. Certificate Program:

- ☐ Health Educator

17. Interest in Doctoral program for the following:

- ☐ Administrative Position
- ☐ Faculty Position
- ☐ Researcher/Scientist

18. Potential New Graduate Specialty Programs:

- ☐ Acute Care Nurse Practitioner
- ☐ Clinical Doctorate (Doctor of Nursing Practice)
- ☐ Clinical Nurse Leader (clinical focused with leadership skills)
- ☐ Emergency Nurse Practitioner
- ☐ Gerontology Nurse Practitioner
- ☐ Oncology
- ☐ Psych. Mental Health Nurse Practitioner
- ☐ School Health Nursing
- ☐ Other _____

Programs: Please choose the programs that are of interest to you.

Comments:

14. Degree Program:

- ☐ RN to BSN
- ☐ RN to MSN
- ☐ BSN
- ☐ MSN
- ☐ Ph.D. (Mark all Ph.D. foci that are of interest):
 - ☐ Health care systems and policy
 - ☐ Innovative technology in nursing and health care
 - ☐ Vulnerable populations

APPENDIX B

LIBRARY HOLDINGS

Monographs (Books) (as of January 2002)

Call Numbers	UCF	UF	USF	Georgia State Univ.
RT or WY	2662	4807	3346	3410
PERCENTAGES	100%	181%	126%	128%

Journal Titles Owned (print & electronic; current and non-current; as of January 2002)

Subject	UCF	UF	USF	Georgia State Univ.
Nursing	166	184	135	142
PERCENTAGES	100%	111%	81%	85%

Journal Titles Not Owned by UCF

Journal Title	Subscription Rate	5-Year Estimate
1. Evidence Based Nursing	\$413 (print & electronic)	\$2065
2. Issues in Comprehensive Pediatric Nursing	\$184	\$920
3. Journal of Family Nursing	\$461	\$2305
4. Journal of Legal Medicine	\$253	\$1265
5. Journal of Multicultural Nursing	\$80	\$400
6. Journal of Nursing Measurement	\$78	\$390
7. Nursing History Review	\$68	\$340
8. Nursing Leadership Forum	\$112	\$560
9. Online Journal of Knowledge Synthesis for Nursing	\$350	online
10. Outcomes Management for Nursing Practice	\$117 (began 1998)	\$468
11. Scholarly Inquiry for Nursing Practice	\$123	\$615
12. Yale Journal of Health Policy Law and Ethics	\$39	Began 2001
TOTAL	\$2278	\$9328

Current Nursing Journal Subscriptions (print & electronic as of Jan 2002)

1. AACN clinical issues
2. AAOHN journal
3. ABNF journal
4. Activities, adaptation & aging
5. Advances in health sciences education
6. American journal of critical care
7. American journal of nursing
8. American nurse
9. Annual review of nursing research
10. ANS, Advances in nursing science
11. AORN journal
12. Applied nursing research
13. Archives of psychiatric nursing
14. Australian and New Zealand journal of mental health nursing
15. Australian journal of rural health
16. AWHONN lifelines
17. Canadian journal of nursing research
18. Canadian nurse
19. Cancer nursing
20. Clinical nurse specialist: CNS
21. Clinical nursing research
22. Community practitioner
23. Computers in nursing
24. Critical care nurse
25. Critical care nursing clinics of North America
26. Critical care nursing quarterly
27. Dimensions of critical care nursing
28. European journal of cancer care
29. European journal of oncology nursing
30. Florida nurse
31. Focus on geriatric care & rehabilitation
32. Geriatric nursing
33. Health progress
34. Heart & lung
35. Holistic nursing practice
36. Home healthcare nurse
37. Imprint
38. Intensive & critical care nursing
39. International journal of nursing practice
40. International journal of nursing studies
41. International nursing review
42. Issues in mental health nursing
43. JONA'S healthcare law, ethics and regulation
44. Journal for nurses in staff development

45. Journal of advanced nursing
46. Journal of cardiovascular nursing
47. Journal of Christian nursing
48. Journal of clinical nursing
49. Journal of community health nursing
50. Journal of continuing education in nursing
51. Journal of emergency nursing: JEN
52. Journal of gerontological nursing
53. Journal of health occupations education
54. Journal of holistic nursing
55. Journal of infusion nursing
56. Journal of law, medicine & ethics
57. Journal of midwifery & women's health
58. Journal of National Black Nurses' Association
59. Journal of neuroscience nursing
60. Journal of nursing administration
61. Journal of nursing care quality
62. Journal of nursing education
63. Journal of nursing management
64. Journal of nursing scholarship
65. Journal of obstetric, gynecologic, and neonatal nursing: JOGNN
66. Journal of pain and symptom management
67. Journal of pediatric health care
68. Journal of pediatric nursing
69. Journal of pediatric oncology nursing
70. Journal of perianesthesia nursing
71. Journal of perinatal & neonatal nursing
72. Journal of professional nursing
73. Journal of psychiatric and mental health nursing
74. Journal of psychosocial nursing and mental health services
75. Journal of school nursing
76. Journal of the American Academy of Nurse Practitioners
77. Journal of the American Psychiatric Nurses Association
78. Journal of the Association of Nurses in AIDS Care
79. Journal of the Society of Pediatric Nurses
80. Journal of transcultural nursing
81. Journal of wound, ostomy, and continence nursing
82. Maternal and child health journal
83. MCN, the American journal of maternal child nursing
84. Medsurg nursing
85. Midwifery matters
86. Modern healthcare
87. Neonatal network
88. Nurse education today
89. Nurse educator
90. Nurse practitioner
91. Nurse practitioner forum
92. Nursing

93. Nursing and health sciences
94. Nursing administration quarterly
95. Nursing and health care perspectives
96. Nursing and health sciences
97. Nursing clinics of north america
98. Nursing diagnosis
99. Nursing economics
100. Nursing ethics
101. Nursing forum
102. Nursing homes: long term care management
103. Nursing inquiry
104. Nursing law's Regan report
105. Nursing management
106. Nursing philosophy
107. Nursing research
108. Nursing science quarterly
109. Nursing standard
110. Nursing times
111. Oncology nursing forum
112. Orthopedic nursing
113. Pediatric nursing
114. Perspectives in psychiatric care
115. Professional nurse
116. Progress in cardiovascular nursing
117. Public health nursing
118. Quality of life research
119. Rehabilitation nursing
120. Research in nursing & health
121. RN
122. Scandinavian journal of caring sciences
123. Seminars for nurse managers
124. Seminars in oncology nursing
125. Today's surgical nurse
126. Western journal of nursing research

Nursing and Medical Databases (as of Jan 2002)

1. Ageline
2. AIDS and Cancer Research Abstracts
3. Alt-Health Watch
4. Biological Abstracts
5. Biological and Agricultural Index
6. Biological Sciences
7. Biology Digest
8. Biotechnology and Bioengineering Abstracts
9. CancerLit
10. Cinahl
11. EBM Reviews
12. Encyclopedia of Immunology
13. E-Psych
14. Health and Psychosocial Instruments
15. Health and Wellness Resource Center
16. Health Source: Nursing Academic Edition
17. HealthStar (OVID)
18. MDX Health Digest
19. Medline
20. Microbiology Abstracts
21. Natural Medicines Comprehensive Database
22. PsycFirst
23. PsycInfo
24. SportDiscus
25. Toxline
26. USP DI Vol II, Advice for the Patient

APPENDIX C

FACULTY SCHOLARSHIP

Summary of Faculty Scholarship from 2003-2006

Nancy Ahern

Ahern, N.R. (in press). Cultural influences on nursing care. In L. Williams and P. Hopper (Eds.), *Understanding medical surgical nursing*. Philadelphia: FA Davis.

Ahern, N.R., & Kiehl, E. (in press). Adolescent Sexual Health & Practice - A Review of the Literature: Implications for Health Care Providers, Educators, and Policymakers. *Journal of Family and Community Health*.

Comparison of Outcomes of Community-based Versus Traditional Basic Baccalaureate Programs: Report of Findings of Year Two in the proceedings the *NLN Education Summit 2005 - Nursing Education: Navigating Toward New Horizons* (September 29 – October 1, 2005).

Pamela Ark

Ark, P.D., Hull, P., Husaini, B.A., & Craun, C. Religiosity, Religious Coping Styles & Health Service Utilization: Racial Differences Among Elderly Females. *Journal of Gerontological Nursing* (In Press, anticipated August, 2006).

Christopher Blackwell

Blackwell, C. Dziegielewski, S., & Jacinto, G. (2006). The use of a strengths-based approach in addressing discrimination against gays and lesbians. *Journal of Health & Social Policy*, 13 (4), 1-17.

Blackwell, C., & Dziegielewski, S. (2005). The privatization of social services from public to sectarian: Negative consequences for America's gays and lesbians. *Journal of Human Behavior in the Social Environment*, 11 (2), 25-41.

Blackwell, C., Ricks, J., & Dziegielewski, S. (2005). Discrimination of gays and lesbians: A social justice perspective. *Journal of Health & Social Policy*, 19 (4), 27-43.

E J Brown

Gubrium, A. & Brown, E. J. (in press). Lessons learned from taking data collection to the "hood." *Journal of Ethnicity in Substance Abuse*, 5(1), 51-65.

Brown, E. J. (in press). Good mother, bad mother: Perception of mothering by African-American women who use cocaine. *Journal of Addictions Nursing*, 17(1).

Brown, E. J. (in press). Why Rural African-American women' who use cocaine mistrust women: The insider perspective *Journal of Psychosocial Nursing and Mental Health Services*.

Brown, E. J. & Smith, F. B. (in press). Drug (ab)use research among rural African-American males: An integrated literature review. *International Journal of Men's Health*.

Brown, E. J. & Wells, S. (2005). Consensus-building around the selection and refinement of an integrated effective faith-based substance abuse and HIV prevention model for rural African-American adolescents. *Journal of the American Psychiatric Nurses Association*, 11(6), 344-350.

Brown, E. J. & Smith, F. B. (2005). A tri-level HIV-prevention educational intervention. *International Journal of Nursing Education Scholarship*, Vol 2, Issue1.

Brown, E.J., Hill, M.A., & Giroux, S. (2004). "A 28-day program ain't helping the crack smoker": Perceptions of effective drug abuse prevention intervention by North Central Florida African Americans who use cocaine. *Journal of Rural Health*, 20(3):286-95.

- Brown, E.J., Gubrium, A, & Sylla, A. (2004). Applied pedagogy: A community-based HIV prevention education curriculum: Collaboration between professors, students and community residents. *Journal of Experimental Education*.
- Brown, E.J., Gubrium, A, & Smith, S. (2004). HIV intervention needs of southern African-American women who smoke crack. *Nursing Research*.
- Brown, E.J., Gubrium, A, & Ogbonna-Hicks, G. (2004). Rural Floridians' perceptions of health, health values and health behaviors. *Southern Online Nursing Research Journal*.
- Dunlap, E. & Brown, E.J. (2003). Drug-related consuming behavior patters in urban and rural households and communities. *The American Journal on Addictions*.
- Brown, E.J. & Dunlap, E. (2003). The isolated of the isolated: Drug use and employment among women in a southeast rural and northern inner-city. *Nursing Research*.
- Brown, E.J. (2003). The Role of The Faith Community in the HIV/AIDS Struggle: Barrier or Facilitator? *Public Health Reports*.
- Brown, E.J., & Van Hook, M. (2003). Sexual behavior and health outcomes among rural women who use drugs. *Journal of Psychosocial Nursing and Mental Health Services*, 19, 441–449.
- Brown, E.J., & Van Hook, M. (2003). Perceptions of HIV risk among rural women who use cocaine. *Women Health Issues*, 17(1): 21-31.
- Brown, E.J. (2003). STI/HIV-Related structural and socio-structural barriers among black women residing in the rural southeast. *Journal of Multicultural Nursing and Health*, 9(3), 40-48.
- Brown, E.J. & T. Trujillo. (2003). “Bottoming-Out?” among rural African American women who use cocaine. *Journal of Rural Health*. 19(4), 441-449.
- Brown, E.J. (2003). Double whammy: Accessing, recruiting and retaining the hidden of the hidden. *Journal of Ethnicity in Substance Abuse*. 2(1), 43-51.
- Brown, E.J., & Brown J. (2003). HIV prevention outreach in Black communities of three rural north Florida counties. *Public Health Nursing*. 20(3), 204-210.
- Jemmott. L. S., & Brown, E. J. (2003). Reducing HIV sexual risk among African American women who use drugs: Hearing their voices. *Journal of the Association of Nurses in AIDS Care*. 14(1), 19-26.
- Brown, E.J., Gubrium, A, & Oiyemhonlan, B. (2003). Barriers to utilizing preventive health services for inner-city and rural African-American women who use crack. *Journal of Behavioral Health Services & Research*.

Angeline Bushy

Bushy, A. (In press). Community health nursing in rural environments. In Stanhope, V. & Lancaster, J. (Eds.) *Community Health Nursing*, 7th Edition. St. Louis, MO: Mosby Publishers.

Leipert, B., & Bushy, A. (In press). From Earth to Space: Women's health and nursing on the frontier. *Human Performance in Extreme Environments*.

Bushy, A. (2006). FYI for RNO Members: Institute of Medicine (IOM) *Rural Quality Initiative*, *Rural Nurses Organization: Rural Nurse Connection*.

- Bushy, A. (2006). Rural health and migrant health (Ch.22). In M. Stanhope & J. Lancaster (Eds.) *Foundations of community health nursing: Community-oriented practice 2nd*. Elkridge, MD: Mosby/Elsevier.
- Bushy, A. (2005). Community health nursing in rural areas. In Smith, C., & Maurer, F, *Community Health Nursing: Theory and Practice* (2nd Edition). Philadelphia, PA: W.B. Saunders. Ch. 32, 753-744.
- Bushy, A. (2005). Needed: Quality improvement in rural health care. *Australian Journal of Rural Health*, 13(5), 261-262.
- Dunkin, J., Stover, L., and Bushy, A. (2005). Roles, responsibilities, and outcome expectations of endowed chairs in nursing, *Nurse Educator*, 30(4):178-83.
- Bushy, A. (2005). Needed: A more inclusive research paradigm to learn about the health needs of rural women. (Jacobs Institute of Women's Health) *Women's Health Issues*, 15(5), 204-208.
- Loerzel, V. & Bushy, A. (2005). Interventions that address cancer disparities in women. *Family and Community Health*, 22(1), 79-89.
- Bushy A. Stanton M & Freeman, H. (2004). The Effects of a Stress Management Program on Knowledge and Perceived Self-efficacy among Participants from a Faith Community: A Pilot Study. *Online Journal of Rural Nursing*, 4(2), <http://www.rno.org/journal/issues/Vol-4/issue-2>.
- McKenzie R. & Bushy A. (Eds.). (2004). Special edition focusing on rural minority and multicultural preventive care, primary care and mental health issues: challenges and opportunities, *Journal of Rural Health*, 20(3), 191-192.
- Bushy, A. (2004). Vulnerability: An overview. In Saucier-Lundy, K. & Jaynes, S. (Eds.) *Community health nursing: Caring for the public health-* (2nd Ed). Sudbury, MA: Jones & Bartlett Publishers.
- Nalle, M., Speraw, S., & Bushy, A. (2004). Community care: The family and culture, Chapter 2. In D. Lowdermilk & S. Perry (Eds). *Maternity and Women's Health Care* 8th Edition. Philadelphia, PA: Mosby, 16-51.
- Bushy, A. (2003). Issues in rural health: Model for a web-based course. In M. Hermann & K. Henrich (Eds.). *Annual Review of Nursing Education*. New York, NY: Springer Publishing Company.
- Garrison, A. & Bushy, A. (2003). Evaluating Posters at a Professional Conference: Revisiting the Research Poster Assessment Tool (R-PAT). *Journal for Health Care Quality*, W4-24
- Bushy, A. (2003). Creating nursing research opportunities in rural health care facilities. *Journal of Nursing Quality Care*. 19(2), 162-168.
- Bushy, A. (2003) Case management: Considerations for providing services to clients in remote and underserved rural areas. *Lippincott's Case Management: Managing the Process of Patient Care*, 8(5), 214-213.

Jacqueline Byers

Byers, J.F., Lowman, L.B., Francis, J., Kaigle, L., Lutz, N. H., Waddell, T., Diaz, A.L. (in press). Individualized developmentally supportive family-centered care: a quasi-experimental trial. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*.

Byers, J.F., Waugh, W.R., Lowman, L. B. (2006) High-risk infant sound level exposure in different environmental conditions. *Neonatal Network*, 25(1), 25-32.

Byers, J.F. (2005). Healthcare Quality Research. *Journal for Healthcare Quality*, 27(4).

- Byers, J.F., Rosati, R.J. (2005). Research provides the MEAT for quality improvement (editorial). *Journal for Healthcare Quality*, 27(4), 2.
- Byers, J.F. (2005). Ethical and legal issues in critical care nursing. In Sole, M.L., Klein, D.G., Mosely, M. (2005). *Introduction to Critical Care Nursing*, 4th ed. Philadelphia: Saunders. Chapter 2.
- Allred, K., Byers, J.F. (Sept. 2005). FONE survey on nursing research resources. *The Florida Nurse*, 53(3):20.
- Byers, J.F. (2004). Protecting your patient during clinical research. *Critical Care Nurse*. 24(1), 53-59.
- Byers, J.F. (2004). Healthcare Quality Research. *Journal for Healthcare Quality*, 26(4).
- Byers, J.F., Thornley, K. (2004). Cueing into infant pain. *MCN: The American Journal of Maternal Child Nursing*, 29, 84-89.
- Byers, J.F. (2004). Healthcare Quality Research. *Journal for Healthcare Quality*, 26(4).
- Byers, J.F. (2004). Evidence-based practice to promote patient safety. In Byers, J.F., White, S.V. (Eds.) (2004). *Patient Safety: Principles and Practice*. New York: Springer. Chapter 4.
- Roach, D., White, S.V., Byers, J.F. (2004). Using technology to promote patient safety. In Byers, J.F., White, S.V. (Eds.) (2004). *Patient Safety: Principles and Practice*. New York: Springer. Chapter 8.
- Byers, J.F., Schafhauser, B. (2004). Pediatric patient safety. In Byers, J.F., White, S.V. (Eds.) (2004). *Patient Safety: Principles and Practice*. New York: Springer. Chapter 10.
- Byers, J.F. (2004). Patient safety in acute and critical care. In Byers, J.F., White, S.V. (Eds.). *Patient Safety: Principles and Practice*. New York: Springer. Chapter 11.
- White, S.V., Byers, J.F. (2004). Patient safety in ambulatory care. In Byers, J.F., White, S.V. (Eds.). *Patient Safety: Principles and Practice*. New York: Springer. Chapter 12.
- Byers, J.F. (2004). Promoting the safety of research participants. In Byers, J.F., White, S.V. (Eds.). *Patient Safety: Principles and Practice*. New York: Springer. Chapter 15.
- Byers, J. F. (2004). Assessment of respiratory function. In S.C. Smeltzer & B. Bare (Ed.) *Brunner & Suddarth's Textbook of Medical-Surgical Nursing*, 10th ed. Philadelphia: Lippincott, Williams & Wilkins. Chapter 21.
- Byers, J.F., Lowman, L.B. Francis, J., Lutz, N., Wadell, T., Kaigle, L. (2004). Evaluation of individualized developmentally and family supportive interventions with premature infants. *Proceedings of the Physical and Developmental Environment of the High-Risk Infant Conference*.
- Byers, J.F., Lowman, L.B., Waugh, R. (2004). Monitoring noise levels in the intensive care nursery: a performance improvement program. *Proceedings of the Physical and Developmental Environment of the High-Risk Infant Conference*.
- Bremmer, P., Byers, J.F., Kiehl, E. (2003). Noise and the premature infant: physiological effects and practice implications. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 32, 447-454.
- Byers, J.F., Aragon, E.D. (2003). What quality improvement professionals need to know about Institutional Review Boards. *Journal for Healthcare Quality*, 25,4-9.
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APPENDIX D

LETTERS OF SUPPORT

Letters of support have been received from:

James A. Drake, Ph.D.
Interim President
Brevard Community College

Dennis Cahill
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Central Florida Family Health Center, Inc.

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November 29, 2006


Jean D. Leuner, Ph.D., RN
Director and Professor
School of Nursing
University of Central Florida
4000 Central Florida Blvd.
P.O. Box 162210
Orlando, FL 32816

Dear Jean:

Brevard Community College is pleased to support the plans of University of Central Florida School of Nursing, to develop and implement a Doctor of Nursing Practice (DNP) Program. In our judgment, the clinical doctorate will significantly advance the profession as well as the practice of nursing, and the consequent quality of health care provided to patients. In addition to preparing nurses for advanced clinical roles, the program will prepare more nurse educators to help meet the acute nursing faculty demand currently experienced.

The UCF School of Nursing has an excellent reputation, both regionally and nationally, and is known for its longstanding commitment to providing quality educational programs that meet community needs. Our assessment of the needs of our region leads us to conclude that there are more than sufficient numbers of nurses who would enroll in a Doctor of Nursing program in the Central Florida area, and the University's commitment to address this need is to be commended.

Cordially,


James A. Drake, Ph.D.
Interim President

JAD/kmb



CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.

November 28, 2006

Jean D'Meza Leuner, PhD, RN
Director
University of Central Florida School of Nursing
PO Box 162210
Orlando, FL 32816-2210

Dear Dr. Leuner:

I am writing in support of the development of a Doctor of Nursing Practice program at the University of Central Florida. It is my belief that advanced practice nurses educated at this level will significantly add to the quality of health care in our community.

DNP prepared advanced practice nurses will be better prepared to provide care to our complex patients, identify clinical needs and interventions for individuals and groups, and develop outcome evaluation programs. They should also better understand as well as positively impact the health care system – today and in the future.

I am looking forward to the contributions of these professional colleagues in our practice.

Sincerely,

Dennis Cahill
President & CEO

DC/tll

Alafaya Office:
11881-A East Colonial Drive
Orlando, FL 32826
407.275.4048 ■ Fax 407.384.4871

Home Office:
2400 SR 415
Sanford, FL 32771
407.322.8645 ■ Fax 407.322.8725

Hoffner Office:
5449 S. Semoran Blvd., #14
Orlando, FL 32822
407.207.7756 ■ Fax 407.207.7768

Daytona Beach Community College

Jean Leuner, PhD., RN
Director and Professor
School of Nursing
University of Central Florida
P.O. Box 1662210
Orlando, FL 32816-2210

Dear Dr. Leuner:

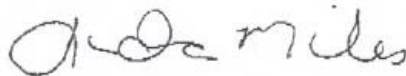
As Chair of the Nursing Program at Daytona Beach Community College I strongly support University of Central Florida (UCF) in their mission to begin a Doctorate of Nursing Practice (DNP) Program. This clinical doctorate will significantly advance the practice of nursing and the quality of health care that is provided to patients.

The School of Nursing at UCF has had a strong history of excellence in nursing education, research, and service to the community. This program will prepare nurses for advanced clinical practice roles and it will prepare more nurse educators to meet the acute nursing faculty shortage that we are experiencing.

I am pleased to provide this letter of support and look forward to hearing that the DNP program is available at UCF. There are many nurses who are interested in attending this program and there is a tremendous need to make this educational program available in Central Florida.

If I can be of any assistance please do not hesitate to call me.

Sincerely,



Linda Miles, EdD., RN
Chair, Department of Nursing

Daytona Beach Campus • 1200 West International Speedway Boulevard • Daytona Beach, Florida 32114 • (386) 506-3000
Advanced Technology Center (ATC) • 1770 Technology Boulevard • Daytona Beach, Florida 32124 • (386) 506-4100
DeLand Campus • 1155 County Road 4139 • DeLand, Florida 32724 • (386) 785-2000
Deltona Center • 2351 Providence Boulevard • Deltona, FL 32725 • (386) 789-7302
Flagler/Palm Coast Campus • 3000 Palm Coast Parkway Southeast • Palm Coast, Florida 32137 • (386) 246-4800
New Smyrna Beach-Edgewater Campus • 940 Tenth Street • New Smyrna Beach, Florida 32168 • (386) 423-6300

An Equal Access/Equal Opportunity Institution



Jean D. Leuner, PhD, RN
Director and Professor
School of Nursing
University of Central Florida
PO Box 162210
Orlando, FL 32816-2210

Dear Dr. Leuner;

I am writing this letter to support the University of Central Florida, School of Nursing in their plans to develop and open a Doctor of Nursing Practice (DNP) Program. This clinical doctorate will significantly advance the practice of nursing and the quality of health care that is provided to patients.

This program will contribute to the effort to address our critical nursing shortage in Florida. The DNP will prepare nurses for advanced clinical practice roles thus having a positive impact on retention within our profession. Additionally, it will prepare more nurse educators to meet the nurse faculty shortage, a primary barrier to nurse educational program expansion.

The School of Nursing at UCF has an excellent reputation for providing quality educational programs to meet the needs of the community. I am pleased to provide this letter of support and I look forward to hearing that the DNP program is available at UCF.

Sincerely,

A handwritten signature in dark ink that reads "Mary Lou Brunell". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Mary Lou Brunell, MSN, RN
Executive Director



**FLORIDA
HOSPITAL**

601 East Rollins Street
Orlando, Florida 32803
407/303-6611

December 11, 2006

Dear Dr. Leuner,

I am writing this letter to support the University of Central Florida, School of Nursing in their plans to develop and open a Doctor of Nursing Practice (DNP) Program. This clinical doctorate will significantly advance the practice of nursing and the quality of health care that is provided to patients.

The School of Nursing at UCF has an excellent reputation for providing quality educational programs to meet the needs of the community. This program will prepare nurses for advanced clinical practice roles and it will prepare more nurse educators to meet the acute nursing faculty shortage that we are experiencing.

I am pleased to provide this letter of support and I look forward to hearing that the DNP program is available at UCF. There are many nurses who are interested in attending this program and there is a tremendous need to make this educational program available in Central Florida.

Sincerely,

Karen Marcarelli, JD, MS, RN
Vice President Patient Care Services

Operated by the
Seventh-day Adventist Church

Lake Sumter

COMMUNITY COLLEGE

November 29, 2006

Jean D. Leuner, PhD, RN
Director and Professor
School of Nursing
University of Central Florida
4000 Central Florida Boulevard
PO Box 162210
Orlando, FL 32816


Dear Dr. Leuner:

I am writing this letter in support of the University of Central Florida, School of Nursing in its plan to develop and open a Doctor of Nursing Practice (DNP) program. This clinical doctorate will significantly advance both the practice of nursing and the quality of health care that is provided to patients.

The School of Nursing at UCF has an excellent reputation for providing quality educational programs to meet community needs. This program will prepare nurses for advanced clinical practice roles and also prepare more nurse educators to meet the current acute nursing faculty shortage.

It is a pleasure to provide this letter of support and I look forward to hearing that the DNP program is available at UCF. Many nurses are interested in attending this program, and there is a serious need for this educational program in Central Florida.

Sincerely,


Margaret S. Wacker, PhD, RN
Director, Nursing Program

LEESBURG CAMPUS

9501 U.S. Hwy. 441, Leesburg, FL 34788
352-787-3747 • FAX: 352-365-3501

SOUTH LAKE CAMPUS

1250 N. Hancock Rd., Clermont, FL 34711
352-243-5722 • FAX: 352-243-0117

SUMTER CAMPUS

1405 C.R. 526A, Sumterville, FL 33585
352-568-0001 • FAX: 352-568-7515

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ORLANDO REGIONAL HEALTHCARE

1414 Kuhl Avenue • Orlando, Florida 32806-2093 • 407 841-5111

When it matters most.

December 5, 2006

Jean D. Leuner PhD, RN
Director and Professor
School of Nursing
University of Central Florida
4000 Central Florida Blvd.
P.O. Box 162210
Orlando, FL 32816

Dear Dr. Leuner;

I am writing this letter to support the University of Central Florida, School of Nursing in their plans to develop and open a Doctor of Nursing Practice (DNP) Program. This clinical doctorate will significantly advance the practice of nursing and the quality of health care that is provided to patients.

The School of Nursing at UCF has an excellent reputation for providing quality educational programs to meet the needs of the community. This program will prepare nurses for advanced clinical practice roles and it will prepare more nurse educators to meet the acute nursing faculty shortage that we are experiencing.

I am pleased to provide this letter of support and I look forward to hearing that the DNP program is available at UCF. There are many nurses who are interested in attending this program and there is a tremendous need to make this educational program available in Central Florida.

Sincerely,

Anne G. Peach, RN, MSN, CNAA-BC
Vice President, Nursing

*Arnold Palmer Hospital for Children • Winnie Palmer Hospital for Women & Babies • M. D. Anderson Cancer Center Orlando
Orlando Regional Medical Center • Orlando Regional Lucerne Hospital • Orlando Regional Sand Lake Hospital
Orlando Regional South Seminole Hospital • St. Cloud Regional Medical Center • South Lake Hospital*

December 7, 2006

Dr. Jean D. Leuner PhD., RN
Director and Professor
School of Nursing
University of Central Florida
Post Office Box 162210
Orlando, Florida 32816

Dear Dr. Leuner:

It is an honor and pleasure to provide a letter of support to the University of Central Florida, School of Nursing in their plans to develop and open a Doctor of Nursing Practice (DNP) Program. This clinical doctorate will significantly advance the practice of nursing and the quality of health care in Florida and nationally.

The School of Nursing at UCF has an excellent reputation for providing quality educational programs to meet the needs of the community. For the past four years we have partnered with UCF School of Nursing providing students and lab space for their on-line Health Assessment Course in their RN to BSN/ASN Programs. UCF is known for their student friendly, accessible program and the DNP Program is the natural next step.

This DNP Program will prepare nurses for advanced clinical practice roles and it will prepare more nurse educators to meet the acute nursing faculty shortage that we are experiencing. This nursing faculty shortage is certainly the main issue hindering growth in admissions at any institution.

I am pleased to provide this letter of support and I look forward to hearing that the DNP Program is available at UCF. Dr. Leuner and the School of Nursing Faculty are dynamic, professional individuals striving to help the profession of nursing advance and meet the health care needs in our state and nationally. There are many nurses who are interested in attending this program. Our own graduates of the Associates of Science in Nursing Program (annually greater than 145) are potential consumers of this program.

There is a tremendous need to make this educational program available in central Florida and I fully support UCF's proposal for a DNP Program. If I can be of further assistance, please feel free to contact me. Thank you for asking me to provide support for this proposal.

Sincerely,



Rita Sutherland, PhD, ARNP
Director, Nursing Programs

RS:kk



Seminole Community College

100 Weldon Boulevard | Sanford, FL 32773-6199 | 407-328-4722 | www.scc-fl.edu

Ruth Corey
Department Chair, Nursing
Seminole Community College

Dr Jean Leuner
Director and Professor
School of Nursing
University of Central Florida
4000 Central Florida Boulevard
HPA 1, 220
Orlando, FL 32816-2210

December 14, 2006

Dear Dr. Luener,

Seminole Community College's Nursing Department has received grant funding to develop a 12 month online bridge program that will allow Paramedics, Respiratory Therapists and Licensed Practical nurses to earn the Associate Degree in Nursing. However, due to delays and personnel problems, we have fallen behind in the project. Because of this, we would appreciate the University of Central Florida's help in providing video production support through your "Course Development and Web Services Department". Since we must proceed very quickly, we have developed a plan that we feel will benefit both our schools. Dr. Kelvin Thompson would assist us by coordinating the work of the instructional design consultants, video personnel and work with our team here at SCC.

Since we are non-competing regional partners, we feel this would be a great opportunity to work together and demonstrate our commitment to each other and to the community. The project itself is funded under the Florida Department of Education SUCCEED Grant as part of the Critical Jobs Initiative.

Due to time constraints, the project development needs to begin immediately in order to meet our grant's completion date of June 30, 2007. We have a great deal of work ahead of us but we anticipate an outstanding program that our schools can take pride in both the final product and its outcomes.

Thank you for your support,


Ruth Corey

Oviedo | Sanford/Lake Mary | Hunt Club
An Equal Access/Equal Opportunity Community College



November 29, 2006

Jean D. Leuner, PhD., RN
Director and Professor
School of Nursing
University of Central Florida
4000 Central Florida Blvd.
P.O. Box 162210
Orlando, FL 32816

Dear Dr. Leuner;

I am writing this letter to support the University of Central Florida, School of Nursing in their plans to develop and open a Doctor of Nursing Practice (DNP) Program. This clinical doctorate will significantly advance the practice of nursing and the quality of health care that is provided to patients.

The School of Nursing at UCF has an excellent reputation for providing quality educational programs to meet the needs of the community. This program will prepare nurses for advanced clinical practice roles and it will prepare more nurse educators to meet the acute nursing faculty shortage that we are experiencing at Valencia Community College..

I am pleased to provide this letter of support and I look forward to hearing that the DNP program is available at UCF. There are many nurses who are interested in attending this program and there is a tremendous need to make this educational program available in Central Florida.

Sincerely,

Louise N. Pitts, EdD, MSN, ARNP
Dean, Health Sciences

APPENDIX E
SUMMARY ANALYSIS

Summary Analysis

Name of Program: Doctor of Nursing Practice

Level of program: Doctoral

CIP code:

Author: Jean Leuner and Jean Kijek

Additional resources needed for new program

Estimated Costs	Total	Current	Reallocation		New	C&G	Cost/FTE*	Cost/FTE*
Year 1	\$104,761	\$0	\$57,246	55%	\$47,515	\$0	\$11,192	\$11,192
Year 2	\$189,850	\$0	\$97,335	51%	\$92,515	\$0	\$8,265	\$8,265
Year 3	\$378,448	\$0	\$213,008	56%	\$165,440	\$0	\$12,420	\$12,420
Year 4	\$375,448	\$0	\$213,008	57%	\$162,440	\$0	\$12,322	\$12,322
Year 5	\$375,448	\$0	\$213,008	57%	\$162,440	\$0	\$12,322	\$12,322

*based upon total costs

** based upon current and new costs only, does not include C&G

FTE/Headcount

	Year 1	Year 2	Year 3	Year 4	Year 5
Headcount	20	45	65	60	60
FTE	9.36	22.97	30.47	30.47	30.47

Criteria for Program Approval (8 criteria)

Met with Strength	Met	Met with Weakness	Unmet
		0	0

Estimated revenue generated through student enrollment

Revenue	Year 1	Year 2	Year 3	Year 4	Year 5
	\$0	\$106,313	\$260,899	\$346,086	\$346,086

$[(f\text{te} \times 32\text{sch}/f\text{te})/404\text{sch}/f\text{ac lines}] \times 1.2 \times \$A\$36 \times 1.238$

Date: 11/27/06

Signed: Joyce R. Danner
Dean Joyce Danner

**University of Central Florida
Department of Teaching and Learning Principles
College of Education**

**Submitted by: Dr. Karen Verkler, Coordinator, Foreign Language Education Program
ED 220L, 407-823-5235, kverkler@mail.ucf.edu**

PROPOSED REVISIONS*

to the

**Graduate Certificate Program in Foreign Language Education
and M.Ed. in Curriculum and Instruction with a Specialization in Foreign Language Education**

The revisions include:

- Reducing the number of credit hours of the certificate from 18 credit hours to 15 credit hours.
- Moving FLE 6705 Testing and Evaluation in Foreign Language Education (3 credit hours) from the Electives to the Required Courses.
- Moving EDF 6886 Multicultural Education (3 credit hours) from the Required Courses to the Electives.
- Adding FLE 5937 Foreign Language Methods at the Secondary Level (3 credit hours) to the list of Electives.
- Adding EDF 6884 Education as a Cultural Process (3 credit hours) to the list of Electives.
- Changing the number of graduate Spanish (SPN) course electives that students are permitted to take.
- Removing EDM 6321 Middle Level Instruction (3 credit hours) from the certificate program.
- Removing EDF 6206 Challenges of Classroom Diversity (3 credit hours) from the certificate program.
- Removing EME 5050 Fundamentals of Technology for Educators (3 credit hours) from the certificate program.
- Removing LAE 5295 Writing Workshop I (3 credit hours) from the certificate program.

Purpose and Goals

The Foreign Language Education Program in the College of Education has an approved graduate Foreign Language Education Certificate. The Foreign Language Education Certificate is designed to serve as a specialization for a graduate degree in Curriculum and Instruction. The purpose of the specialization is to provide in-service foreign language educators content, pedagogy and theoretical background unique to foreign language instruction. It also serves to enhance the professional development, expertise, and teaching careers of currently practicing foreign language educators.

Research related to foreign language instruction and surveys of foreign language educators clearly yields the following needs:

- Thorough knowledge of current theory and pedagogical trends (i.e., communicatively-based instruction) in foreign language educators who received their training in the 60's and 70's.
- Training in the use of technology and its integration into foreign language instruction.
- Alternative means of assessment for diverse student populations as well as means by which to assess students in a communicative fashion.
- An understanding of brain research as it applies to foreign language acquisition as well as child development.
- Integration of other disciplines into foreign language curriculum.
- Integration of culture and language in foreign language curriculum.
- Professional development of teachers and action research.

The goals of the Foreign Language Education Certificate Program are directly aligned with the above areas of need.

The purpose of the Foreign Language Education Certificate Program does not satisfy certification requirements. Students with a B.A. in an area outside of education will pursue alternative certification. Students pursuing alternative certification will enroll in the Certificate in Initial Teacher Professional Preparation.

Current Curriculum:

Requirements—18 Credit Hours Minimum

Required Courses – 9 credit hours

- FLE 6695 Professional Development in Foreign Language Education (3 credit hours)**
- EDF 6886 Multicultural Education (3 hours) – **to be moved to Electives**
- FLE 6455 Curriculum and Materials in Foreign Language Teaching (3 credit hours)

Electives – 9 credit hours – **to be changed to 6 credit hours**

Choose three [to be changed to two courses] courses with adviser approval.

- FLE 5335 Foreign Language Methods at the Elementary Level (3 credit hours)
- **FLE 5937 Foreign Language Methods at the Secondary Level (3 credit hours) – to be added**
- **EDF 6884 Education as a Cultural Process – to be added**
- FLE 6705 Testing and Evaluation in Foreign Language Education (3 credit hours) – **to be moved to Required Courses**
- SPN 5705 Introduction to Spanish Linguistics (3 credit hours)* - **requirement to be modified to one graduate level SPN course**
- SPN 5502 Hispanic Culture of the United States (3 credit hours)* - **requirement to be modified to one graduate SPN course**
- EDM 6321 Middle Level Instruction (3 credit hours) - **to be removed**
- EDF 6206 Challenges of Classroom Diversity (3 credit hours) – **to be removed**
- EME 5050 Fundamentals of Technology for Educators (3 credit hours)** - **to be removed**
- LAE 5295 Writing Workshop I (3 credit hours)** - **to be removed**

* Near native proficiency in Spanish is required.

**Online courses

Revised Curriculum:

Requirements—15 Credit Hours Minimum

Required Courses –9 Credit Hours

- FLE 6695 Professional Development in Foreign Language Education (3 credit hours)**
- FLE 6705 Testing and Evaluation in Foreign Language Education (3 credit hours)
- FLE 6455 Curriculum and Materials in Foreign Language Teaching (3 credit hours)

Electives – 6 credit hours

Choose two courses with adviser approval.

- FLE 5335 Foreign Language Methods at the Elementary Level (3 credit hours)
- FLE 5937 Foreign Language Methods at the Secondary Level (3 credit hours)
- EDF 6886 Multicultural Education (3 credit hours)
- EDF 6884 Education as a Cultural Process (3 credit hours)
- Select one 5000-level SPN course (3 credit hours)*

*Near native proficiency in Spanish is required.

**Online courses

Explanation of curricular changes:

- FLE 6705 is to be moved to the list of Required Courses and EDF 6886 is to be moved to the list of Electives. This revision creates a much stronger and purer core of foreign language education courses, which strengthens the area of specialization. The core of the foreign language education specialization will thus consist entirely of foreign language education (FLE) courses.
- Electives are to be changed to 6 hours to be consistent with the 15 credit hour requirement of the other specialization tracks. Reducing the electives to 6 credit hours will reduce the foreign language education certificate to 15 credit hours.
- FLE 5937 was approved last year as a new course. There is currently a graduate-level elementary methods course (FLE 5335); thus, it makes sense to also provide a graduate-level secondary methods course (FLE 5937) in the list of electives.
- EDF 6884 Education as a Cultural Process is to be added to the list of electives. It is a logical course to include in this particular specialization/certificate program because it emphasizes the integral role that culture plays in education.
- EDM 6321 is to be removed because it is not offered on a regular basis.
- EDF 6206 is to be removed because it is not offered on a regular basis.
- Students will no longer be limited to taking specific graduate SPN (Spanish) courses; they can select whichever graduate SPN course they would like to take. However, given the specialization is in foreign language **education** and not foreign language and given that the elective credit hours are being changed to 6 credit hours from 9 credit hours, students will be permitted to take only one graduate SPN course as an elective.
- EME 5050 is to be removed because it is going to constitute one of the core courses of the M.Ed. in Curriculum and Instruction, rather than a course within an area of specialization.
- LAE 5295 is to be removed because it is not offered on a consistent basis.

Course Sequence:

Semester One (Fall)
(Beginning Fall 2007)

FLE 6695 Professional Development in Foreign Language Education – This has already been developed into an on-line course.

Semester Two (Spring)

Alternating Spring Semesters:
(Beginning Spring 2007/2008)

FLE 6455 Curriculum and Materials in Foreign Language Teaching – This will ultimately be developed into an on-line course.

FLE 6705 Testing and Evaluation in Foreign Language Education – This will be offered as a face-to-face course.

Semester Three (Summer):
(Already in place)

FLE 5937 Foreign Language Methods at the Secondary Level – taught as a summer institute every June.
FLE 5335 Foreign Language Methods at the Elementary Level – taught as a summer institute every June.

Marketing the program:

Dr. Verkler plans to meet with Dr. Patricia Bishop for ideas regarding recruitment to build up the program. Performance funds will be used to develop and print a brochure advertising the certificate program. This document will be sent to all service area school districts in hard copy and as an email attachment. The brochure will also be disseminated at all state conferences in foreign language and second language education. Dr. David Boote, the coordinator of Curriculum and Instruction, and Dr. Verkler will aggressively market this program.

Building up the program:

It is anticipated that 2-4 years will be needed to sufficiently build up numbers in the foreign language education graduate certificate and M.Ed. in Curriculum and Instruction with a specialization in foreign language education. In the meantime, courses with low enrollment will be allowed to continue as the program is grown.

Acceptance of the proposal:

Your support, as faculty and administrators directly involved in the Foreign Language Education Certificate Program, will be helpful in moving the proposal successfully through the appropriate UCF and College committees. I appreciate your willingness and commitment in this matter.

Dr. Karen Verkler, Foreign Language Education Program
Coordinator, Dept. of Teaching and Learning Principles,
College of Education

Date

Dr. Robert Williams, Chair of Dept. of Teaching and Learning
Principles, College of Education

Date

Dr. Karen Biraimah, Chair of Dept. of Educational Studies,
College of Education

Date

Dr. David Boote, Coordinator, Graduate Program, Curriculum
and Instruction, Dept. of Educational Studies, College of
Education

Date

Proposed MSW Field Course Changes

Current MSW Field Courses			Proposed Full Time MSW Field Courses			Proposed Part Time MSW Field Courses		
Course	Hours	Credits	Course	Hours	Credits	Course	Hours	Credits
Gen Field I	224	2	Gen Field/Sem I	250 agency (16/wk) 1.5 hrs ev other wk Seminar	3	PT Gen Field/Sem I	180 agency (12 hrs/wk for 15 wks) 1 hr ev other wk Seminar	2
Gen Field II	224	2	Gen Field/Sem II	250 agency (16/wk) 1.5 hrs ev other wk Seminar	3	PT Gen Field/Sem II	180 agency (12 hrs/wk for 15 wks) 1 hr ev other wk Seminar	2
Gen Sem I	12 (ev. other wk for 1.5 hrs)	1				PT Gen Field/Sem III	140 agency (12 hrs/wk for 15 wks) 1 hr ev other wk Seminar	2
Gen Sem II	10.5 (ev. other wk for 1.5 hrs)	1						
Total Gen Field Hours	448 agency + 22 Seminar	6		500 agency + 22 Seminar	6		500 agency + 22 Seminar	6
Clin Field I	304	3	Clin Field/Sem I	275 agency (18/wk) 1.5 hrs ev other wk Seminar	4	PT Clin Field/Sem I	200 agency (14 hrs/wk for 15 wks) 1 hr hrs ev other wk Seminar	3
Clin Field II	304	3	Clin Field/Sem II	275 agency (18/wk) 1.5 hrs ev other wk Seminar	4	PT Clin Field/Sem II	150 agency (14 hrs/wk for 12 wks) 1 hr ev other wk Seminar	2
Clin Sem I	12 (ev. other wk for 1.5 hrs)	1				PT Clin Field/Sem III	200 agency (14 hrs/wk for 15 wks) 1 hr ev other wk Seminar	3
Clin Sem II	10.5 (ev. other wk for 1.5 hrs)	1						
Total Clin Field Hours	608 agency + 22 Seminar	8		550 agency + 22 Seminar	8		550 agency + 22 Seminar	8
Total MSW Field Hours	1052			1050			1050	



Department of Psychology

To: Michael Johnson, Ph.D.
Associate Dean, COS

From: Mark D. Rapport, Ph.D.
Professor & Director of Clinical Training

A handwritten signature in black ink, appearing to be 'M. Rapport'.

RE: Revision to Existing Program due to changes in CLP 6943C
Credit Hours

Date: October 18, 2006

We recently submitted a request to change the Clinical Practicum course CLP 6943C – a practicum course that doctoral students in clinical psychology at UCF must enroll in for 4 semesters during their training – from a 2-hour to a 3-hour course. Please refer to our September 29, 2006, memo to Associate Dean Johnson for details concerning the justification for the increase in credit hours.

The total hours required to complete the doctoral training program in clinical psychology will subsequently change if the credit hour increase for CLP 6943C is approved. The specific impact is shown in bold font on the attached documents detailing the specific course requirements for each of the 5-years of training. Specifically, students will enroll in an additional hour of CLP 6943C during the Fall and Spring semesters during the 2nd and 3rd years of training (please see CLP 6943C under both semesters for the 2nd and 3rd years of training in the attached documents). Collectively, these changes will result in an addition credit hour of enrollment for each of the four semesters and raise the total credit hours for the program from 107 to 111.

We appreciate the committee's consideration of this request. Please let me know if additional information is required by the committee.

Thank you.

Doctoral Program in Clinical Psychology
University of Central Florida
4-year Schedule of Course Requirements
[Note: current requirements as detailed in 2006 catalog]

1st Year of Graduate Training

Fall: CLP 6932 Ethics (2) CLP 6441 Assessment I (3) PSY 6216 Research Methods I (4) PSY 6946 Research Practicum (1) PSB 6446 Advanced Abnormal (3)	Spring: CLP 6445 Assessment II (3) CLP 6456 Intro to Psychotherapy (3) PSY 6217 Research Methods II (4) Any 1 of the following psych core: DEP 5057 Developmental (3) PSB 5005 Physiological Psychology (3) PSY 5604 History & Systems (3) SOC 5059 Social Psychology (3)	Summer: Thesis PSY 6971 (optional)
Semester Total: 13	Semester Total: 13	

2nd Year of Graduate Training

Fall: CLP 6938 Cogn Beh Therapy (3) CLP 6943 Clinical Practicum (2) PSY 6218 Research Methods III (4) PSY 6971 Thesis (3)	Spring: CLP 6191 Cross Cultural Psy (3) CLP 6943 Clinical Practicum (2) PSY 6971 Thesis (3) Any 1 of the following untaken psych core: DEP 5057 Developmental (3) PSB 5005 Physiological Psychology (3) PSY 5604 History & Systems (3) SOC 5059 Social Psychology (3)	Summer: Thesis PSY 6971 (optional) Clinical Practicum (optional)
Semester Total: 12	Semester Total: 11	

3rd Year of Graduate Training

Fall: CLP 6491 Treatment Dev Sem (3) CLP 6943 Clinical Practicum (2) Clinical Elective from list (3) Any 1 of the following untaken psych core: DEP 5057 Developmental (3) PSB 5005 Physio Psychology (3) PSY 5604 History & Systems (3) SOC 5059 Social Psychology (3)	Spring: CLP 6943 Clinical Practicum (2) EXP 6938 Teaching Seminar (3) Clinical Elective from list (3) PSY 7980 Dissertation (3)	Summer: CLP 6943 Clinical Practicum (optional) Non-psy Course (3) PSY 7980 Dissertation (optional)
Semester Total: 11	Semester Total: 11	Semester Total: 3

4th Year of Graduate Training

Fall: EXP 6506 Human Cogn/Learning (3) PSY 6933 Admin Seminar (3) PSY 7980 Dissertation (5)	Spring: CLP 6944 Supervision Seminar (3) PSY 7080 Dissertation (4) Non-psych Course (3) Any 1 of the following untaken psych core: DEP 5057 Developmental (3) PSB 5005 Physio Psychology (3) PSY 5604 History & Systems (3) SOC 5059 Social Psychology (3)	Summer: CLP 6943 Clinical Practicum (optional) PSY 7980 Dissertation (3)
Semester Total: 11	Semester Total: 13	Semester Total: 3

5th Year of Graduate Training

CLP 6949 Predoctoral Internship (2)	CLP 6949 Predoctoral Internship (2)	CLP 6949 Predoctoral Internship (2)
Semester Total: 2	Semester Total: 2	Semester Total: 2

Total Credit Hours: 107

Clinical Electives: (6 hours required for Ph.D.)

CLP 6459C Human Sexuality, Marriage, and Sex (3 hours)

CLP 6460 Child/Adolescent/Family Therapy (3 hours)

CLP 6181 Psychological Theories of Substance Abuse (3 hours)

CLP 6457C Group Psychotherapy (3 hours)

CLP 6476 Developmental Psychopathology (3 hours)

PSY 5937 Eating Disorders Seminar (3 hours)

Doctoral Program in Clinical Psychology
University of Central Florida
4-year Schedule of Course Requirements
[Proposed changes shown in BOLD font]

1st Year of Graduate Training

Fall: CLP 6932 Ethics (2) CLP 6441 Assessment I (3) PSY 6216 Research Methods I (4) PSY 6946 Research Practicum (1) PSB 6446 Advanced Abnormal (3)	Spring: CLP 6445 Assessment II (3) CLP 6456 Intro to Psychotherapy (3) PSY 6217 Research Methods II (4) Any 1 of the following psych core: DEP 5057 Developmental (3) PSB 5005 Physiological Psychology (3) PSY 5604 History & Systems (3) SOC 5059 Social Psychology (3)	Summer: Thesis PSY 6971 (optional)
Semester Total: 13	Semester Total: 13	

2nd Year of Graduate Training

Fall: CLP 6938 Cogn Beh Therapy (3) CLP 7xxx Clinical Practicum (3) PSY 6218 Research Methods III (4) PSY 6971 Thesis (3)	Spring: CLP 6191 Cross Cultural Psy (3) CLP 7xxx Clinical Practicum (3) PSY 6971 Thesis (3) Any 1 of the following untaken psych core: DEP 5057 Developmental (3) PSB 5005 Physiological Psychology (3) PSY 5604 History & Systems (3) SOC 5059 Social Psychology (3)	Summer: Thesis PSY 6971 (optional) Clinical Practicum (optional)
Semester Total: 13	Semester Total: 12	

3rd Year of Graduate Training

Fall: CLP 6491 Treatment Dev Sem (3) CLP 7xxx Clinical Practicum (3) Clinical Elective from list (3) Any 1 of the following untaken psych core: DEP 5057 Developmental (3) PSB 5005 Physio Psychology (3) PSY 5604 History & Systems (3) SOC 5059 Social Psychology (3)	Spring: CLP 7xxx Clinical Practicum (3) EXP 6938 Teaching Seminar (3) Clinical Elective from list (3) PSY 7980 Dissertation (3)	Summer: CLP 7xxx Clinical Practicum (optional) Non-psy Course (3) PSY 7980 Dissertation (optional)
Semester Total: 12	Semester Total: 12	Semester Total: 3

4th Year of Graduate Training

Fall: EXP 6506 Human Cogn/Learning (3) PSY 6933 Admin Seminar (3) PSY 7980 Dissertation (5)	Spring: CLP 6944 Supervision Seminar (3) PSY 7080 Dissertation (4) Non-psych Course (3) Any 1 of the following untaken psych core: DEP 5057 Developmental (3) PSB 5005 Physio Psychology (3) PSY 5604 History & Systems (3) SOC 5059 Social Psychology (3)	Summer: CLP 7xxx C Clinical Practicum (optional) PSY 7980 Dissertation (3)
Semester Total: 11	Semester Total: 13	Semester Total: 3

5th Year of Graduate Training

CLP 6949 Predoctoral Internship (2)	CLP 6949 Predoctoral Internship (2)	CLP 6949 Predoctoral Internship (2)
Semester Total: 2	Semester Total: 2	Semester Total: 2

Total Credit Hours: 111

Clinical Electives: (6 hours required for Ph.D.)
CLP 6459C Human Sexuality, Marriage, and Sex (3 hours)
CLP 6460 Child/Adolescent/Family Therapy (3 hours)
CLP 6181 Psychological Theories of Substance Abuse (3 hours)
CLP 6457C Group Psychotherapy (3 hours)
CLP 6476 Developmental Psychopathology (3 hours)
PSY 5937 Eating Disorders Seminar (3 hours)



Office of Institutional Research

MEMORANDUM

February 21, 2007

To: Dr. Dennis Dulniak, University Registrar

From: Dr. M. Paige Borden, Director

Subject: Addition of Doctor of Nursing Practice (D.N.P.) Degree Program in the College of Nursing

A **Doctor of Nursing Practice (D.N.P.) degree program** will be implemented in the **College of Nursing**, pending the approval of the Florida Board of Governors. The implementation date for this program will be announced when final approval has been granted.

Please ensure that all relevant systems reflect the following.

College	Name	CIP Code	HEGIS Code	PS Program, Plan,	Degree	Diploma
CON	Doctor of Nursing Practice	51.1608	12.50	NUDNP, NUPRAC-DNP	D.N.P.	Doctor of Nursing Practice

Thanks for your assistance.

cc: Dr. Patricia Bishop, Vice Provost and Dean of Graduate Studies
Dr. Jean Leuner, Dean, College of Nursing
Dr. David Dees, Assoc. Dean of Undergraduate Studies
Ms. Beverly Azure, Academic Services
Ms. Tracy Jones, Graduate Studies
Ms. Bridget Mendibles-MacVittie, Graduate Studies
Ms. Barbara Rodriguez, Graduate Studies
Ms. Rhonda Nelson, Graduate Studies
Ms. Dore Carter, Graduate Studies
Ms. Kelly Shilton, Graduate Studies
Mr. Brian Boyd, Registrar's Office
Ms. Joy Blair, Registrar's Office
Ms. Sandra Bulger, Registrar's Office
Dr. Paula Krist, Director, OEAS
Dr. Mia Alexander-Snow, Asst. Director, OEAS
Mr. Hector Lopez, OEAS
Dr. M. Paige Borden, Director, Office of Institutional Research
Institutional Research Staff