LOUISIANA COMMUNITY & TECHNICAL COLLEGE SYSTEM

TO: Dr. Monty Sullivan
             LCTCS President

THROUGH: Dr. Wendi Palermo
             Chief Education and Training Officer

FROM: William Tulak
             Director of Institutional Effectiveness

DATE: July 14, 2023

SUBJECT: Program Request at Bossier Parish Community College

APPROVED

_____ 8|9|23
LCTCS BOARD OF SUPERVISORS

FOR BOARD ACTION

Recommendation: Staff recommends the Board approve the following program request listed below.

Program Modification

1. Certificate of Technical Studies (CTS) in Paramedic (CIP 51.0904) **- 4 STARS**

Background: Bossier Parish Community College is requesting a name change to the existing Certificate of Technical Studies (CTS) in "Emergency Medical Technician – Paramedic" to "Paramedic". The EMS profession previously referred to all levels of EMS professional as Emergency Medical Technician with a modifier at the end signifying the level such as Basic or Paramedic. The profession has phased out the title of Emergency Medical Technician Paramedic and now only the title of Paramedic is used

Fiscal Impact: There will be no fiscal impact unless otherwise noted.

History of Prior Actions: There is a history of revising programs to meet student and workforce needs.

Benefits to the System: These requests will allow BPCC to better meet student and workforce needs.

_____   August 9, 2023
Approved for Recommendation to the Board   **Date**
Dr. Monty Sullivan

TYPE OF PROPOSED CHANGE : Curriculum Modification

PROGRAM NAME : Emergency Medical Technician - Paramedic

AWARD LEVEL(S)

For Board of Regents and LCTCS Review:	
Name:	**For LCTCS Review:**
	Technical Diploma (T.D.)
	Certificate of Technical Studies (C.T.S.)
	Career and Technical Certificate (C.T.C)
	TCA - For Archive Purpose Only

NAME OF PROGRAM(S) and AWARD LEVEL(S)

Stars : 4 Stars	
Name: Certificate of Technical Studies in Paramedic	**Program Delivery Mode:** Standard

CIP: 51.0904	**Credit Hours:** 43.00	**Contact Hours:** 0.00	Certificate of Technical Studies (C.T.S.)

PROPOSED CHANGE
a) For New Programs, state the purpose and objective; b) For Curriculum Modifications, state previous credit and clock hours; c) For Program Termination, state program and all award levels; d) For Curriculum Adoption, state the college from which curriculum is being adopted and the date it was approved by LCTCS.

The name of the program should be changed from Emergency Medical Technician Paramedic to Paramedic.

IMPLEMENTATION DATE (Semester and Year)	Fall 2023

HISTORY OF PRIOR ACTIONS
Provide an overview of changes to this program.

JUSTIFICATION FOR THE PROPOSED CHANGE
Include support such as four-year university agreements, industry demand, advisory board information, etc.

The EMS profession used to refer to all levels of EMS professional as Emergency Medical Technician with a modifier at the end signifying the level such as Basic or Paramedic. The profession phased out the title of Emergency Medical Technician Paramedic on December 31, 2013. From then on the title of Paramedic was to be used.

SITE(S) OF NEW PROGRAM OR CURRICULUM MODIFICATION: All Campuses

QUALIFIED FACULTY (Check all that apply)

Use Existing Faculty: Yes	**Hire Adjunct Faculty:** No	**Hire Full-Time Faculty:** No
# - Full Time: 2	**# -** 0	**# -** 0
# - Part Time: 0		

ADMINISTRATION and IMPLEMENTATION COSTS

Department :

How will this change affect the administrative structure and/or allocation of departmental funds in terms of:

Faculty :	**Facilities :**	**Library Resources :**
Support :	**Related Fields :**	**Other :**

MINIMUM CREDENTIALS REQUIRED FOR FACULTY

Education:	**Experience:**	**Certification:**

FISCAL IMPACT: ADMINISTRATION and IMPLEMENTATION COSTS

Department : Nursing and Allied Health

Describe how this change will affect the administrative structure and/or allocation of departmental funds in terms of faculty, facilities, support, and any other resources.

The only cost associated with this change would be to any print materials that may still be in circulation.

ANTICIPATED ENROLLMENT:

Students	Year One	Year Two	Year Three	Year Four	Year Five
DAY					
EVENING					

DISTANCE EDUCATION					
Describe Process for Attaining & Estimating Enrollment:					

PROGRAM ACCREDITATION:

Is Program Accreditation, Licensure or Certification Required?	No **Accreditation status:**
Type/Name of Program Accreditation, Licensure or Certification Required:	

DESCRIBE IMPLEMENTATION COSTS (Include Faculty, Facilities, Library Resources, etc.)

PROGRAM CURRICULUM
Use the template below or insert separate attachment. All modifications should include the OLD and NEW curriculum with changes appropriately noted so that it is visually clear what has been added, deleted and/or changed. Note if any special requirements, such as internships, are part of the curriculum. List all embedded IBCs. If you are adopting curriculum, you do not need to complete this section.

Subject Code	Course Number	Course Title	Lecture Hours	Lab Hours	Contact Hours	Credit Hours	Clinical Hours
Program, Degree or Concentration:					**Credit Hours:** 0.00		

BENEFITS TO THE SYSTEM

Discuss how this change will benefit your students, your community, and the LCTCS.

The change that is being requested reflects the current trends in the profession.

KEYWORDS

Signature: *William Tulak*

  Email: williamtulak@lctcs.edu

Signature: *Wendi Palermo*

  Email: wendipalermo@lctcs.edu

Consent Agenda - BPCC

Final Audit Report   2023-08-04

Created:	2023-08-03
By:	Katie Waldrop (katiewaldrop@lctcs.edu)
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"Consent Agenda - BPCC" History

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