1a. Type of Program Action: (please choose one, omit others) Addition
1b. If modification of an existing program, what kind of modification?
1c. If new program, attach a program proposal for the Board of Regents, attach a copy of the "permission to plan" documents.

2. Program Type: CERTIFICATE OF COMPETENCE

3. Program Name and Program Description:

   The School Health Aide Certificate of Competence prepares entry level nurse aides who can function in the school health environment. Students will learn to provide culturally sensitive and competent care to elementary, middle and high school students. Graduates of the 60 hour program are eligible to apply for a School Health Aide position with the Hawaii Department of Education (DOE).

4. Effective Term: (fall of ___ year): Fall 2012

5. Revise pages 88-90 in the 2010-2011 version of the KCC General Catalog.

6. Is this program offered at another UH Campus? NO.
   If YES, specify campus, and program name. If NO, why is this program offered at KCC:

7. Justification: If the proposal is to modify a program, describe the current program, describe the proposed modification to the program, then describe how the modified program will be different from the current program.

   The complete program will be detailed in the attached action request memorandum, to include the program prerequisite, special admission requirements, program SLOs, program curriculum.

Requested by: Judelyn Vallesteros  
(Name)  
Nursing  
(Department)  
12/8/11  
(Date)

Chris Nadamoto  
(Department Chairperson)  
12/12/11  
(Date of Department Vote)

Approved by: ________________________________  
(Dean)  
(Date)

______________________________  
(Curriculum Chairperson)  
(Date)

______________________________  
(Faculty Senate Chairperson)  
(Date)

______________________________  
(Vice Chancellor for Academic Affairs)  
(Date)

______________________________  
(Chancellor)  
(Date)