

01/14/2020

REAL Curriculum Program Alignment Proposal

Department or School: Respiratory Therapy – Clinical Health Professions Date: 09/25/2020

Degree type: BS BA BBA BSN BM BFA BSW Minor Certificate

Program: Respiratory Therapy

REAL Area Program Designation Sought (check all that apply): R E A L

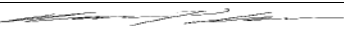
Dept/School Contact: Chase Poulsen 5404922220 cpoulsen@radford.edu

BS/BA Requirements: See Below

- Any degree program that fulfills a REAL area must include at least 9 unique credit hours for each area covered. At least 3 of these 9 credit hours must be at the 300 level or above
- A single major degree program may fulfill no more than three REAL areas for any one student, unless all four REAL areas are fulfilled by accreditation or licensure requirements.
- A single minor or certificate degree program may fulfill no more than two REAL areas.
- Degree program may cover up to two REAL areas using a single prefix.
- All courses documenting the coverage of a REAL area must fulfill all learning outcomes and be designated in that area.
- All courses that document fulfillment of a REAL area within a degree program of study are NOT required to be taught by the department/school. However, departments/schools are expected to formally communicate with other departments about reliance on and inclusion of courses in their degree program plans of study. Indicate this through signature of chair or director of the partnering department or school in the areas below.
- Departments or schools that seek to fulfill REAL areas must acknowledge assessment requirements for those areas. Assessment of degree seeking students is required to be conducted yearly by the department or school offering the degree program.
- If departments or schools want to use a menu of courses to fulfill a particular area, please duplicate the sections below for each REAL area and include information for each course included in the menu of options.
- Please save this file for submission as PROGRAM NAME_ProgramType.docx (Example: Criminal Justice_BS.docx)

By signing, the department/school acknowledges the above conditions and considerations:

Dept/School Signature



Date: 10/8/2020

Official Program Description:

Please paste the entire official program description from the Radford University catalog in the space within this box. Find those here: <https://catalog.radford.edu/>

Please note that every department/school will have to submit a catalog change proposal for program that asks the Registrar's Office to insert language about the program coverage of the REAL areas into the official Radford University catalog upon approval.

Mission

The mission of the Respiratory Therapy Program is to prepare professional, ethical, knowledgeable, competent, and compassionate Registered Respiratory Therapists (RRT).

Goals/Outcomes

Upon completion of the Respiratory Therapy Program, our graduates will demonstrate competency in cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by Registered Respiratory Therapists (RRTs). Graduates will be able to

1. demonstrate critical thinking skills with a comprehensive knowledge base (cognitive skills) by assessing the patient's condition, developing a plan of treatment, and modifying that treatment as needed so that safe and quality cardio-respiratory therapy is given,
2. demonstrate competency in diagnostic and therapeutic clinical (psychomotor) skills necessary to perform the expanding number of procedures that fall under cardiopulmonary care,
3. demonstrate ethical, caring, and culturally competent behaviors (affective skills) toward the patient, family members, and other members of the healthcare team,
4. demonstrate effective professional communication,
5. integrate health promotion and disease prevention strategies into current healthcare practice while focusing on quality and cost-effective protocols,
6. use empirical, evidence-based literature to support decisions within the scientific field, and
7. pursue graduate education in education, management, research, and other health care related fields.

Background

The Respiratory Therapy Program is a four-year program distributed over nine semesters. Foundational courses are delivered within the first two years. The blend of classroom, laboratory, and clinical components is designed to prepare students for careers as Respiratory Therapists. Respiratory Therapy courses begin in the junior year and are interspersed with other foundational courses.

01/14/2020

SCIENTIFIC AND QUANTITATIVE REASONING [Required GE = STAT 130]

<p>R Area: Course Prefix: BIO Course Number: 310 Course Title: Anatomy and Physiology I Credit Hours: 4 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 42</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: Attached email</p>
<p>R Area: Course Prefix: BIO Course Number: 311 Course Title: Anatomy and Physiology II Credit Hours: 4 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 42</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: Attached email</p>
<p>R Area: Course Prefix: BIO Course Number: 334 Course Title: Microbiology Credit Hours: 4 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year: 42</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: Attached email</p>
<p>R Area: Course Prefix: STAT Course Number: 130 Course Title: Statistics Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input checked="" type="checkbox"/> Summer Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: See Email</p>
<p>R Area: Course Prefix: HSCI Course Number: 300 Course Title: Foundations in Healthcare Research Credit Hours: 3</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p>

01/14/2020

New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year:	Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: <i>[Signature]</i>
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R Area: Learning Goal: To apply scientific and quantitative reasoning to questions about the natural world, mathematics, or related areas.	
Learning Outcome 1: Students apply scientific and quantitative information to test problems and draw conclusions.	Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL minors and that programs to opt into. This program plans to opt into the assessment that the university will offer for indirect and direct measures.
Learning Outcome 2: Students evaluate the quality of data, methods, or inferences used to generate scientific and quantitative knowledge.	Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL minors and that programs to opt into. This program plans to opt into the assessment that the university will offer for indirect and direct measures.
Additional information for REAL Council consideration: Courses required by program Accreditation (The CoARC)	

CULTURAL OR BEHAVIORAL ANALYSIS [Required GE =

A Area: Course Prefix: RETH Course Number: 309 Course Title: Patient Assessment Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 42	Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Summer Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:
A Area: Course Prefix: HADM Course Number: 300 Course Title: US Healthcare Systems Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 60	Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input checked="" type="checkbox"/> Other (Explain below) Summer Intended Frequency: <input type="checkbox"/> Every academic year <input checked="" type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: <i>[Signature]</i>
A Area: Course Prefix: HADM Course Number: 305 Course Title: Healthcare Management	Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.

01/14/2020

Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 25	Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: _____
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A Area: Learning Goal: To examine the context and interactions of culture(s) and/or behavior(s).	
Learning Outcome 1: Students describe behaviors, beliefs, cultures, social institutions, and/or environments.	Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL minors and that programs to opt into. This program plans to opt into the assessment that the university will offer for indirect and direct measures.
Learning Outcome 2: Students analyze the interactions of behaviors, beliefs, cultures, social institutions, and/or environments.	Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL minors and that programs to opt into. This program plans to opt into the assessment that the university will offer for indirect and direct measures.
Additional information for REAL Council consideration: Courses required by program Accreditation (The CoARC)	

APPLIED LEARNING

L Area: Course Prefix: RETH Course Number: 308C Course Title: Clinical Practice I Credit Hours: 1 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 42	Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: _____
L Area: Course Prefix: RETH Course Number: 318C Course Title: Clinical Practice II Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 42	Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school: _____
L Area: Course Prefix: RETH Course Number: 448C Course Title: Clinical Practice III Credit Hours: 3	Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.

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<p>New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 42</p>	<p>Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>L Area: Course Prefix: RETH Course Number: 478C Course Title: Clinical Practice IV Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 42</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>L Area: Course Prefix: RETH Course Number: 488C Course Title: Clinical Specialty Rotation Credit Hours: 1 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Projected student enrollment per academic year: 42</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>

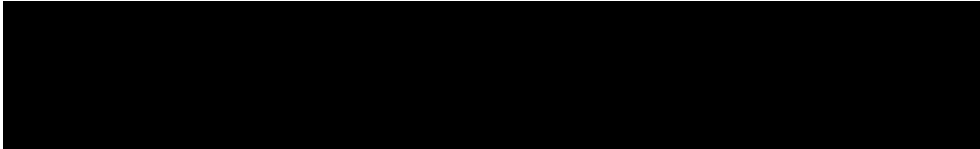
<p>L Area: Learning Goal: To explore professional practice through the application of knowledge, skills, and critical reflection.</p>	
<p>Learning Outcome 1: Students apply acquired knowledge and skills to develop professional identity or professional practice.</p>	<p>Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL minors and that programs to opt into. This program plans to opt into the assessment that the university will offer for indirect and direct measures.</p>
<p>Learning Outcome 2: Students critically reflect on their learning, abilities, experiences, or role within professional contexts.</p>	<p>Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL minors and that programs to opt into. This program plans to opt into the assessment that the university will offer for indirect and direct measures.</p>
<p>Additional information for REAL Council consideration: Courses required by program accreditation (The CoARC)</p>	




Are existing material resources adequate to support this program alignment proposal?
 Yes No If not, what additional material resources would be needed?

Are existing space resources adequate to support this program alignment proposal?
 Yes No If not, what additional space resources would be needed?

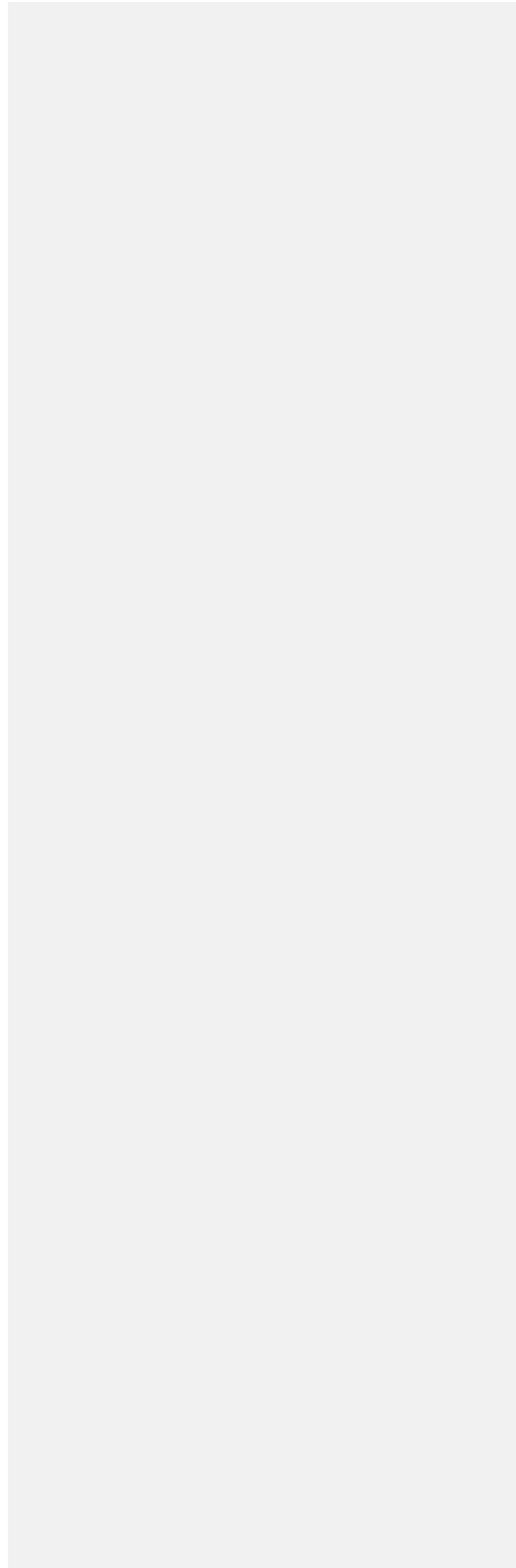
01/14/2020

Are existing human resources adequate to support this program alignment proposal?
 Yes No If not, what additional human resources would be needed?



Department Curriculum Committee Recommendation:	Signature: 	Date: 10/8/2020
Chair/Dean on Behalf of Dept/School:	Signature: 	Date: 10/8/2020
College Curriculum Committee Approval:	Signature: 	Date: 01/27/21
Dean/AVP Approval:	Signature: 	Date: 1.27.21
REAL Council Recommendation:	Signature:	Date:
Faculty Senate Curriculum Committee Recommendation:	Signature:	Date:
Faculty Senate Approval:	Signature:	Date:
Provost Approval:	Signature:	Date:

01/14/2020



01/14/2020

Course Number/ REAL	Course Name	Credit Hours
Coursework Needed to Complete Prior to Year Three or Permission of Program Director		
ENGL 111	Foundational Writing	3
MATH 100, MATH 121, MATH 125	Foundational Math	3
BIOL 310/311/ R	Anatomy and Physiology I / A&P for Pre-Majors	3-4
BIOL 310/311/ R	Anatomy and Physiology II / A&P for Pre-Majors	3-4
Any (E fulfillment / 3 WI)	General Credits (Fulfillment of E / Recommend ENGL 112)	33-35
TOTAL CREDITS Needed to Progress (GPA >2.5) OR JUNIOR LEVEL TRANSFER CRITERIA		47*
Year Three – Fall Semester		
HLTH 215	Medical Terminology	2-3 *
RETH 302	Foundations of Respiratory Care I	4
RETH 304	Cardiopulmonary Anatomy & Physiology	3
RETH 305	Integrated Sciences for Respiratory Therapy	3
RETH 308C / L	Clinical Practice I	1
RETH 309 / A	Patient Assessment	3
ELECTIVE	General Elective	0-1*
TOTAL		17
Year Three – Spring Semester		
BIOL 334 / R	Microbiology	4
RETH 310	Cardiopulmonary Pharmacology	3
RETH 311	Foundations of Respiratory Care II	4
RETH 318C / L	Clinical Practice II	3
RETH 332	Pulmonary Function Studies	2
TOTAL		16
Year Three Summer Semester		
STAT 130 / R	Understanding Statistics in Society	3
HADM 300 / A	U.S. Healthcare System	3
RETH 320	Mechanical Ventilation	4
TOTAL		10
Year Four – Fall Semester		
HADM 305 / A	Healthcare Management	3
RETH 330	Cardiopulmonary Pathophysiology	3
RETH 420	Neonatal/Pediatric Respiratory Therapy	3
RETH 430	Patient Case Management I	3
RETH 448C / L	Clinical Practice III	3
TOTAL		15
Year Four – Spring Semester		
HSCI 300 / R	Foundations in Healthcare Research	3
RETH 411	Patient Education & Rehabilitation	2
RETH 450 WI	Patient Case Management II	3
RETH 478C / L	Clinical Practice IV	3
RETH 488C / L	Clinical Specialty Rotation	1
RETH 490 / PPD	Professional Seminar	3
TOTAL		15
TOTAL CREDITS NEEDED TO GRADUATE		120*

Commented [HM1]: This is the ONLY FW course.

Commented [HM2]: These are the ONLY FM courses.

01/14/2020

From: Anderson, Justin
Sent: Friday, October 2, 2020 10:45 AM
To: Poulsen, Chase <cpoulsen@RADFORD.EDU>
Subject: RE: Request for Permission "R" REAL RETH

Chase,

Please accept this email as approval for you to use BIOL 310, 311, 334 toward satisfying the R component of your program.

Best,
Justin

Justin R. Anderson, Ph.D.
Professor and Chair
Department of Biology
Box 6931
Radford University
Radford, VA 24142
(540) 831-5817

Hi Chase,

Sorry it has taken so long to get back. Counting Stat 130 as an R is fine with me.

I hope this is helpful and your day has gone well.

Neil

From: Poulsen, Chase <cpoulsen@RADFORD.EDU>
Sent: Friday, October 2, 2020 10:38 AM
To: Anderson, Justin <janderson152@RADFORD.EDU>; Sigmon, Neil <npsigmon@RADFORD.EDU>
Cc: Mayhew, Glen <gmayhew@RADFORD.EDU>
Subject: Request for Permission "R" REAL RETH

Drs. Anderson and Sigmon,

I hope all is well with you and your departments during these trying times. I am requesting your permission to use STAT 130 and BIOL 310, 311, 334 for the RETH POS fulfilling the "R" category. If this is permissible please respond such via email and I will attach to the proposal in place of your signatures.

Thank you for your time in this matter.

01/14/2020

-Chase

Chase Poulsen, PhD, RRT-NPS, ACCS
Waldron College of Health & Human Services
Chair, Department of Clinical Health Professions
Associate Professor and Program Director
Respiratory Therapy Program
Radford University Carilion
101 Elm Avenue, S.E.
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Office - 540-985-8490
Cell - 540-492-2220
Fax - 540-224-4785

