UNDERGRADUATE COURSE DELETION PETITION

1. Course Title: Dental Hygiene Theory and Services II

2. Course Description: This course introduces concepts of supportive dental hygiene therapy including subgingival irrigation, pit and fissure sealants, amalgam finishing and polishing, and pain management. Subgingival debridement through the use of sonic and ultrasonic instrumentation is introduced. Discussion of current clinical issues is included. The clinical component of the course introduces the student to the use of the dental hygiene process of care in implementing individualized care plans for clients with a variety of periodontal and dental conditions. Care plans are developed in collaboration with the student's advising faculty. The use of supportive dental hygiene treatment in providing comprehensive care is introduced. Three hour lecture, 12 hours clinical.

3. Last Semester and year the course will be offered (check only one):

   - [ ] Fall
   - [x] Spring
   - [ ] Summer I
   - [ ] Summer II
   - [ ] Summer III

   2007
   Year

4. Attach rationale for the course deletion.

5. Department faculty signatures (majority required). If an interdisciplinary program, a majority of each department must sign this form. Number of Faculty in Dept(s) ________

   Deborah Wolf

   Kimberly Fossen

   J. Kipling

   Department Chair

6. Sent to Chair, College Curriculum Committee: Date: 2/11/13

7. Received by Chair, College Curriculum Committee: Date: 2/11/13

   Approved [ ] Not Approved [ ]

   Signature: [ ]

   Chair of Committee Date: 2/18/13

8. Sent to the Dean of the College of [ ]

   Approved [ ] Not Approved [ ]

   Signature: [ ]

   Dean of College Date: 2/25/13
9. Sent to Provost Office.
   (Original plus an electronic copy to Michele Duran at mlduran@usi.edu)

10. Received in Provost Office:

    Date: __________

    Date: FEB 26 2013

11. Notified Chair of Curriculum Committee:

    Date: __________

12. Curriculum Committee Meeting date to discuss petition:

    Date: __________

13. Curriculum Committee Meeting date published in USI Today:

    Date: __________

14. Received by Chair of Curriculum Committee:

    Approved ☐   Not Approved ☐

    Signature: ____________________________________________
               Chair of Curriculum Committee

    Date: __________

15. Sent to Provost:

    Date: __________

16. Received by Provost:

    Approved ☐   Not Approved ☐

    Signature: ____________________________________________
               Provost

    Date: __________

17. Notice of approval by Provost for publication in USI Today:

    Date: __________

18. Notified Registrar, Core Curriculum Coordinator, and
    Teacher Certification and Licensing Director of final approval:

    Date: __________
Rationale for Course Deletion

This course is no longer included in the dental hygiene curriculum. The course was part of the Dental Hygiene Associate Degree curriculum which was suspended in 2008. The curriculum was redesigned with upper level courses and additional core courses, leading to a Bachelor Degree for all program graduates, effective 2009.