## I. Team Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Member Type</th>
<th>Email</th>
<th>Contact Phone</th>
<th>Responsible for what part</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Lacy</td>
<td>Primary Team Member</td>
<td><a href="mailto:carol.lacy@marin.edu">carol.lacy@marin.edu</a></td>
<td>883-2211 ext 8536</td>
<td>Entire report</td>
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</table>

## II. Program Review Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Committee (Chairs)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Schultz</td>
<td>Curriculum Committee Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blaze Woodlief</td>
<td>Educational Planning Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V-Anne Chernock and Erik Dunmire</td>
<td>Planning and Resource Allocation Committee Co-Chair/Academic Senate President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yolanda Bellisimo</td>
<td>Facilities Committee Co-Chairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nick Chang</td>
<td>Planning and Resource Allocation Committee Co-Chair/Instructional Equipment Committee Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sara McKinnon and Becky Brown</td>
<td>Program Review Committee Chair and SLO Coordinators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chris Schulz</td>
<td>Student Access and Success Committee Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael Irvine</td>
<td>Tech Committee Chair</td>
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## III. Vice President of Academic Affairs

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Nick Chang</td>
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## IV. Board of Trustees President

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<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eva Long</td>
<td></td>
<td></td>
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</table>
I. Program Definition
Outline the unique qualities that define the importance of your program.

The Medical Assisting and Phlebotomy Programs provide:

- the opportunity for the development of basic entry-level skills necessary for employment in a clinical, medical or laboratory environment.
- the Medical Assisting and Phlebotomy programs combines the technological skill and theory necessary for Medical Assistants to work directly with physicians and other health care personnel as team members in providing patient and laboratory services.
- the Phlebotomists work directly with laboratory personnel and perform capillary and venipunctures in a clinical setting, hospital labs or outpatient laboratory.
- upon graduation students will be awarded a Skills Certificate

II. Program Purpose
Pathway:
Career Tech. Ed.
Briefly describe how your program fits into the pathways you have chosen.

Career/Work Training:

- Successful externship and experience in a clinical/laboratory setting for administrative and clinical medical assistants and CPT 1 phlebotomists.
- Degree/Transfer: Medical Assisting classes fulfill the requirements for completion of general education and degree requirements.
- May transfer to CSU.
- The goal of the phlebotomy program is to prepare students to pass the State licensure exam as a Licensed Phlebotomist.

III. Students Served
Briefly outline what students are served in your program.

The majority of students served in the Medical Assisting Program are:

- high school graduates, GED prepared, re-entry students and mid-life career changes
- the majority of phlebotomy students consist of medical assisting students,
medical assistants, nursing students and re-entry students.

- one of the requirements of entry into the Phlebotomy course is that students are required to have a High School Diploma or GED.

IV. Program History

Briefly outline the recent history of your program.

The College of Marin has offered the Medical Assisting Courses over the past twenty-five years. State Certified Phlebotomy courses has been offered since Spring 2007.

Attachments:
List and briefly describe any attachments
Five Pathways
A description of how you serve students in the five pathways as described in the Educational Master Plan.
MEDA-2009

I. Please refer to the table of estimates of how many students are in each pathway for your program/discipline over the past four years.

1. Basic Skills
Students on the Basic Skills pathway seek to improve day-to-day functioning, enhance job performance, enter new careers, and/or acquire pre-collegiate fundamental skills in order to successfully complete college level courses. The Basic Skills pathway includes English as a Second Language courses offered in both credit and non-credit divisions as well as courses in developmental mathematics and English as well as basic skills courses in computers and Library.

Our program serves students in this pathway: Some students

2. Career and Technical Education
Students on the Career and Technical Education pathway pursue knowledge, technical and skill training necessary for career placement, career advancement and career changes or for creative endeavors that require technical skills. Their educational goals are either an associate degree or certificate. For some degrees/ certificates, such as Nursing, the course of study is defined by external professional regulations or licensing criteria.

Our program serves students in this pathway: To a great extent/ a majority of the students

3. Cultural Enrichment
Students on the Cultural Enrichment pathway focus on acquiring and expanding aesthetic abilities. Students broaden their intellectual and artistic skills through participation in creative opportunities including exhibitions, performances, or publishing work.

Our program serves students in this pathway: A good proportion of the students, but not a clear majority

4. Lifelong Learning
Students on the Lifelong Learning pathway focus on intellectual and physical enrichment. Some Lifelong students may have already completed degrees and/or may be in significantly advanced positions in their careers.

Our program serves students in this pathway: Some students

5. Transfer
Students on the Transfer pathway seek successful matriculation from College of Marin to four-year institutions, universities, colleges or specialized educational institutions by completing courses that fulfill requirements for the baccalaureate degree or admission to specialized programs such as nursing. In the process of completing transfer requirements, these students may also earn an associate degree.

Our program serves students in this pathway:
Transfer GE: Some students
Transfer Major: Some students

II. What are your program’s goals for each pathway?

Basic Skills: the percentage of students completing Math 101 or higher during a 4 yr. period was 10.2%. The percentage of students completing English 120 or higher during the same period was 11.9% therefore the goal is to increase enrollment in basic math and English classes. Due to the large percentage of high school students who are unprepared for college, English and Math testing should be a requirement before entering the M.A. Program.
This student population also includes ESL students.

Career and Technical Education: the program offers theory and skill training in the laboratory, externship and administrative and clinical. Our goal is to continually utilize modern supplies and equipment to keep up with community college standards and at the same time the curricula must remain challenging.

Cultural Enrichment: Medical Assisting courses prepares students to enrich cultural experiences through: communication with patients and the public in the medical office environment through the clinical externship program, diversity in the classroom environment, research, public contact, discussions and assignments.

Lifelong Learning: very few students have enrolled in the M.A. or phlebotomy classes. The program has no specific goals for this pathway.

Transfer: the program's goals for these students mirrors the goals for Career and Technical Education. Courses transfer to CSU.

III. How does your program/discipline help students meet these goals?

Our program helps students meet the above goals through:

- tutoring
- lab techs
- open labs
- clinical externship
- career counseling
- providing an effective, student-centered teaching and learning environment
- competent and experienced instructors

IV. How do you measure your success?

Student success is measured through:

- data
- feedback from community
- successful class test results
- successful test results on the state licensure examination for Phlebotomy and Medical Assisting
- employment after graduation
- student evaluations
- student improvement in team projects and reports
- student improvement in oral and written communication skills

V. How do you make sure your students are able to get through your program in a timely fashion?

Informational Sessions are held 3-4 times per school year for interested students. At that time information is given such as:

- cost
- schedule of classes that are offered
- explanation of medical assistant program options

Career Counseling is highly recommended before enrolling in the program and periodically during the course of the program. Frequent meetings are held every spring semester which include pertinent information and updates for graduating students. Students progress is discussed with instructors and Career Counselor, Letta Hlavachek during the semester.

Identifying students who will benefit from ESL programs, Basic Math & English classes and identifying DSP students.

Instructor support.
Student Access and Success
MEDA-2009

I. Access
Based on the enrollment numbers and demographic breakdown for your courses, what significant factors or barriers are influencing student access to your courses or program?

Currently enrollment has increased dramatically in the Medical Assisting Program. Factors influencing increased enrollment can be attributed to the economy and the high percentage rate of unemployment.

Barriers to student access can be attributed to: rigid class scheduling and a need for non-traditional scheduling options, lack of online instruction and a need to expand outreach that targets unrepresented high schools. Lack of full-time instructors which have a greater degree of involvement in the institution's success. Student records and evaluations can be monitored and kept up to date and easily retrieved if the student needs the record.

II. Student Success
Based on the student success and retention rates breakdown for your courses, what significant factors or barriers are influencing student success in your courses or program measured by completion of course and grade earned?

Note: Success Rate is the percentage if students who received a passing grade of A, B, C, or P at the end of the semester.

Note: Retention Rate is the percentage of students retained in a class at the end of the semester. In Progress and Report Delayed grades are excluded. Cancelled classes and classes with no grades shown are excluded.

According to the data below student success rates increase with age.

Data collected from the period Fall '08-Spring '09:

Percent passing by age group: All Races

40% of students under the age of 20
65% of students between the age of 20-24
83% of students over the age of 24.

Students with different learning styles will be identified and accommodated.

Students will benefit from full-time instructors who are interested in building our programs and strengthening our weaknesses and curriculum.

Students will have greater exposure to qualified instructors

III. Student Retention
Based on the student success and retention rates breakdown for your courses, what significant factors or barriers are influencing the ability for the student to succeed at more advanced courses for which your course is a prerequisite.

Lack of accurate information given to students by career counselors has a direct impact on student retention and success. The district must increase knowledgeable career counselors regarding vocational programs that can meet the needs of students. Currently we have one Career Counselor with limited time and availability for this growing population. For student retention and success they must have access to services that begins with competent Career Counselors.

IV. Improving Student Success and Retention

What key factors would further improve your student success and retention or support your current level of success? Please check any applicable statements below and then provide additional details/explanation on your choices below.

- Access to student support services (counseling, tutoring, etc.)
- Curriculum change
- Course scheduling for students needs
- New offerings/additional sections
- Articulation for transfer or COM GE
- Recruitment/outreach
- Student/job market demand change
- Faculty availability
- Facilities & technology
- Professional development

Other:

V. Please explain and provide additional details regarding your choices above:

Increase student support services through: an increase in hours for Career Counseling which is an integral part of the educational process. As previously reported in the Spring 2008 Program Review a clerical assistant is needed in order to assist faculty with administrative and clerical duties. Faculty is using valuable instructional time to perform clerical duties. Increase tutoring hours in order to provide students with more convenient times for tutoring and to accommodate an increase in enrollment.

Make curriculum changes to require that students be required to enroll in MEDA 210L Clinical Externship during their last semester in the program. It is highly recommended that mandatory proficiency testing in Math and English be performed before a student can enroll in the medical assisting program. Students who do not receive passing grades will be required to enroll in either or both basic math and english classes before enrollment into the medical assisting program. Students are entering the Medical Assisting program without basic math and english skills.

The program lacks course scheduling to meet student needs. Currently there are no evening or Saturday courses being offered. Calls from interested students regarding the program include questions such as times and days of courses being offered with an increased need for Saturday and evening classes.

New offerings/additional sections: A need for additional sections such as MEDA 126L Medical Office Laboratory Computers, MEDA 135L Clinical Laboratory Procedures, and MEDA 136L Medical Laboratory Procedures and MEDA 141L Phlebotomy Laboratory are needed because of increased student enrollment, waitlists, students being turned away and lack of room in the clinical laboratories, safety issues
and lack of computers (only 20) in the computer lab. Currently there are no open clinical labs being offered as a separate class. Open labs are conducted during the instructors office hours.

Facilities & technology: Our facilities at the Indian Valley Campus are lacking basic accommodations to serve students. Modern technology is also lacking, computers are old and the computer in the Smart Class Room (POMO 255) is constantly having problems. The screen turns yellow and the sound does not resonate throughout the classroom adequately and therefore cannot be heard by the students. It is not reasonable for the Medical Assisting Program to buy a new computer for POMO 255 when other disciplines utilize the smart class room as well. It is the districts responsibility to purchase a new computer.
Facilities Questionnaire
MEDA-2009

What are the existing facilities issues that impact student access and success, or health and safety? (address any of the following: Size, location, conditions, maintenance, features, a/c, lighting, adjacencies, other.)

The physical conditions of the classrooms, buildings and restrooms are unacceptable at the Indian Valley Campus. Problems with ceiling leaks in classrooms and foyer to upstairs Bldg #3 is ongoing. Insufficient or lack of lighting in the parking lots and pathways, outdoor windows are consistently dirty and covered with spider webs. Door locks constantly sticking and difficult to turn, facings on cabinets in POMO 259 peeling off, hardware on cabinet doors constantly falling off. Lack of hot water in some restrooms. Laboratory (POMO 259) classroom is too small to accommodate more than 15 students safely. Carpets stained.

Lack of basic student accommodations such as lockers or storage bins for books etc.

Lack of coat hooks, umbrellas etc.

Constant problems with HVAC

Positive student comments include: quick response time by campus police, visual observation of police at IVC.
Curriculum
MEDA-2009

1. Course Outlines of Record must be updated every 5 years to remain current for content, texts, student learning outcomes as well as for articulation purposes. Are you aware of the dates on your course outlines? If not, contact OIM to check. If you have courses that are over 5 years old, are you planning on updating them? Please list.

The following courses will be updated:

MEDA 210L Clinical Externship
MEDA 125 Financial Procedures
MEDA 125L Financial Laboratory Procedures
MEDA 110 Administrative Procedures
MEDA 110L Administrative Lab. Procedures
MEDA 136 Medical Laboratory Procedures
MEDA 136L Medical Lab. Procedures Lab

2. Are you planning on changing, updating or revising and degree or certificate requirements? If so, please explain how it will improve student learning, student success and/or access.

Improved student success and access is ongoing. Student data is the driving force which aids in changing, updating and revising certificate requirements. Currently the Medical Assistant Program has a five year recency period. The goal is to change the recency period to three years. Students have difficulties in recalling information and practicing skills if years have lapsed, therefore they are not prepared for the workforce.

3. Are you collaborating (or thinking about collaborating) with other departments to develop joint curriculum for learning communities? If so, please describe briefly and explain how it will improve student learning, student success and/or access.

Collaborating with ESL, mathematics and english is an integral part of the success of our program. By collaborating with these departments instructors will then develop and implement strategies and deliver instruction to match the needs of the Medical Assistant student.

4. Do you plan to develop any new curriculum? If so, please describe briefly and explain how it will improve student learning, student success and/or access.

It would be to the districts benefit to develop a Medical Assisting Refresher Course. This course would serve students who have graduated from Medical Assisting Programs and have not worked in the field for a given period. The course would also offer students needing assistance and or help in various areas of the profession, or for basic skills improvement after graduation.

Calls are received during the school year from students and employers seeking these types of classes for themselves or employees who could benefit from Refresher Classes. Due to the current 5 year recency period COM students also can benefit from these
classes if they have taken Clinical or Laboratory Procedure (lab) classes 3-5 years before entering Clinical Externship.

5. Do you plan to develop any new Distance Ed courses or develop Distance Ed versions of existing courses? If so, please describe briefly and explain how it will improve student learning, student success and/or access.

Not at this time.

6. Do you plan to add or increase your material fees for any of your classes? If so, please list the classes and the proposed new or revised material fees for the respective classes.

Due to rising supplies and equipment costs the Medical Asssisting and Phlebotomy Programs must raise its material fees to meet increasing costs. Currently student material fees in MEDA 135L and MEDA 136L are $10.00 per class. To cover costs material fees the program is requesting an increase to $25.00. Currently material fees for the Phlebotomy lab is $35.00 the program will be requesting an additional $15.00 per student for material fees to meet increasing costs.
Student Learning Outcomes
MEDA-2009

Five College Learning Outcomes:
1. Written, Oral and Visual Communication: Communicate effectively in writing, orally and/or visually using traditional and/or modern information resources and supporting technology.
2. Scientific and Quantitative Reasoning: Locate, identify, collect, and organize data in order to then analyze, interpret or evaluate it using mathematical skills and/or the scientific method.
3. Critical Thinking: Differentiate between facts, influences, opinions, and assumptions to reach reasoned and supportable conclusions.
4. Problem Solving: Recognize and identify the components of a problem or issue, look at it from multiple perspectives and investigate ways to resolve it.
5. Information Literacy: Formulate strategies to locate, evaluate and apply information from a variety of sources - print and/or electronic.

I. Degrees and Certificates
1. What degrees and certificates does your discipline offer?

   Phlebotomy Skills Certificate
   Administrative Career Certificate
   Clinical Career Certificate
   Administrative & Clinical Career Certificate
   Financial Procedures Skills Certificate
   Medisoft Skills Certificate
   Medical Terminology Certificate

   *MEDA courses may be applied toward an A.S or A.A. degree or transfer to CSU.

2. Keeping in mind the five College Learning Outcomes above as well as what your discipline specifically requires of your graduating students, what should students be able to do when they have completed your discipline's requirements for each degree or certificate?

   Career Certificates:
   Phlebotomy Skills Certificate
   Administrative Skills Certificate
   Clinical Career Certificate
   Administrative & Clinical Career Certificate
   Financial Procedures Skills Certificate
   Medisoft Skills Certificate

http://programreview.marin.edu/SLOReport.jsp
2/22/2010
After passing the above courses, students will have become proficient in the skills related to their vocational interest and choices, so that they will be prepared to enter the workforce.

The Medical Terminology Certificate is awarded to students who complete both Medical Terminology classes.

3. How do students in your program demonstrate that they meet each of the college-wide learning outcomes? What courses, activities, and/or projects are students required to complete that relate to each outcome?
   i. Written, Oral and Visual Communication
   ii. Scientific and Quantitative Reasoning
   iii. Critical Thinking
   iv. Problem Solving
   v. Information Literacy

II. General Education:
1. Does your discipline offer any classes which count for general education requirements?
   No

2. Which General Education courses in your discipline address the each of the five College Learning Outcomes? Please list courses for each of the following:
   i. Written, Oral and Visual Communication
   ii. Scientific and Quantitative Reasoning
   iii. Critical Thinking
   iv. Problem Solving
   v. Information Literacy

III. Course Level Outcomes:
1. Do all of your Course Outlines of Record include Student Learning Outcomes? If not, are you revising them?
   All course outlines of record include Student Learning Outcomes.

2. What percentage of faculty members in your discipline include SLOs in their course syllabi?
   100% of the faculty.

3. Assessment:
i. How often do you assess these SLOs?
SLO's are assessed at the time of revision of Course Outlines.

3. Assessment:
ii. In the last two years every discipline developed SLOs specifically related to College Learning Outcome #3: Critical Thinking. Have you assessed this or any of the stated Student Learning Outcomes in your course outlines over the last year? If so, please summarize the results.
SLO's are assessed at the end of each semester in which the class is offered.

Students in the M.A. program demonstrate critical thinking skills through the understanding of basic theory by definition, explanation and the use of these ideas in examinations and laboratory skills.

3. Assessment:
iii. What improvements have you made or do you plan to make in the future?
Plans for improvement include:

Developing a Rubric to Produce both Grades & Assessment Data
Checklist for Evaluating Program Outcomes

3. Assessment:
iv. What do you plan to assess this year? Who will you assess? How will you assess?
Medical Assisting Students will be able to instruct other students to perform clinical and laboratory skills by the end of the semester. Performance will be graded with the aid of the Rubic and Checklist for Evaluating Program Outcomes. This information will be shared by program colleagues and changes made if warranted.
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Instructional Equipment Committee, IPC and Budget. Please enter items that will be used over a period of semesters BY STUDENTS. (Note: These should be NEW items that you are requesting one time only - not ongoing or consumable. Ongoing and consumable requests go under "Other Instructional Equipment". Technology-related requests should go under "Technology Requests". Select whether the item is less than or more than $200 each. If you are a large discipline with several areas, please include which area this item is for. Include Tax, Shipping and Handling in the total cost for each item.

I. Instructional Equipment/Materials Requirements

<table>
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<th>Category</th>
<th>Discipline Area</th>
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<tr>
<td>01</td>
<td>45-50 Students</td>
<td>Over $200 Each</td>
<td>Medical Assisting</td>
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**Description and part number for ordering:**
Moore Medical Item #58724 Hand Held Pulse Oximeter

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**One-time expenses:** (e.g. construction, electrical, installation)
N/A

**On-going Expenses:** (e.g. maintenance, repairs, staffing, and/or upgrades)
N/A

**Item to be shared with the following Department/Program:** (Include any shared expenses)
Could be shared with Dental Assisting

**Do you have space for this equipment?** Yes

**Justification for Item (See Rating Rubric)**

1. **Indicate how important this item is to the life of your discipline.**
   - ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   - ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   - ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

   **B. First request**

2. **Is this equipment required to meet Title 5 and/or Ed Code? If so, how? (Cite code)**
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)
   N/A

3. **How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?**
   Instruction will be enhanced and improved by the use of this piece of equipment which is a vital component of the demonstration and skills needed for performing vital
signs. Other courses that utilize pulse oximeters are nursing, dental and EMT.

4. How will access for students be improved? How many students (annually) will benefit from
this request? Is it required to accommodate existing students? Would it be vital to attracting
new students?

Approximately 45-60 students annually will be benefited and learning enhanced. At
present the program does not have a pulse oximeter and therefore an important
component is not covered in the lab. There is a lack of competency in the clinical
externship rotation because of the lack of knowledge in performing this skill.

5. What student learning or other outcomes are expected? Is it important to the achievement
of student goals?

This is very important aspect of reaching student goals.

6. How will these outcomes be measured for future planning? What data or evidence supports
your request?

Through testing and skills demonstration.

The vast majority of medical offices utilizes the pulse oximeter to measure oxygen
saturation level of arterial blood. The Medical Assistant performs this procedure.

A necessary piece of equipment to keep up with community standards.

Additional Justification for this item:

I. Instructional Equipment/Materials Requirements

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<th>Priority</th>
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<tr>
<td>02</td>
<td>45-50 Students</td>
<td>Over $200 Each</td>
<td>Medical Assisting</td>
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Description and part number for ordering:
Item #65388 SECA Beam Scale

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One-time expenses: (e.g. construction, electrical, installation)
N/A

On-going Expenses: (e.g. maintenance, repairs, staffing, and/or upgrades)
N/A

Item to be shared with the following Department/Program: (Include any shared expenses)
NA

Do you have space for this
equipment?

Yes

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
• ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
• ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
• ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

B   This is a one-time expense. The M.A. program currently has a very old scale with the numbers wearing off on the height bar and measures in centimeters and kilograms (metric system) and not used in modern day offices. On occasion the height rod gets pulled up and out by students which is unsafe and may cause injury.

This is the third request.

2. Is this equipment required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

N/A

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

Demonstrating competency in measuring height & weight is an integral part of the MEDA 135L objectives. Students apply this skill to real life situations, and must pass the MEDA 135L in order to demonstrate proficiency and meet student goals.

A duty of the Medical Assisting in the medical office.

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

Approximately 40-50 students annually will benefit from this request.

A scale is vital to accommodating existing students.

The COM is lacking modern equipment in order to keep in line with community standards

May attract students to COM

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

Part of the M.A. curriculum and course work.

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Evidence supporting equipment will be identified and measured by student demonstration of proper skills techniques.

Additional Justification for this item:
I. Instructional Equipment/Materials Requirements

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<th>Priority</th>
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<th>Discipline Area</th>
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<td>03</td>
<td>45-50 Students</td>
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<td>Medical Assisting</td>
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Description and part number for ordering:
Moore Medical Item #79827 Portable Electronic Pediatric Scale

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One-time expenses: (e.g. construction, electrical, installation)
N/A

On-going Expenses: (e.g. maintenance, repairs, staffing, and/or upgrades)
Unknow at this time

Item to be shared with the following Department/Program: (Include any shared expenses)
N/A

Do you have space for this equipment? Yes

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

   B. We are currently using a very old and outdated pediatric scale. The scale's measurement is based on the metric system. Modern medical offices do not use the metric system.

2. Is this equipment required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

   N/A

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?
   Purchase of the Pediatric Scale will enhance student learning by demonstrating the proper equipment used in a physician's office.

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
   Approximately 45-50 students annually will benefit from this purchase.

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
   It is important that M.A. students measure the pediatric pt. with competency.
Medication dosages are calculated on the pediatric pt.'s weight.

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Outcomes will be measured by laboratory skills demonstration testing and student feedback.

Additional Justification for this item:

I. Instructional Equipment/Materials Requirements

Priority: 04  
To Support: 90 Students  
Category: Over $200 Each  
Discipline Area: Medical Assisting

Description and part number for ordering:

Nasco SB32869UG

<table>
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<th>Shipping:</th>
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<td>$949.87</td>
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One-time expenses: (e.g. construction, electrical, installation)

N/A

On-going Expenses: (e.g. maintenance, repairs, staffing, and/or upgrades)

N/A

Item to be shared with the following Department/Program: (Include any shared expenses)

N/A

Do you have space for this equipment? Yes

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

   B. This is the third request.

2. Is this equipment required to meet Title 5 and/or Ed Code? If so, how? (Cite code)

   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

   N/A

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

   Self breast exam is an integral part of the M.A. curriculum. Students are taught to instruct patients how to do a self-breast exam. Currently we do not have a demonstration model. Students construct models for teaching projects.
4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
App. 90 students annually may benefit from this model. It would be utilized in MEDA 135L and MEDA 145 and possibly MEDA 120/121.

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
Simulators are a modern aid to skills demonstrations and student learning.

6. How will these outcomes be measured for future planning? What data or evidence supports your request?
Outcomes will be measured through skills testing.

Additional Justification for this item:
The breast self exam simulator has nine lumps from 2-25mm in diameter. Various grid patterns may be used for detection of lumps. The instructor will also demonstrate various positions for examination.
# Technology Requests

## Part I: Software

### MEDA-2009

## I. Technology/Software Requests

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority</th>
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<th>Discipline Area</th>
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</thead>
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<tr>
<td>01</td>
<td>115 Students</td>
<td>Discipline-Related</td>
<td>Medical Assisting</td>
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</tbody>
</table>

**Description and part number for ordering:**

HIPPA for Healthcare DVD Item # M224SABC-DVD-9

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<tbody>
<tr>
<td>New</td>
<td>One Time</td>
<td>None</td>
<td>Classroom use</td>
</tr>
</tbody>
</table>

**Item to be shared with the following Department/Program:** (Include any shared expenses)

To be shared with Phlebotomy.

**Justification for Item (See Rating Rubric)**

1. **Indicate how important this item is to the life of your discipline.**
   - ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   - ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   - ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   - In addition, how many times have you requested this item, but you have not received it?
     - A.

2. **Is this software required to meet Title 5 and/or Ed Code? If so, how? (Cite code)**
   - Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)
     - The DVD is required to comply with State regulations for MEDA 141, Phlebotomy.

3. **How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?**
   - N/A

4. **How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?**
   - Approximately 100 students per school year will benefit from this request.
   - The Medical Assisting and Phlebotomy courses are mandated to cover HIPPA regulations as part of the course curriculum.
   - No.
5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

Students will meet course objectives.

Yes.

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Results will be data driven.

Additional Justification for this item:

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I. Technology/Software Requests

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority</th>
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Description and part number for ordering:
Intro to Critical Thinking DVD. Item #19WF11090

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Type | How often? | College-wide | Discipline-Specific
---|------------|--------------|---------------------|
New | One Time   | None         | Classroom use

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?

2. Is this software required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:

I. Technology/Software Requests
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority</th>
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<tr>
<td>03</td>
<td>100 Students</td>
<td>Discipline-Related Software</td>
<td>MEDA</td>
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Description and part number for ordering:
Insight Media - Professional Behavior in Healthcare Professions: Professionalism and Self-Presentation. #37AU9306

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Type: New
How often?: One Time
College-wide: Library
Discipline-Specific: Classroom use

Item to be shared with the following Department/Program: Phlebotomy, Dental Assisting, Nursing, EMT

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

In addition, how many times have you requested this item, but you have not received it?

B.

This DVD examines the elements of professionalism in the workplace. It covers several aspects of communication and shows how to manage conflict. Also explores professional appearance, chain of command, and understanding one's professional role.

2. Is this software required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

   N/A

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

   SLO's will be improved through discussion of the film and introducing the student to one's professional role.

   Professional Behaviors is of paramount importance in the healthcare setting and
therefore leads to success in the workplace.

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

This DVD will benefit between 100-150 students annually.

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

Professional behaviors is important to student goals in the classroom setting as well as the workplace.

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Student surveys

Data

The COM's MEDA program does not have a DVD that is specific to Professional Behaviors and that covers the above topics.

Additional Justification for this item:
Professional Behaviors is a part of the MEDA curriculum.

I. Technology/Software Requests

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority</th>
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<td>04</td>
<td>4 Classes</td>
<td>Discipline-Related Software</td>
<td>MEDA</td>
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Description and part number for ordering:
DVD Insight Media. "Systems of the Human Body" #19AU8068

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<tbody>
<tr>
<td>New</td>
<td>One Time</td>
<td>None</td>
<td>Classroom use</td>
</tr>
</tbody>
</table>

Item to be shared with the following Department/Program: (Include any shared expenses)
May be used with the following classes: Medical Terminology, Understanding Human Disease, Clinical Procedures, Medical Lab. Procedures

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
• 'A' means that your discipline cannot teach your course(s) without the requested equipment.
• 'B' means that your course(s) would be greatly enhanced with the requested equipment.
• 'C' means that you would like this piece of equipment for your course(s) but can wait for a
future academic year.
In addition, how many times have you requested this item, but you have not received it?
B. will be used as a teaching aid

2. Is this software required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)
N/A

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?
Instruction will be improved through the presentation of materials that would otherwise be difficult to understand. Information will be presented through auditory and visual means which will enhance the learning process.

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
The number of students benefiting from this DVD would be in excess of 100 annually.
Access will be improved through a change in teaching methods and enhance courses.

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
Demonstration of student knowledge and or skill
pre or post test results
improvement in students time in demonstrating a skill in the laboratory setting

6. How will these outcomes be measured for future planning? What data or evidence supports your request?
Outcomes will be measured by:
level of student engagement in discussion
interaction between the student and instructor and among students in discussion groups
another way of measuring diverse learning styles

Additional Justification for this item:
I. Technology Requests-Hardware for Lab and Classroom or other student use

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority</th>
<th>To Support</th>
<th>Category</th>
<th>Discipline Area</th>
</tr>
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<tbody>
<tr>
<td>01</td>
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</tbody>
</table>

Description and part number for ordering:
Misc: CFI,FEE, ORD, DRY, Drop IN BOX (365-0521)

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Type: 
College-wide
Discipline-Specific

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:
See Base Unit

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   • ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   • ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   • ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:
I. Technology Requests-Hardware for Lab and Classroom or other student use

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority</th>
<th>To Support:</th>
<th>Category</th>
<th>Discipline Area</th>
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<tbody>
<tr>
<td>01</td>
<td>20 Classes</td>
<td>Other</td>
<td>MEDA</td>
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</tbody>
</table>

**Description and part number for ordering:**
Speakers: Dell AX510PA black Stereo Speaker Bar Flat Panel Display Dell Optiflex/Precision (313-6742)

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Type College-wide Discipline-Specific
Upgrade None Classroom use

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:
See Priority #1 for all below questions

**Item to be shared with the following Department/Program: (Include any shared expenses)**

**Justification for Item (See Rating Rubric)**

1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

**Additional Justification for this item:**
I. Technology Requests-Hardware for Lab and Classroom or other student use

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
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<th>Priority</th>
<th>To Support:</th>
<th>Category</th>
<th>Discipline Area</th>
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<tbody>
<tr>
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<td>20 Classes</td>
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Description and part number for ordering:
CFI, Lock, Security,KENS,64068F Factory Install (364-9793)

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<td>$21.73</td>
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</table>

Type College-wide Discipline-Specific
Upgrade None Classroom use

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:
Please see Priority #1 Base Unit

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:
Description and part number for ordering:
Keyboard: Comfort Curve Keyboard 2000 (A0542778)

<table>
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If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:
See Priority #1 the old keyboard is not ergonomically correct.

Item to be shared with the followng Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:

I. Technology Requests-Hardware for Lab and Classroom or other student use
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Priority: To Support: Category Discipline Area
Description and part number for ordering:
Surge Protector

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Type          | College-wide | Discipline-Specific |
              |upgrade       | Classroom use       |

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:
See priority #1

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
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   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:

I. Technology Requests-Hardware for Lab and Classroom or other student use
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority:</th>
<th>To Support:</th>
<th>Category</th>
<th>Discipline Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>20 Classes</td>
<td>Computer</td>
<td>MEDA</td>
</tr>
</tbody>
</table>

Description and part number for ordering:
Base Unit: Optiplex 960 Minitower Base Standard PSU (224_2253)

<table>
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<td>$423.26</td>
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</table>

Type: College-wide
Upgrade: None
Discipline-Specific: Classroom use

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:

This computer is located in POMO 255 (SmartClass) the equipment is in excess of 8 years old. The computer is outdated with multiple problems and no easy fixes.

Item to be shared with the following Department/Program: (Include any shared expenses)
Other departments will also have access to this computer as they do currently.

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

   In addition, how many times have you requested this item, but you have not received it?

   A. This is a mandatory piece of equipment for to be utilized in theory classes as well as labs. Eighty-five percent of MEDA classes are taught with the aid of the computer.

   All other equipment requested in this section pertains to the computer and its necessary parts as part of the upgrade.

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

   N/A

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?
   The quality of instruction will greatly be improved by having equipment that works properly and without constant classroom disruptions to make constant adjustments and fixes. On many occasions IT needed to be called in the middle of a class.

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
   It is estimated that over 200 students will benefit from this improvement.

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
   SLO are expected to be achieved through materials presented through powerpoint and other computer generated presentations.

   It is of utmost importance to the achievement of student goals.
6. How will these outcomes be measured for future planning? What data or evidence supports your request?
N/A

Additional Justification for this item:
Work orders requesting work to include tech streams.
Student complaints.
Instructors complaints

I. Technology Requests-Hardware for Lab and Classroom or other student use
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority:</th>
<th>To Support:</th>
<th>Category</th>
<th>Discipline Area</th>
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<tbody>
<tr>
<td>01</td>
<td>20 Classes</td>
<td>Monitor</td>
<td>Medical Assisting</td>
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</table>

Description and part number for ordering:
Dell 22 in Widescreen E2209W Flat Panel, Optiplex Precision and Latitude (320-7183)

<table>
<thead>
<tr>
<th>Qty.</th>
<th>Unit Cost:</th>
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<td>$124.56</td>
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</table>

Type
Upgrade
College-wide
 Discipline-Specific
Classroom use

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:
This is a replacement for equipment that over 8 years old, with ongoing problems.

Item to be shared with the following Department/Program: (Include any shared expenses)
Will be shared with Phlebotomy. Used by other unknown classes as well.

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   • ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   • ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
In addition, how many times have you requested this item, but you have not received it?
   A.
   Have requested new equipment several times.

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)
   UK
3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

Quality of instruction will be improved by the instructors ability to use equipment that is in good working order.

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

Unable to state an exact number of students who will benefit from this piece of equipment but more than 200 per school/year.

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

Evidence supporting my request is the no. of work orders submitted to IT.

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

See above

Additional Justification for this item:

**I. Technology Requests-Hardware for Lab and Classroom or other student use**

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority</th>
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<th>Category</th>
<th>Discipline Area</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>20 Classes</td>
<td>Computer</td>
<td>MEDA</td>
</tr>
</tbody>
</table>

Description and part number for ordering:

- Memory: 4.0GB, Non-ECC, 800MHz DDR2x2GB, Optiplex (311-7443)

<table>
<thead>
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<th>Qty.</th>
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</table>

Type

- Upgrade
- College-wide
- Discipline-Specific
- Classroom use

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:

See Base Unit for all below questions

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   - 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   - 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   - 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

In addition, how many times have you requested this item, but you have not received it?
2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:

I. Technology Requests-Hardware for Lab and Classroom or other student use
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority: 01</th>
<th>To Support: 20 Classes</th>
<th>Category: Other</th>
<th>Discipline Area: MEDA</th>
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Description and part number for ordering:
CD ROM Drive: Cyberlink Power DVD 8.2 with MEDIA, Dell Relationship LOB (421-0536)

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Type: Upgrade

College-wide: None

Discipline-Specific: Classroom use

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it
necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:

I. Technology Requests-Hardware for Lab and Classroom or other student use

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
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<th>Category</th>
<th>Discipline Area</th>
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<tbody>
<tr>
<td>01</td>
<td>20 Classes</td>
<td>Other</td>
<td>MEDA</td>
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</tbody>
</table>

Description and part number for ordering:

Hard Drive: 250GB SATA 3.0Gb/s and 8MB Data Burst Cache, Dell Optiplex (341-5474)

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<th>Qty.</th>
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Type College-wide  
Discipline-Specific

Upgrade None Classroom use

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:

See Base Unit

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   - 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   - 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   - 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)

Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from
this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:

I. Technology Requests-Hardware for Lab and Classroom or other student use

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

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<th>Category</th>
<th>Discipline Area</th>
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<tbody>
<tr>
<td>01 01 01</td>
<td>20 Classes</td>
<td>Other</td>
<td>MEDA</td>
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</table>

Description and part number for ordering:

Operating System: Vista Home BasicService Pack 1, with Media, 32 Bit English Dell Optiplex (420-8464)

<table>
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<tr>
<th>Qty.</th>
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<td>$17.83</td>
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</table>

Type: College-wide Discipline-Specific

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:

Same as Base Unit

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   - 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   - 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   - 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:

I. Technology Requests-Hardware for Lab and Classroom or other student use

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
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<th>Category</th>
<th>Discipline Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>20 Classes</td>
<td>Other</td>
<td>MEDA</td>
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</tbody>
</table>

Description and part number for ordering:

MOuse: Dell USB 2Button Optical Mouse w Scroll, Black Optiplex (330-2733)

<table>
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<th>Qty.</th>
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</table>

Type College-wide

Discipline-Specific

Upgrade None

Classroom use

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:

See Base Unit

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:

I. Technology Requests-Hardware for Lab and Classroom or other student use
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
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<th>Category</th>
<th>Discipline Area</th>
</tr>
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<tbody>
<tr>
<td>01</td>
<td>20 Classes</td>
<td>Other</td>
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Description and part number for ordering:
TBU: vPRO Secure Advanced Hardware Enabled Systems Mgmt. Dell Optiplex (330-2626)

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Type College-wide
Upgrade

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:
See Base Unit

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?
### I. Technology Requests-Hardware for Lab and Classroom or other student use

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
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<th>Category</th>
<th>Discipline Area</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>20 Classes</td>
<td>Other</td>
<td>MEDA</td>
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</tbody>
</table>

**Description and part number for ordering:**
CD ROM-16X DVD=/-RW SATA, DATA only DELL OPTIPLEX 960 Desktop or Minitower, Black (313-6742)

<table>
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**Type**
- **College-wide**
- **Discipline-Specific**
- **Upgrade**
- **None**
- **Classroom use**

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:

See Base Unit

**Justification for Item (See Rating Rubric)**

1. Indicate how important this item is to the life of your discipline.
   - 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   - 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   - 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:
I. Technology Requests-Hardware for Lab and Classroom or other student use

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Priority: To Support: Category Discipline Area
01 20 Students Other MEDA

Description and part number for ordering:
CD ROM: Roxio Creator Dell Edidion, 9.0 Dell Optiplex (420-7963)

<table>
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<th>Qty.</th>
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Type College-wide Discipline-Specific
Upgrade None Classroom use

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:
See Base Unit

Item to be shared with the following Department/Program: (Include any shared expenses)

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   • ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   • ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

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5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

Additional Justification for this item:
I. Technology Requests-Hardware for Lab and Classroom or other student use

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

<table>
<thead>
<tr>
<th>Priority</th>
<th>To Support:</th>
<th>Category</th>
<th>Discipline Area</th>
</tr>
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<tbody>
<tr>
<td>01</td>
<td>20 Classes</td>
<td>Computer</td>
<td>MEDA</td>
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</table>

**Description and part number for ordering:**
Processor: Optiplex 960, Core 2 Duo E8400/3.0GHz, 6M, 1333FSB (311-9533)

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**Type**
- College-wide
- Discipline-Specific

**Upgrade**
- None

**Classroom use**

If this is an upgrade or replacement, please briefly describe your existing equipment in terms of age and capability or lack thereof:

See Base Unit for all justifications and questions.

Item to be shared with the following Department/Program: (Include any shared expenses)

**Justification for Item (See Rating Rubric)**

1. Indicate how important this item is to the life of your discipline.
   - ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   - ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   - ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?

2. Is this hardware required to meet Title 5 and/or Ed Code? If so, how? (Cite code)
   Is this equipment required to meet any local, state or federal Health and Safety Code? If so, how? (Cite code)

3. How will the quality of instruction be improved for student learning and success? Is it necessary for students to succeed in a series of courses?

4. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

5. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

6. How will these outcomes be measured for future planning? What data or evidence supports your request?

**Additional Justification for this item:**
Instructional Operating Supplies

I. Consumable Instructional Operating Supplies
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Note: Please group requests into broad categories of items required to teach a class. Make ONE entry for each category.

Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

Priority: To Support: Discipline Area
01 115 Students Medical Assisting

Broad Category (for example in Chemistry - "Chemicals")
Sterile and Non Sterile Gloves. (Powdered and non powdered)

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>600.0</td>
<td>540.0</td>
<td>60.0</td>
</tr>
</tbody>
</table>

Type How Long?
Increasing Cost Ongoing/Recurring

Item to be shared with the following Department/Program: (Include any shared expenses)
TO be shared with Phlebotomy

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   • ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   • ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
In addition, how many times have you requested this item, but you have not received it?
   A.

2. Is it necessary for students to succeed in a series of courses?
   Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
   N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
   Yes without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?
   Cannot operate a lab without these supplies.
I. Consumable Instructional Operating Supplies

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Note: Please group requests into broad categories of items required to teach a class. Make ONE entry for each category.

Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

Priority:  
To Support:  
Discipline Area

<table>
<thead>
<tr>
<th>Priority</th>
<th>To Support</th>
<th>Discipline Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>115 Students</td>
<td>Medical Assisting</td>
</tr>
</tbody>
</table>

Broad Category (for example in Chemistry - "Chemicals")
Wound Care Supplies: (Bandages, sterile and non sterile gauze pads, cotton balls, sterile and non sterile applicators, bandage tape, hydrogen peroxide, wound wash, antibiotic ointments)

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>400.0</td>
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<td>40.0</td>
</tr>
</tbody>
</table>

Type
How Long?
Increasing Cost  Ongoing/Recurring

Item to be shared with the following Department/Program: (Include any shared expenses)

TO be shared with Phlebotomy

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   • ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   • ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   • ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?
   A.
   
   Have not previously requested recurrent expense.

2. Is it necessary for students to succeed in a series of courses?
   Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
   N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
   Yes without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?
   Cannot operate a lab without these supplies.
I. Consumable Instructional Operating Supplies

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Note: Please group requests into broad categories of items required to teach a class. Make ONE entry for each category.

Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

Priority: 02 115 Students Medical Assisting

Broad Category (for example in Chemistry - "Chemicals")
Chemical Disinfectants: (Cavicide, Metricide, Envirocide, Surgical Instrument Cleansers, surface disinfectant sprays)

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>300.0</td>
<td>200.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Type: Increasing Cost  How Long? Ongoing/Recurring

Item to be shared with the following Department/Program: (Include any shared expenses)
To be shared with Phlebotomy

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   • ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   • ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   • ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

In addition, how many times have you requested this item, but you have not received it?

A. Have not previously requested recurrent expense.

2. Is it necessary for students to succeed in a series of courses?
   Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
   N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
   Yes, without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?
   Cannot operate a lab without these supplies.
I. Consumable Instructional Operating Supplies

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Note: Please group requests into broad categories of items required to teach a class. Make ONE entry for each category.

Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

<table>
<thead>
<tr>
<th>Priority</th>
<th>To Support:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>115 Students</td>
<td>Medical Assisting</td>
</tr>
</tbody>
</table>

Broad Category (for example in Chemistry - "Chemicals")

Hand Sanitizer, disposable thermometer probe covers, orange wood sticks,

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
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<tbody>
<tr>
<td>160.0</td>
<td>144.0</td>
<td>16.0</td>
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</table>

Type: Increasing Cost
How Long? Ongoing/Recurring

Item to be shared with the following Department/Program: (Include any shared expenses)

TO be shared with Phlebotomy

Justification for Item (See Rating Rubric)

1. Indicate how important this item is to the life of your discipline.
   - 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   - 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   - 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

In addition, how many times have you requested this item, but you have not received it?

A.

2. Is it necessary for students to succeed in a series of courses?
   Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
   N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
   Yes without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?
   Cannot operate a lab without these supplies.
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Note: Please group requests into broad categories of items required to teach a class.
Make ONE entry for each category.

Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

<table>
<thead>
<tr>
<th>Priority:</th>
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<tbody>
<tr>
<td>04</td>
<td>115 Students</td>
<td>Medical Assisting</td>
</tr>
</tbody>
</table>

**Broad Category (for example in Chemistry - "Chemicals")**


<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
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<tbody>
<tr>
<td>600.0</td>
<td>580.0</td>
<td>80.0</td>
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</table>

**Item to be shared with the following Department/Program: (Include any shared expenses)**

To be shared with Phlebotomy

**Justification for Item (See Rating Rubric)**

1. Indicate how important this item is to the life of your discipline.
   - 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   - 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   - 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

In addition, how many times have you requested this item, but you have not received it?

A.

2. Is it necessary for students to succeed in a series of courses?

Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?

N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?

Yes without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?

Cannot operate a lab without these supplies.

---

**I. Consumable Instructional Operating Supplies**

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Note: Please group requests into broad categories of items required to teach a class.
Make ONE entry for each category.
Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

<table>
<thead>
<tr>
<th>Priority:</th>
<th>To Support:</th>
<th>Discipline Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>05</td>
<td>115 Students</td>
<td>Medical Assisting</td>
</tr>
</tbody>
</table>

**Broad Category (for example in Chemistry - "Chemicals")**

Urinalysis Items: Specimen cups, Chemical reagent strips, pipettes, centrifuge tubes, slides, antiseptic towellets.

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>350.0</td>
<td>315.0</td>
<td>35.0</td>
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**Type**

<table>
<thead>
<tr>
<th>How Long?</th>
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</thead>
<tbody>
<tr>
<td>Ongoing/Recurring</td>
</tr>
</tbody>
</table>

**Item to be shared with the following Department/Program: (Include any shared expenses)**

To be shared with Phlebotomy

**Justification for Item (See Rating Rubric)**

1. Indicate how important this item is to the life of your discipline.
   - ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   - ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   - ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

   In addition, how many times have you requested this item, but you have not received it?
   - A.

2. Is it necessary for students to succeed in a series of courses?
   - Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
   - N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
   - Yes without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?
   - Cannot operate a lab without these supplies.

---

**I. Consumable Instructional Operating Supplies**

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Note: Please group requests into broad categories of items required to teach a class. Make ONE entry for each category.

Note: These are generally ongoing costs. One-time items go under Instructional Equipment.
**Broad Category (for example in Chemistry - "Chemicals")**

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>850.0</td>
<td>765.0</td>
<td>85.0</td>
</tr>
</tbody>
</table>

**Type**
- Increasing Cost

**How Long?**
- Ongoing/Recurring

**Item to be shared with the following Department/Program:** (Include any shared expenses)
To be shared with Phlebotomy.

**Justification for Item (See Rating Rubric)**

1. **Indicate how important this item is to the life of your discipline.**
   - 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   - 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   - 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
   In addition, how many times have you requested this item, but you have not received it?
   A.

2. **Is it necessary for students to succeed in a series of courses?**
   Yes

3. **How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?**
   N/A

4. **What student learning or other outcomes are expected? Is it important to the achievement of student goals?**
   Yes without these supplies students cannot demonstrate appropriate skills and techniques

5. **How will these outcomes be measured for future planning? What data or evidence supports your request?**
   Cannot operate a lab without these supplies.

---

**I. Consumable Instructional Operating Supplies**
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Note: Please group requests into broad categories of items required to teach a class. Make ONE entry for each category.

Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

<table>
<thead>
<tr>
<th>Priority:</th>
<th>To Support:</th>
<th>Discipline Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>07</td>
<td>115 Students</td>
<td>Medical Assisting</td>
</tr>
</tbody>
</table>

**Broad Category (for example in Chemistry - "Chemicals")**
Items for Sterilization: Autoclave indicator strips, tape, paper, pouches in assorted sizes, distilled water.

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>150.0</td>
<td>135.0</td>
<td>15.0</td>
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</tbody>
</table>

Type: Increasing Cost  
How Long?: Ongoing/Recurring

Item to be shared with the following Department/Program: (Include any shared expenses)
To be shared with Phlebotomy

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.  
   • ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.  
   • ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.  
   • ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.  
In addition, how many times have you requested this item, but you have not received it?  
   A.

2. Is it necessary for students to succeed in a series of courses?  
   Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?  
   N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?  
   Yes without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?  
   Cannot operate a lab without these supplies.

I. Consumable Instructional Operating Supplies
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.  
Note: Please group requests into broad categories of items required to teach a class. Make ONE entry for each category.  
Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

Priority: 08  
To Support: 115 Students  
Discipline Area: Medical Assisting

Broad Category (for example in Chemistry - "Chemicals")
Eye irrigating solution, eye drops and lubricants.

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
</thead>
</table>
Type How Long?
Increasing Cost Ongoing/Recurring

Item to be shared with the following Department/Program: (Include any shared expenses)
To be shared with Phlebotomy

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
• 'A' means that your discipline cannot teach your course(s) without the requested equipment.
• 'B' means that your course(s) would be greatly enhanced with the requested equipment.
• 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
In addition, how many times have you requested this item, but you have not received it?
A.

2. Is it necessary for students to succeed in a series of courses?
Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
Yes without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?
Cannot operate a lab without these supplies

I. Consumable Instructional Operating Supplies
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.
Note: Please group requests into broad categories of items required to teach a class.
Make ONE entry for each category.
Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

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<thead>
<tr>
<th>Priority</th>
<th>To Support:</th>
<th>Discipline Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>09</td>
<td>115 Students</td>
<td>Medical Assisting</td>
</tr>
</tbody>
</table>

Broad Category (for example in Chemistry - "Chemicals")
EKG paper in different sizes, electrodes, disposable razors,

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>200.0</td>
<td>180.0</td>
<td>20.0</td>
</tr>
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</table>

Type How Long?
Increasing Cost Ongoing/Recurring
**Item to be shared with the following Department/Program: (Include any shared expenses)**

To be shared with Phlebotomy

**Justification for Item (See Rating Rubric)**

1. Indicate how important this item is to the life of your discipline.
   - 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   - 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   - 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.

   In addition, how many times have you requested this item, but you have not received it?
   A.

2. Is it necessary for students to succeed in a series of courses?
   Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
   N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
   Yes without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?
   Cannot operate a lab without these supplies

---

**I. Consumable Instructional Operating Supplies**

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Note: Please group requests into broad categories of items required to teach a class.

Make ONE entry for each category.

Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

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<tr>
<th>Priority:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>20 Students</td>
<td>Medical Assisting</td>
</tr>
</tbody>
</table>

**Broad Category (for example in Chemistry - "Chemicals")**

Phlebotomy Supplies: Venipuncture Needle pro, Butterfly needles in assorted sizes, Blood collection tubes; green, blue, lavender, gold, tiger top. Lancets, tourniquets, capillary tubes, Bleeding time device, Heel incision, Infant heel warmer, blotting paper, Povidone swabs, glass slides.

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1800.0</td>
<td>200.0</td>
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**Type**

<table>
<thead>
<tr>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing Cost</td>
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</table>

**How Long?**

<table>
<thead>
<tr>
<th>How Long?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing/Recurring</td>
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</tbody>
</table>

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[http://programreview.marin.edu/IEReportPart4.jsp](http://programreview.marin.edu/IEReportPart4.jsp)
Item to be shared with the following Department/Program: (Include any shared expenses)

These items are for the Phlebotomy program only.

Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • 'A' means that your discipline cannot teach your course(s) without the requested equipment.
   • 'B' means that your course(s) would be greatly enhanced with the requested equipment.
   • 'C' means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
In addition, how many times have you requested this item, but you have not received it?
   A.

2. Is it necessary for students to succeed in a series of courses?
   Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
   N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
   Yes without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?
   Cannot operate a lab without these supplies

I. Consumable Instructional Operating Supplies
This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.
Note: Please group requests into broad categories of items required to teach a class.
Make ONE entry for each category.
Note: These are generally ongoing costs. One-time items go under Instructional Equipment.

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<thead>
<tr>
<th>Priority</th>
<th>To Support:</th>
<th>Discipline Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>115 Students</td>
<td>Medical Assisting</td>
</tr>
</tbody>
</table>

Broad Category (for example in Chemistry - "Chemicals")

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>200.0</td>
<td>180.0</td>
<td>20.0</td>
</tr>
</tbody>
</table>

Type: Increasing Cost  How Long?: Ongoing/Recurring

Item to be shared with the following Department/Program: (Include any shared expenses)
To be shared with Phlebotomy
Justification for Item (See Rating Rubric)
1. Indicate how important this item is to the life of your discipline.
   • ‘A’ means that your discipline cannot teach your course(s) without the requested equipment.
   • ‘B’ means that your course(s) would be greatly enhanced with the requested equipment.
   • ‘C’ means that you would like this piece of equipment for your course(s) but can wait for a future academic year.
In addition, how many times have you requested this item, but you have not received it?
   A.

2. Is it necessary for students to succeed in a series of courses?
   Yes

3. How will access for students be improved? How many students (annually) will benefit from this request? Is it required to accommodate existing students? Would it be vital to attracting new students?
   N/A

4. What student learning or other outcomes are expected? Is it important to the achievement of student goals?
   Yes without these supplies students cannot demonstrate appropriate skills and techniques.

5. How will these outcomes be measured for future planning? What data or evidence supports your request?
   Cannot operate a lab without these supplies.
# Miscellaneous Instructional Materials

**MEDA-2009**

## II. Miscellaneous Instructional Materials Account

This section will be filled out by faculty and reviewed by the Department Chair, the Area Dean, the Technology Committee, IPC and Budget.

Note: This is for things to help faculty teach - not necessarily used directly by students, such as supplemental materials, audio/visuals/maps, subscriptions, etc.

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
<th>Discipline Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>300.0</td>
<td>350.0</td>
<td>MEDA</td>
</tr>
</tbody>
</table>

What kind of things do you generally use this money for?

- Audio tapes for MEDA 110/110L. Medical Terminology tapes.
- Educational Posters, and anatomy posters.

### Justification for Item (See Rating Rubric)

1. **Who will use these materials? How? Will it be shared with other disciplines?**

   Audio tapes for MEDA 110 & MEDA 110L are used so that students can practice taking messages off the answering machine. Messages are left in real life situations.

   Students listen to correct medical pronunciation in Med. Terminology & students repeat.

   Educational Posters are posted in the Lobby area of the Medical Assisting lobby. Students enjoy looking at the posters. Anatomy posters are used as a teaching aid in MEDA 145.

2. **How will these materials benefit student learning?**

   These materials benefit student learning through various means of learning, ex. auditory and visual. Changing teaching methods and approaches to learning enhance the learning process and adds interest to the subject.
### Non-Instructional Requests

**Part II : Other Non-Instructional Costs/Contract Services**

This section will be filled out by the Department Chair

MEDA-2009

#### II. Other Non-Instructional Costs

This section will be filled out by the Department Chair and reviewed by the Area Dean, IPC and Budget.

*Note: Service Contracts: maintenance, repairs, laundry, hazardous waste removal, etc.*

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Contracts</td>
<td>Previously funded ongoing expense</td>
</tr>
</tbody>
</table>

**Description and part number for ordering:**

hazardous waste removal for lab classes and phlebotomy class

<table>
<thead>
<tr>
<th>Annual Cost</th>
<th>Previous Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>200.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Justification**

Please comment on request in terms of how it benefits your program, faculty and/or students:

Required by OSHA
# Faculty Members
## MEDA-2009

## I. Program Faculty

List of Faculty Members and Total faculty Units separately for Fall, Spring and Summer

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Year Retired:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chang</td>
<td>Jennifer</td>
<td>Yung-Chang</td>
<td></td>
</tr>
</tbody>
</table>

### Status:
- Shared W/other program(s): Adjunct, ETCUM No

<table>
<thead>
<tr>
<th>Summer 2009 TU</th>
<th>Fall 2009 TU</th>
<th>Spring 2010 TU</th>
<th>Reassigned (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>1.5</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### Years of Service: 10

### Specialty: Pharmacology

### Leadership: List involvement in committees or other service
- Medical Assisting/Phlebotomy Advisory Board Member

---

List of Faculty Members and Total faculty Units separately for Fall, Spring and Summer

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Year Retired:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dobra</td>
<td>Linda</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Status:
- Shared W/other program(s): Adjunct, ETCUM No

<table>
<thead>
<tr>
<th>Summer 2009 TU</th>
<th>Fall 2009 TU</th>
<th>Spring 2010 TU</th>
<th>Reassigned (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Years of Service: 4

### Specialty: Phlebotomy Instruction

### Leadership: List involvement in committees or other service
- Course Outline Revision
- Medical Assisting/Phlebotomy Advisory Board Member
- Participated in State Recertification for Phlebotomy Course

---

List of Faculty Members and Total faculty Units separately for Fall, Spring and Summer

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Year Retired:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacy</td>
<td>Carol</td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>

### Status:
- Shared W/other program(s): Full-time, tenured No

<table>
<thead>
<tr>
<th>Summer 2009 TU</th>
<th>Fall 2009 TU</th>
<th>Spring 2010 TU</th>
<th>Reassigned (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>32.35</td>
<td>2.35</td>
<td></td>
</tr>
</tbody>
</table>
### Years of Service: \( 6 \)  
#### Specialty:  
Clinical & Laboratory Procedures, Diseases, Administrative Procedures

### Leadership: List involvement in committees or other service
Chairperson- Medical Assisting/Phlebotomy Advisory Board Member, Health & Safety Committee Participant-Course Outline Revisions Program Review Member Career Fair Participant, Program Coordinator.

### List of Faculty Members and Total faculty Units separately for Fall, Spring and Summer

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Year Retired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muller</td>
<td>Beverly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Status:  
Adjunct, ETCUM  
Shared W/other program(s): No  

<table>
<thead>
<tr>
<th>Summer 2009 TU</th>
<th>Fall 2009 TU</th>
<th>Spring 2010 TU</th>
<th>Reassigned (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3.1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Years of Service: \( 5 \)  
#### Specialty:  
Financial Procedures Medical Terminology

### Leadership: List involvement in committees or other service

### Additional Teaching Unit Requests
#### II. Additional Unit requests for NEW classes or extra sections  
(requests for returned units has different process).

| Specialty:  
MEDA 135 Clinical Procedures | Units/Class | Number of Sections/Year | Existing or New Course |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2/</td>
<td>2/2010</td>
<td>Existing Course</td>
</tr>
</tbody>
</table>

**To meet Program requirements for the following:**  
- [x] Health/Safety  
- [x] Scheduling  
- [ ] Title 5/Ed.Code  
- [x] Waitlists

---

http://programreview.marin.edu/TUReportFaculty.jsp  
2/22/2010
Other:
If it is for a new course, has the outline been submitted and approved by curriculum, UDWC and the Board?
N/A

Justification for new units:
1. Why do you feel this is an important addition to your overall curriculum and/or number of offerings?
2. Is it or will it be required for a degree or certificate?
3. Is it a new state law requirement?
4. How will this improve access, student learning outcomes and success?
5. Do you have evidence to support the need for your request? If so, please explain and/or attach.

1. Classes are overcrowded and students are being turned away.
2. Required for M.A. Career Certificate
3. Will improve student retention, success and SLO's by lessening the demands on instructors and give students individual attention with less overcrowding in classrooms.

Shared Resources: If you have requested additional units that will be used by more than one department, please indicate here. Please indicate which disciplines and/or departments and the number of combined students/faculty or classes he/she would serve. Please indicate how it will improve access or outcomes and if it is needed for health and safety concerns or required by law.

II. Additional Unit requests for NEW classes or extra sections (requests for returned units has different process).

<table>
<thead>
<tr>
<th>Specialty:</th>
<th>Units/Class</th>
<th>Number of Sections/Year</th>
<th>Existing or New Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDA 135L</td>
<td></td>
<td>3/10</td>
<td>Existing Course</td>
</tr>
</tbody>
</table>

To meet Program requirements for the following:

- [x] Health/Safety
- [x] Scheduling
- [ ] Title 5/Ed.Code
- [x] Waitlists

Other:
If it is for a new course, has the outline been submitted and approved by curriculum, UDWC and the Board?
NO

Justification for new units:
1. Why do you feel this is an important addition to your overall curriculum and/or number of offerings?
2. Is it or will it be required for a degree or certificate?
3. Is it a new state law requirement?
4. How will this improve access, student learning outcomes and success?
5. Do you have evidence to support the need for your request? If so, please explain and/or attach.

MEDA 135L is a clinical laboratory procedure class. The current laboratory does not safely accommodate more than 15 students. There is a lack of space for students to perform laboratory skills, It is difficult for the instructor and lab technician to freely move about the laboratory.

This class is required for the M.A. Career Certificate. It is not a state requirement.
Access will be improved by giving students an additional lab. and ideally offering this class on a Saturday or evening. Student learning, outcome and success will be improved by additional instructor time spent with fewer students and improve safety issues in the laboratory setting.

Hopefully with the construction of the new building, problems with space will be resolved. However student enrollment must be kept at 15 or below per laboratory class.

Shared Resources: If you have requested additional units that will be used by more than one department, please indicate here. Please indicate which disciplines and/or departments and the number of combined students/faculty or classes he/she would serve. Please indicate how it will improve access or outcomes and if it is needed for health and safety concerns or required by law.

N/A

III. FT Faculty Needs (Please fill this out ONLY if you are stating a need for new full time faculty in your area.)

1. Please indicate if there are NO FT faculty in your discipline. Please provide data regarding the length of time this discipline has been without a full time instructor.

2. Non-availability of part-time instructors in a subject area. Please provide evidence demonstrating the difficulty in finding part-time instructors to teach in the subject area.

3. RETCUM Faculty: How many FT faculty have retired in the past ten years. How many units are now taught by RETCUM faculty each year?

4. New FT Faculty: How many NEW FT faculty have been hired in past 10 years? Please list each faculty name and the year of employment. If this instructor is shared with another department, please list the equivalent FTE% for your department. Please list instructional equivalencies as necessary and if faculty member was the result of retreat rights.

5. Reduction in department TUs as a result of FT Faculty retirements or other significant causes? Please provide data that illustrates a change in teaching unit allocation as a direct result of FT faculty retirements within your department and how this may change in the coming year(s).

6. Other reasons: Have there been other causes for a reduction in units in your discipline? If so, please explain and provide evidence.

7. Changes in Student Demand: Recent or forthcoming growth as a result of added sections due to enrollment demands. Provide evidence that illustrates the need for additional faculty due to increased student demand such as numbers of sections added and/or courses with waitlist totals showing a need for additional sections. What is the % of FTEF for this increase in units? If there has been a decline in student growth, please explain why.

8. Current of forthcoming changes that illustrate the immediate need of additional FT faculty within this department. Please outline all relevant circumstances that justify the priority of a FT hire in addition to those already outlined above. Consider changes in the field, changes in the job market and population shifts.

9. Program Review Findings: Indicate what trends you identified in your last program review that support the need for full time faculty hires. Tie these to the department and college mission.
10. Other considerations: Include such information as matriculation needs, changes in student demand or community and job market needs, response to legislation, or rapid growth of the discipline.

11. Shared Resources: If you have requested FT faculty that will be used by more than one department, please indicate here. Please indicate which disciplines and/or departments and the number of combined students/faculty or classes he/she would serve. Please indicate how it will improve access or outcomes and if it is needed for health and safety concerns or required by law.
I. Current Support Staff

List of Support Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Purpose</th>
<th>Hours/Week</th>
<th>To support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan Rinaldi</td>
<td>Clerical</td>
<td></td>
<td>40</td>
<td>200 Students</td>
</tr>
</tbody>
</table>

Leadership: List involvement in committees or other service

One clerical support person for over 200 students. Works at the Kentfield Campus.

List of Support Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Purpose</th>
<th>Hours/Week</th>
<th>To support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sajida Hamdan</td>
<td>Other</td>
<td></td>
<td>12</td>
<td>45-50 Students</td>
</tr>
</tbody>
</table>

Leadership: List involvement in committees or other service

Member of the M.A. Advisory Board

M.A. Dept. Aide level IV

Sets up lab for procedures, assists instructor.

Files current procedural handouts, makes copies

Keeps inventory and orders supplies for 2 programs.

Assists students in student learning.

II. Request for additional support staff

<table>
<thead>
<tr>
<th>Purpose:</th>
<th>Type</th>
<th>Approx. hours per week:</th>
<th>To support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerical</td>
<td>Part-Time</td>
<td>24</td>
<td>50 Classes</td>
</tr>
</tbody>
</table>

Justification: Please address the following areas as applicable. How will it be used? How will instruction be improved for student learning and success? How will access be improved? What student learning outcomes are expected? How will the outcomes be measured? What data or evidence is supplied to support your justification?

The coordinator is a full-time instructor and has been in overload due to increased enrollment and the lack of availability of part-time instructors. The coordinator receives 2 T.U. per semester for an inordinate amount of administrative duties. Clerical help is seriously lacking at the Indian Valley Campus for faculty.

A part-time clerical staff person will assist with clerical duties for Informational Sessions which is significantly responsible for the Medical Assisting and Phlebotomy growth in enrollment. Allow the instructor more instructional time for student learning. With the help of a clerical person the coordinator will be able to write a grant which is not possible at this time.
If this position is granted to the IVC faculty, he/she will assist faculty at IVC only and not administration.

**Shared Resources:** If you have requested additional staff that will be used by more than one department, please indicate here. Please indicate which disciplines and/or departments and the number of combined students/faculty or classes he/she would serve. Please indicate how it will improve access or outcomes and if it is needed for health and safety concerns or required by law.

Other departments that would be served are as follows: EMT, ECD, Phlebotomy, MEDA and Dental in Fall 2010.
Program Summary
MEDA-2009

Instructions: after reviewing your data and reports from all other sections of your program review, use this form to briefly summarize all of the information you have provided by closing with your concluding remarks (e.g. an executive one-page summary) for your entire program review.

I. Program Excellence (Best Practices)

Please address any of the following areas:

Overall Program structure, contextualized learning/learning communities, reputation of faculty, faculty collaboration, staff, retention and success, how you maintain a supportive environment, how you address issues of diversity, any specific student learning outcomes.

The Medical Assisting program has been part of the College of Marin's curriculum for over twenty years, and is a very successful and growing program. The Phlebotomy program has been state licensed for 4 years and is also very successful and in high demand. From 2003-2008 eleven students received their AA/AS degrees and sixty-five received their M.A. Career Certificates. There is no data as of this review for passing rates for the state phlebotomy examination. We admit students into our program in either spring or fall. Each semester there is a waiting list for students who wish to enroll in the Phlebotomy program and Medisoft course due to only one section being offered due to lack of computers in the computer lab. Administrative issues pertain to lack of another full-time instructor, a clerical support person on the IVC campus and currently there is one administrative assistant that continues to assist in serving five programs. The laboratory assistant only works 12 hours per week and the phlebotomy instructor is without an assistant. The Director of Health Sciences oversees 5 programs, she is housed in Kentfield. We need an active program manager dedicated to our programs. Overall the greatest strength of our program is our dedicated faculty who are committed to the students and teaching profession.

II. Program Resources (Responsiveness)

Briefly summarize examples of key resources required for your program to meet or exceed the college goals (as cited in this review).

The M.A. program along with the EMT, Phlebotomy, Dental Assisting and ECE programs is in need of a clerical person to assist with phone calls, setting up Informational Sessions, Career Fairs and perform clerical duties as needed. A separate Allied Health Manager to assist with administrative and management duties and write grants. The M.A. program also needs a full-time instructor. Currently the one-full time instructor is the coordinator and has the added responsibility of running the programs. Another full time instructor would be able to substitute for the coordinator if needed. Currently the coordinator is unable to attend conferences or seminars due to lack of a substitute. Increased resources is needed to grow the program. Currently the Phlebotomy program is draining monies from the M.A. program with no increase in monetary funds in the near future or since the program was started in Spring 2007.

The above concerns continues to be problematic.

III. Moving Forward Objectives (Planning)

Please summarize any data-driven coordinated planning has your department done to improve enrollment, student learning, access and success?

Program Review has brought to light the areas that the program must focus on in order to increase enrollment, although enrollment is continuing to grow, retention and success rates and improve skills and training in preparation for employment. However in order to achieve these intended actions and strategies more support help is needed so that the full-time instructor/coordinator can spend less time doing clerical duties and more time with providing student support, preparing effective lesson plans and
running an efficient program. Workload Catagories needs revision. The skills laboratories are only given 2.1 teaching units for a 3 hour lab. These labs are teaching labs and NOT practicums. The instructor needs to demonstrate, instruct and supervise students at all times while in the lab. The students work with body fluids ex: drawing blood, urinalysis, skin punctures, sputum cultures, and stool and safety is always the number one concern. Teaching units need to be increased so that they are in alignment with what the instructor is actually doing in the lab.

Recommendations: Immediately increase faculty salaries to reflect the inordinate amount of work performed.

Create a Director of Allied Health Position

Institute Program Review recommendations to decrease workload and improve working conditions.

Institute Program Review recommendations to improve student retention and success and to prepare students for jobs/career.

There is a need for an increase in sections offered due to the increase in enrollment. Students are being turned away and instructors are allowing students to enroll that is significantly over their maximum class size.

IV. Assessment of 2008 Program Reviews:
1. What resources have you been granted from your previous program reviews?
2. Please assess how these resources have been used to improve access, learning outcomes and student success in your program?
3. What changes have you implemented based on previous program reviews?
4. What results have you found?

Resources granted:

Two laboratory examination tables. The exam tables serve students in MEDA 135 and MEDA 136. The exam tables are used for various purposes such as: patient positioning, skills and procedures. The tables are a necessity in the Medical Assisting Program.

Changes included:

Increase in tutoring and lab.tech hours.

Ongoing updating for course outline

Increase in enrollment in the Medical Assisting Program

V. Fall 2009 Requests Summary:
1. Please summarize the main requests you have made in this program review in order of your priority starting with the most important one.
2. Summarize briefly why you want each one.
3. Summarize your overall rationale.

The District should supply monies from the surplus budget to run on-going MEDA & Phlebotomy expenses, and should not be the responsibility of vocational programs.

VI. Other concluding remarks.
1. Please make any comments on the Five Pathways, Student Access and Success, Facilities, Curriculum and SLO sections.

The students in this program tend to include many students who are underprepared academically. This is one of the programs that we intend to include in a project to track the number of students who are accessing counseling services. With the completion of the new main building at IVC, we are expecting more supportive services, such as tutoring to be expanded to IVC. This particular population of students would greatly benefit from those additional resources. One of the most rigorous courses in the program, Medical Terminology has a relatively low success rate of 57%. The level of study and memorization that course requires skills not common to this student population. It is not unusual for students to repeat this particular course. The faculty in this program provide outstanding mentoring and support to all students. That extra support often makes the difference between students giving up and committing to success. These students respond very favorably to the extra support, indicating that this population would be very responsive to additional tutoring services, if made available.

2. Please comment on the instructional equipment requests, technology requests and other instructional materials requests sections. Please comment especially on any specific priorities without which this program cannot function.

A Pulse Oximeter, Eam scales and other media requests including a HIPPA video and others detailed in the equipment requests are all items that can be shared with other Health Science programs. These requests, although not costly are critical to the knowledge and skill set expected of entry level students. I recommend that these requests be given high priority as critical to the success of our students as they enter the workplace.

3. Please comment on the faculty and staff sections.

Additional, on-site administrative support with a department assistant at the IVC campus to support the health science programs at IVC is critical. As the program expands, and is expected to grow even faster in the new location, the current administrative support has fallen short of meeting program needs. This is not a reflection on current staff, but instead, a reflection of a growing program with expanding regulatory demands.

4. Please itemize expenses currently covered by external funds that may revert back to general funds.

The Medical Assisting program expends all funds available to the program every year. The program expenses have increased along with rising prices. In order to maintain the instructional quality of the program, additional (categorical funds) of about $6,620 are expended annually. Those funds cover expenses for supplies and materials necessary to maintain the program.

5. Other comments

The program is growing and additional sections of labs and computer lab time is needed. With addition of supportive services and tutoring an evening and weekend program should be considered.

The clinical sites for the phlebotomy class has become an issue with the change in ownership of Marin General Hospital. Spring and Fall classes in phlebotomy have been cancelled as a result. It is anticipated that the clinical opportunities will become available again after the reorganization of the hospital administration.
1. Please make any comments on the Five Pathways, Student Access and Success, Facilities, Curriculum and SLO sections.

The program could benefit from additional career and academic counseling, additional tutoring resources as the program has grown and draws a population of underprepared students.

Curriculum revision of 210L clinical externship- adding the appropriate prereqs will be forthcoming.

Revisions will be done to the following classes:

- MEDA 210L Clinical Externship
- MEDA 125 Financial Procedures
- MEDA 125L Financial Laboratory Procedures
- MEDA 110 Administrative Procedures
- MEDA 110L Administrative Lab. Procedures
- MEDA 136 Medical Laboratory Procedures
- MEDA 136L Medical Lab. Procedures Lab

Evening and Sat classes could be considered.

The program is growing and additional sections of labs and computer lab time is needed.

Computer smart classroom is needed.

The clinical sites for phlebotomy has become an issue with the change in ownership of Marin General Hospital. We have had to cancel the spring and fall sessions.

2. Please comment on the instructional equipment requests, technology requests and other instructional materials requests sections. Please comment especially on any specific priorities without which this program cannot function.

The Discipline has requested new equipment: a Pulse Oximeter, a Beam scale and a pediatric Scale as well as a breast self exam model. The first can be shared with Dental assisting and all can be shared with EMT.

In addition media requested includes HIPPA video, critical thinking .professional behavior, body systems video and medical terminology tapes. All of these would greatly benefit the program.

Technology requests include a classroom computer and accessories. This should be forthcoming with bond funding in the new main building at IVC.

The program cannot function without skills lab supplies and funding for hazardous waste removal as this is required by OSHA.

3. Please comment on the faculty and staff sections.

The program is greatly in need of tutoring resources, additional administrative assistance and ongoing lab assistance. Currently the Coordinator handles much of this with assistance from a VTEA lab aide.

4. Other comments