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Planning Report - 201

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 UNIT GOAL SECTION  
 (Principles (II) / Rubric Items: **1, 2, 9, 10**)

**PAGE 8**  
 PLANNED ACTION SECTION  
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**PAGE 11**  
 RESOURCE REQUEST SECTION  
 (Principles (II) / Rubric Items: **3, 7, 12**)

## AH -Medical Assisting

Unit Goal	Planned Action	EMP Strategic Goal	
Increase the number of underserved stude	Increased the number of students succesf	Surgical Instruments and Equipments	
Increase the number of underserved stude	SG 3.3 Prepare students to enter a compe	Increased the number of students succesf	F
Increase the number of underserved stude	Objective 3.3.2 Close gaps in the prepar	Increased the number of students succesf	F
Increase the number of underserved stude	Increased the number of students succesf	Full Time Faculty	Provide an e
Increase the number of underserved stude	Increased the number of students succesf	Full Time Faculty	Provide an e
Increase the number of underserved stude			
Increase the number of underserved stude			
Student Success in obtaining state certi	Develop relations hips with community a		
Student Success in obtaining state certi	Better prepare students for the workforc		
Student Success in obtaining state certi	SG 3.3 Prepare students to enter a compe		
Student Success in obtaining state certi	Objective 2.4.1 Ensure that modification		
Community Connections	Develop relations hips with community a		

### Unit Goal

Increase the number of underserved stude	
PROVIDE A FULL DESCRIPTION OF THE GOAL	
Unit Goal	Increase the number of underserved students
Goal Number	1

Description of the Goal	Historically African American Males student enrollment is very low, in this program. We want to attract more males into the Medical Assisting Program
Goal Initiation Year (YYYY)	2015
Goal Timeline	More than 1 year but less than 3 years
Goal Current Priority	
Describe the primary measurable objective for this goal. This is the measure that will assess the degree to which the goal has been met.	By way of outreach to high schools and work source centers, we will increase the number of students enrolling in this program.
Goal Status	New
_____	
BASED ON THE REFLECTION AND ASSESSMENT	
CONDUCTED IN THE PROGRAM REVIEW SECTION	
DESCRIBE THE NEED THIS GOAL ADDRESSES	
What issues, problems, or opportunities identified in your Program Review will this Goal address?	
What SLO assessment / reflection will this Goal address?	
_____	
WITH WHICH COLLEGE STRATEGIC PLAN	
GOALS DOES THIS UNIT GOAL ALIGN?	
AT LEAST ONE COLLEGE GOAL MUST BE CHOSEN	
College Goal: Access	No
College Goal: Student Learning	No
College Goal: Transfer	No
College Goal: Career Technical Education	Yes
College Goal: Foundation Skills Program	No
College Goal: Diversified Instructional Delivery	No
College Goal: Campus Infrastructure	No
Responsible Person(s)	
THE COLLEGE IS FINALIZING A NEW EDUCATIONAL MASTER PLAN AS YOU ARE COMPLETING PROGRAM REVIEW. IT IS RECOMMENDED THAT YOU CONSULT THE DRAFT EDUCATIONAL MASTER PLAN AT <a href="http://www.wlac.edu/org/planning/planning_committee/emp.html">HTTP://WWW.WLAC.EDU/ORG/PLANNING/PLANNING_COMMITTEE/EMP.HTML</a> AND INDICATE HOW YOUR PLANS, BOTH UNIT GOALS AND ACTION PLANS, ALIGN WITH THE NEW DRAFT STRATEGIC GOALS AND OBJECTIVES.	
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Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Goal 3. build on West's success in Career Technical		Enhance services to improve the retention and succes rate of students

Student Success in obtaining state certi	
PROVIDE A FULL DESCRIPTION OF THE GOAL	
Unit Goal	Student Success in obtaining state certification
Goal Number	2
Description of the Goal	To better prepare students for their career path.
Goal Initiation Year (YYYY)	2015
Goal Timeline	Less than 1 year
Goal Current Priority	high
Describe the primary measurable objective for this goal. This is the measure that will assess the degree to which the goal has been met.	To better assist students in obtaining their career goals.
Goal Status	New
DESCRIBE THE NEED THIS GOAL ADDRESSES	
What issues, problems, or opportunities identified in your Program Review will this Goal address?	We are currently struggling to obtain graduate and employer information/surveys, and assist students due to the paperwork and follow required for student entry into programs.
What SLO assessment / reflection will this Goal address?	Enhance student success
WITH WHICH EDUCATIONAL MASTER PLAN	
STRATEGIC DIRECTIONS OR STRATEGIC GOALS	
DOES THIS UNIT GOAL ALIGN?	
AT LEAST 1 DIRECTION/GOAL MUST BE CHOSEN	
USE THE 'LINK' BOX ABOVE TO LINK GOALS.	
EMP Strategic Direction 1: Dedication to Learning	No
Goal 1.1: Improve student achievement, both overall & among historically lower-achieving groups.	No
Goal 1.2: Create a culture in which faculty develop & apply expertise in proven, effective learner-centered teaching strategies.	No
Goal 1.3: Foster ethical & affective development as well as cognitive development in all student populations.	No
Goal 1.4: Inspire & increase the rate of faculty, staff, & administrators' involvement in professional learning activities.	No
EMP Strategic Direction 2: Culture of Continuous Improvement	No
Goal 2.1: Strengthen the processes for assessment & improvement of student learning outcomes & service area outcomes.	No

Goal 2.2: Systematize the evaluation & improvement of West's effectiveness, focusing on planning & resource allocation processes.	No
Goal 2.3: Exercise financial stewardship that ensures fiscal stability while supporting educational excellence & the College mission.	No
Goal 2.4: Enhance & maintain facilities & technology to promote effective teaching & learning.	No
EMP Strategic Direction 3: Programs and Services Responsive to Student Needs	No
Goal 3.1: Create clear completion pathways.	No
Goal 3.2: Develop & implement systematic services to help at-risk students identify goals early	No
Goal 3.3: Prepare students to enter a competitive workforce.	Yes
Goal 3.4: Enhance curriculum vitality, viability & relevance.	No
EMP Strategic Direction 4: Collaboration, Engagement, and Respect	No
Goal 4.1: Be collegial.	No
Goal 4.2: Eliminate organizational silos.	No
Goal 4.3: Celebrate the achievements of our entire community.	No
EMP Strategic Direction 5: Connections with Communities	No
Goal 5.1: Forge effective alliances with local schools, organization & individuals.	No
Goal 5.2: Open the College to the world.	No
.	
.	X
PLEASE COMPLETE ONE OF THE FOLLOWING	
SETS OF QUESTIONS DEPENDING ON THE	
STATUS OF THIS GOAL	
1) EVALUATION OF "IN PROGRESS" GOAL	
*****	
Estimate the % completion of this goal	
Describe the successes has the division/program/service had to date in the accomplishment of this goal.	
Describe the challenges has the division/program/service had to date in the accomplishment of this goal.	
2) EVALUATION OF "MODIFIED" GOAL	
*****	
Why was the goal modified?	

3) EVALUATION OF "COMPLETED" GOAL	Program 100
*****	All of the Allied Health programs require applications to track requirements (immunizations and other information required by external certifying agencies). This employee will be utilized by a few allied health programs to track student data.
when was work on the goal completed? (year)	
Describe what was done to complete the goal.	
Evaluate the effectiveness of implementing the goal. Describe the impact on the division/program/service and on student success that completion of the goal has had.	
What would the division/program/service do differently in the future based on the evaluation of the success in implementing this goal?	
Will completion of this goal lead to developing another goal? If so, describe the new goal.	

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Develop relationships with community a	
Internal Link	Planned Action	Better prepare students for the workforc	
Institutional Link	EMP Strategic Goal	SG 3.3 Prepare students to enter a compe	
Institutional Link	EMP Objective	Objective 2.4.1 Ensure that modification	

Community Connections	
PROVIDE A FULL DESCRIPTION OF THE GOAL	
Goal Number	3
Description of the Goal	To Identify Hospitals and clinics for student learning externships
Goal Initiation Year (YYYY)	2016
Goal Timeline	More than 1 year but less than 3 years
Goal Current Priority	High
Describe the primary measurable objective for this goal. This is the measure that will assess the degree to which the goal has been met.	The number of new contracts obtained with hospitals and clinics
Goal Status	New
DESCRIBE THE NEED THIS GOAL ADDRESSES	
What issues, problems, or opportunities identified in your Program Review will this Goal address?	With more hospitals hiring medical assistants, externship opportunities in a hospital setting will better prepare students for employment
What SLO assessment / reflection will this Goal address?	Better prepare students for employment
WITH WHICH EDUCATIONAL MASTER PLAN	

STRATEGIC DIRECTIONS OR STRATEGIC GOALS	
DOES THIS UNIT GOAL ALIGN?	
AT LEAST 1 DIRECTION/GOAL MUST BE CHOSEN	
USE THE 'LINK' BOX ABOVE TO LINK GOALS.	
EMP Strategic Direction 1: Dedication to Learning	No
Goal 1.1: Improve student achievement, both overall & among historically lower-achieving groups.	No
Goal 1.2: Create a culture in which faculty develop & apply expertise in proven, effective learner-centered teaching strategies.	No
Goal 1.3: Foster ethical & affective development as well as cognitive development in all student populations.	No
Goal 1.4: Inspire & increase the rate of faculty, staff, & administrators' involvement in professional learning activities.	No
EMP Strategic Direction 2: Culture of Continuous Improvement	No
Goal 2.1: Strengthen the processes for assessment & improvement of student learning outcomes & service area outcomes.	No
Goal 2.2: Systematize the evaluation & improvement of West's effectiveness, focusing on planning & resource allocation processes.	No
Goal 2.3: Exercise financial stewardship that ensures fiscal stability while supporting educational excellence & the College mission.	No
Goal 2.4: Enhance & maintain facilities & technology to promote effective teaching & learning.	No
EMP Strategic Direction 3: Programs and Services Responsive to Student Needs	Yes
Goal 3.1: Create clear completion pathways.	No
Goal 3.2: Develop & implement systematic services to help at-risk students identify goals early	No
Goal 3.3: Prepare students to enter a competitive workforce.	Yes
Goal 3.4: Enhance curriculum vitality, viability & relevance.	No
EMP Strategic Direction 4: Collaboration, Engagement, and Respect	No
Goal 4.1: Be collegial.	No
Goal 4.2: Eliminate organizational silos.	No
Goal 4.3: Celebrate the achievements of our entire community.	No
EMP Strategic Direction 5: Connections with Communities	No
Goal 5.1: Forge effective alliances with local schools, organization & individuals.	No
Goal 5.2: Open the College to the world.	No

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.	X
PLEASE COMPLETE ONE OF THE FOLLOWING	
SETS OF QUESTIONS DEPENDING ON THE	
STATUS OF THIS GOAL	
1) EVALUATION OF "IN PROGRESS" GOAL	
*****	
Estimate the % completion of this goal	
Describe the successes has the division/program/service had to date in the accomplishment of this goal.	
Describe the challenges has the division/program/service had to date in the accomplishment of this goal.	
2) EVALUATION OF "MODIFIED" GOAL	
*****	
Why was the goal modified?	
3) EVALUATION OF "COMPLETED" GOAL	Program 100
*****	All of the Allied Health programs require applications to track requirements (immunizations and other information required by external certifying agencies). This employee will be utilized by a few allied health programs to track student data.
when was work on the goal completed? (year)	
Describe what was done to complete the goal.	
Evaluate the effectiveness of implementing the goal. Describe the impact on the division/program/service and on student success that completion of the goal has had.	
What would the division/program/service do differently in the future based on the evaluation of the success in implementing this goal?	
Will completion of this goal lead to developing another goal? If so, describe the new goal.	

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Develop relations ships with community a	

**Planned Action**

Increased the number of students succesf	
PROVIDE BASIC INFORMATION FOR	
EACH PLANNED ACTION	Increase the number of underserved students



Planned Action	Increased the number of students successfully completing the certified Medical Assisting
Action Number	1
Provide a description of this action. Include the critical steps required to accomplish this action.	Meet with facilities to discuss space needs and allocation
What are the expected measurable results of the Action?	To increase the number of students finding employment upon completion
Action Initiation Year	2015
Action Priority	
Action Status	New
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Unit Goal	Increase the number of underserved students	
Internal Link	Resource Request	Surgical Instruments and Equipments	
Internal Link	Resource Request	Full Time Faculty	
Internal Link	Resource Request	Classified Hire	
Institutional Link	EMP Objective	Objective 3.2.1 Improve pre-enrollments	

Develop relationships with community a	
USE THE 'LINK' BOX ABOVE TO LINK EACH	
PLANNED ACTION WITH 1 OR MORE	Increase the number of underserved students
UNIT GOALS & RESOURCE REQUESTS IF NEEDED	Increased the number of students successfully completing the certified Medical Assisting
.	1
PROVIDE BASIC INFORMATION FOR	Meet with facilities to discuss space needs and allocation
EACH PLANNED ACTION	To increase the number of students finding employment upon completion
Planned Action	Develop relationships with community and industry leaders
Action Number	2
Provide a description of this action. Include the critical steps required to accomplish this action.	Invite community and industry leaders to advisory board meetings and job fairs
What are the expected measurable results of the Action?	The number of new advisory board and health fair members
Action Initiation Year	2016
Action Priority	1

Action Status	New
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Unit Goal	Student Success	
Internal Link	Unit Goal	Community Connections	
Internal Link	Resource Request	Full Time Faculty	
Institutional Link	EMP Objective	Objective 5.1.3 Strengthen relationships	

Planning Element Impacts			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Goal 3. build on West's success in Career Technical		

Provide an environment conducive to learn	
USE THE 'LINK' BOX ABOVE TO LINK EACH	
PLANNED ACTION WITH 1 OR MORE	Increase the number of underserved students
UNIT GOALS & RESOURCE REQUESTS IF NEEDED	Increased the number of students successfully completing the certified Medical Assisting
.	1
PROVIDE BASIC INFORMATION FOR	Meet with facilities to discuss space needs and allocation
EACH PLANNED ACTION	To increase the number of students finding employment upon completion
Planned Action	Provide an environment conducive to learning
Action Number	3
Provide a description of this action. Include the critical steps required to accomplish this action.	Turn SC 105 into a laboratory classroom as it is already equipped to be a lab with a sink.
What are the expected measurable results of the Action?	An increase in the number of students passing the lab exams on the 1st or 2nd attempt. As of right now, the lab use time is limited due to the sharing of the skills lab with the CNA program.
Action Initiation Year	2016
Action Priority	1
Action Status	New
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	

Linked Planning Objects
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Link Type	Planning Object	Planning Element	User Description
Internal Link	Resource Request	Full Time Faculty	
Internal Link	Resource Request	Provide laboratory classroom space for M	

Better prepare students for the workforce	
USE THE 'LINK' BOX ABOVE TO LINK EACH	
PLANNED ACTION WITH 1 OR MORE	Increase the number of underserved students
UNIT GOALS & RESOURCE REQUESTS IF NEEDED	Increased the number of students successfully completing the certified Medical Assisting
.	1
PROVIDE BASIC INFORMATION FOR	Meet with facilities to discuss space needs and allocation
EACH PLANNED ACTION	To increase the number of students finding employment upon completion
Planned Action	Better prepare students for the workforce
Action Number	4
Provide a description of this action. Include the critical steps required to accomplish this action.	We need a facility and a minimum of 40 computer stations, desks, and chairs and software to teach admin courses for all allied health programs and provide mock state certification exams.
What are the expected measurable results of the Action?	An increase in students passing course and state certification and licensing exams.
Action Initiation Year	2016
Action Priority	high
Action Status	New
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Unit Goal	Student Success	
Internal Link	Resource Request	Classified Hire	
Internal Link	Resource Request	40 Station computer lab	
Internal Link	Resource Request	Provide laboratory classroom space for M	
Institutional Link	EMP Objective	Objective 1.1.1 Effective programs and s	

## Resource Request

3 12 leads EKG Machines	<b>*** RR # 10 ***</b>
PROVIDE A DESCRIPTION OF THE REQUEST	

Provide a description of the Resource Request	
Type of Request	Non-Salary
Funding Type	One-Time
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	Yes
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	
If yes, cite the relevant Regulations.	
Resource Request Status	
_____	
DETAILED COST BREAKDOWN	
_____	
CERTIFICATED SALARIES (100000)	
Position Title	
Class Code	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
_____	
CLASSIFIED SALARIES (200000)	
[FOR PAY RATES, REFER TO THE	
LINK TO THE SALARY SCHEDULE, WHICH IS	
AVAILABLE IN THE 'INSTRUCTIONS.']	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
Employee Benefits:	

_____	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
_____	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	\$15
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
_____	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
_____	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	
What are the proposed funding sources?	
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	

<b>2 Holter Recorder</b>	<b>*** RR # 9 ***</b>
PROVIDE A DESCRIPTION OF THE REQUEST	
Provide a description of the Resource Request	To Train cardiac Technician in Clinical Cardiac skills
Type of Request	Non-Salary

Funding Type	One-Time
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	Yes
If yes, cite the requirement details.	To monitor Cardiac activity in 24 hours
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	
Resource Request Status	New
_____	
DETAILED COST BREAKDOWN	
_____	
CERTIFICATED SALARIES (100000)	
Position Title	
Class Code	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
_____	
CLASSIFIED SALARIES (200000)	
[FOR PAY RATES, REFER TO THE	
LINK TO THE SALARY SCHEDULE, WHICH IS	
AVAILABLE IN THE 'INSTRUCTIONS.']	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
Employee Benefits:	
_____	
UNCLASSIFIED SALARIES (200000)	

Assignment	
Rate	
Hours per Pay Period	
_____	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	\$8,000
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
_____	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
_____	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	
What are the proposed funding sources?	
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	

<b>4 advanced venipuncture arms</b>	<b>*** RR # 11 ***</b>
PROVIDE A DESCRIPTION OF THE REQUEST	
Provide a description of the Resource Request	To train students in all types of injection
Type of Request	Non-Salary
Funding Type	One-Time

Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	
If yes, cite the relevant Regulations.	
Resource Request Status	New
_____	
DETAILED COST BREAKDOWN	
_____	
CERTIFICATED SALARIES (100000)	
Position Title	
Class Code	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
_____	
CLASSIFIED SALARIES (200000)	
[FOR PAY RATES, REFER TO THE	
LINK TO THE SALARY SCHEDULE, WHICH IS	
AVAILABLE IN THE 'INSTRUCTIONS.']	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
Employee Benefits:	
_____	
UNCLASSIFIED SALARIES (200000)	
Assignment	



Rate	
Hours per Pay Period	
_____	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	\$15
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
_____	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
_____	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	
What are the proposed funding sources?	
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	

<b>4 Vital Sign Patient Monitor</b>		<b>*** RR # 12 ***</b>	
PROVIDE A DESCRIPTION OF THE REQUEST			
Provide a description of the Resource Request		To train student to take vital signs	
Type of Request		Non-Salary	
Funding Type		One-Time	
Resource Request Priority		1	

Does this Resource Request meet requirements for health, safety and essential services?	Yes
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	
If yes, cite the relevant Regulations.	
Resource Request Status	New
_____	
DETAILED COST BREAKDOWN	
_____	
CERTIFICATED SALARIES (100000)	
Position Title	
Class Code	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
_____	
CLASSIFIED SALARIES (200000)	
[FOR PAY RATES, REFER TO THE	
LINK TO THE SALARY SCHEDULE, WHICH IS	
AVAILABLE IN THE 'INSTRUCTIONS.']	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
Employee Benefits:	
_____	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	

Hours per Pay Period	
_____	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	\$10,000
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
_____	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
_____	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	
What are the proposed funding sources?	
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	

<b>Anatomy Physiology module</b>	<b>*** RR # 14 ***</b>
PROVIDE A DESCRIPTION OF THE REQUEST	
Provide a description of the Resource Request	To train student how to recognize anatomical parts
Type of Request	Non-Salary
Funding Type	One-Time
Resource Request Priority	
Does this Resource Request meet requirements for health, safety and essential services?	

If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	
If yes, cite the relevant Regulations.	
Resource Request Status	New
_____	
DETAILED COST BREAKDOWN	
_____	
CERTIFICATED SALARIES (100000)	
Position Title	
Class Code	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
_____	
CLASSIFIED SALARIES (200000)	
[FOR PAY RATES, REFER TO THE	
LINK TO THE SALARY SCHEDULE, WHICH IS	
AVAILABLE IN THE 'INSTRUCTIONS.']	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
Employee Benefits:	
_____	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	

_____	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	\$12
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
_____	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
_____	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	
What are the proposed funding sources?	
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	

<b>Surgical Instruments and Equipments</b>	<b>*** RR # 17 ***</b>	
PROVIDE A DESCRIPTION OF THE REQUEST		
Provide a description of the Resource Request	To train students how to prepare patient for minor surgeries and recognize surgical instruments	
Type of Request	Non-Salary	
Funding Type	One-Time	
Resource Request Priority	1	
Does this Resource Request meet requirements for health, safety and essential services?	Yes	
If yes, cite the requirement details.		

Does this Resource Request meet local, state or federal regulations or other mandates?	
If yes, cite the relevant Regulations.	
Resource Request Status	New
_____	
DETAILED COST BREAKDOWN	
_____	
CERTIFICATED SALARIES (100000)	
Position Title	
Class Code	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
_____	
CLASSIFIED SALARIES (200000)	
[FOR PAY RATES, REFER TO THE	
LINK TO THE SALARY SCHEDULE, WHICH IS	
AVAILABLE IN THE 'INSTRUCTIONS.']	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
Employee Benefits:	
_____	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
_____	

NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	\$4,000
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
_____	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
_____	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	
What are the proposed funding sources?	
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Increased the number of students succesf	

Planning Element Impacts			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact			

Autoclave sterilizer	<b>*** RR # 15 ***</b>
USE THE 'LINK' BOX ABOVE TO LINK EACH	3 12 leads EKG Machines

RESOURCE REQUEST WITH 1 OR MORE	
PLANNED ACTION.	Non-Salary
.	One-Time
PROVIDE A DESCRIPTION OF THE REQUEST	1
Provide a description of the Resource Request	Autoclave sterilizer to train medical assisting students on
Resource Request Status	Continuing
Type of Request	Non-Salary
Funding Type	One-Time
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	
*****	
CERTIFICATED SALARY (INCL. FPIP)(100000)	
Position Title	
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	
How will this position support or sustain other disciplines and programs?	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
CLASSIFIED SALARIES (200000)	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	



Rate	
Hours per pay period	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	\$4,000
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	\$4,000
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	
What are the proposed funding sources?	
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	

Full Time Faculty	
.	
USE THE 'LINK' BOX ABOVE TO LINK EACH RESOURCE REQUEST WITH 1 OR MORE	3 12 leads EKG Machines
PLANNED ACTION.	Non-Salary
.	One-Time

PROVIDE A DESCRIPTION OF THE REQUEST	1
Provide a description of the Resource Request	A Full time Faculty Hire to teach in the Medical Assisting and Health Occupation courses.
Resource Request Status	New
Type of Request	Faculty, Full Time
Funding Type	Ongoing
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	
*****	
CERTIFICATED SALARY (INCL. FPIP)(100000)	
Position Title	Medical Assisting Instructor
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	Career Technical Education
How will this position support or sustain other disciplines and programs?	The instructor hired will teach across disciplines in Allied Health and Health Occupation courses.
Type	Probationary
Total Cost of Certificated Benefits	\$30,000
Total Cost of Certificated Salaries	\$75,000
CLASSIFIED SALARIES (200000)	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
UNCLASSIFIED SALARIES (200000)	

Assignment	
Rate	
Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	\$85,000
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	The cost is an estimate of benefits and salary. This position will serve across disciplines.
What are the proposed funding sources?	Program 100
Please provide any additional information that was not covered above.	The AH division is in need of a FT faculty to teach across disciplines
Resource Request Responsible Person(s)	Yervant Boghos and Carlos Sermeno

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Increased the number of students succesf	
Internal Link	Planned Action	Develop relations ships with community a	
Internal Link	Planned Action	Provide an environment conducive to lear	

Planning Element Impacts			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Goal 1. Affirm institutional commitment to student		

Classified Hire	
.	
USE THE 'LINK' BOX ABOVE TO LINK EACH	3 12 leads EKG Machines
RESOURCE REQUEST WITH 1 OR MORE	
PLANNED ACTION.	Non-Salary
.	One-Time
PROVIDE A DESCRIPTION OF THE REQUEST	1
Provide a description of the Resource Request	Hire a Classified, Office Assistant
Resource Request Status	New
Type of Request	Classified
Funding Type	Ongoing
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	
*****	
CERTIFICATED SALARY (INCL. FPIP)(100000)	
Position Title	
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	Career Technical Education
How will this position support or sustain other disciplines and programs?	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
CLASSIFIED SALARIES (200000)	
Position Title	Senior Office Assistant
Class Code	2425

Basis	C
Shift	B (evening)
Permanent or temporary	Permanent
Rate	\$25
Hours per pay period	40
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	\$50,000
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	
What are the proposed funding sources?	Program 100
Please provide any additional information that was not covered above.	All of the Allied Health programs require applications to track requirements (immunizations and other information required by external certifying agencies). This employee will be utilized by a few allied health programs to track student data.
Resource Request Responsible Person(s)	Yervant Boghos and Carlos Sermeno

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description

Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Increased the number of students succesf	
Internal Link	Planned Action	Better prepare students for the workforc	

<b>40 Station computer lab</b>	<b>*** RR # 13 ***</b>
.	
USE THE 'LINK' BOX ABOVE TO LINK EACH RESOURCE REQUEST WITH 1 OR MORE PLANNED ACTION.	3 12 leads EKG Machines
.	One-Time
PROVIDE A DESCRIPTION OF THE REQUEST	1
Provide a description of the Resource Request	Need a 40 computer station lab to better prepare students for workforce. Need facility, computers, furniture and software for various allied health programs.
Resource Request Status	New
Type of Request	Non-Salary
Funding Type	Ongoing
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	
*****	
CERTIFICATED SALARY (INCL. FPIP)(100000)	
Position Title	
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	
How will this position support or sustain other disciplines and programs?	
Type	
Total Cost of Certificated Benefits	

Total Cost of Certificated Salaries	
CLASSIFIED SALARIES (200000)	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	\$30,000
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	\$45,000
Maintenance of equipment )Other Operating Expense, 500000)	\$10,000
Contracts/personal services (Other Operating Expense, 500000)	\$5,000
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	\$20,000
Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	\$76,000
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	The cost includes furniture, computer equipment, software and maintenance
What are the proposed funding sources?	Bond
Please provide any additional information that was not covered above.	At this time, the programs struggle to reserve computer labs due to the rooms being impacted by computer science and other programs.

Resource Request Responsible Person(s)	Yervant Boghos, Carlos Sermeno,
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Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Better prepare students for the workforc	

<b>Provide laboratory classroom space for M</b>	<b>*** RR # 16 ***</b>
.	
USE THE 'LINK' BOX ABOVE TO LINK EACH RESOURCE REQUEST WITH 1 OR MORE PLANNED ACTION.	3 12 leads EKG Machines
.	Non-Salary
	One-Time
PROVIDE A DESCRIPTION OF THE REQUEST	1
Resource Request	Provide laboratory classroom space for Medical Assisting program
Provide a description of the Resource Request	The Certified Nurse Assistant and Medical Assisting programs currently share a lab. The space is crowded by students and necessary furniture and highly impacted by both programs. SC 105 has the potential to be appropriate lab space for the MA program.
Resource Request Status	New
Type of Request	Non-Salary
Funding Type	One-Time
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	Although, it can be a safety issue.
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	
*****	
CERTIFICATED SALARY (INCL. FPIP)(100000)	
Position Title	
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	



How will this position support or sustain other disciplines and programs?	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
CLASSIFIED SALARIES (200000)	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	\$5,000
Other Expense:	
Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	\$5,000
ADDITIONAL COMMENTS	

Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	If the current furniture is moved out and the equipment designated for medical assisting is moved in, the cost should be minimal for moving the equipment. Cabinets will need to be placed in the classroom for materials.
What are the proposed funding sources?	Bond
Please provide any additional information that was not covered above.	having to healthcare programs in one lab setting is extremely difficult. Both programs need space to allow students to practice for state certificates exams during off hours. Time is very limited for students to come in and practice. This can have an impact on student success.
Resource Request Responsible Person(s)	Yervant Boghos and Carlos Sermeno

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Provide an environment conducive to learn	
Internal Link	Planned Action	Better prepare students for the workforce	