



CALIFORNIA STATE UNIVERSITY, LONG BEACH
BACHELOR OF SCIENCE DEGREE IN HEALTH SCIENCE
 Option: Health Care (HSC_BS04)

2009-10

Name: Last First Middle Email Address

Address: Number Street Apt. No. City State ZIP

Student ID Number Telephone Number Anticipated Graduation Date Initial Advisor

Date Entered CSULB: _____ Class: _____ Total Transfer Units Accepted: _____

Transferred From: 1) _____, 2) _____, 3) _____, 4) _____

| CSULB Unit Value | CSULB Grade | Major Requirements | Need to Take | Transfer or Substitute Course | Transfer From | Advisor OK | TR Unit | TR Grade |
|------------------|-------------|---|--------------|-------------------------------|---------------|------------|---------|----------|
| | | <p>Requirements for Admission to the Health Care Program. Once admitted to the University, students are required to do the following prior to acceptance into the Health Care Option:</p> <p>1) Obtain certification and/or license from an allied health/health care program from an institution that has been accredited by either a Committee on Post-secondary Accreditation (COPA) approved accreditation agency or the Committee on Allied Health Education and Accreditation (CAHEA.) Those individuals who do not have appropriate certification will be counseled by the Department of Health Science regarding where to obtain an appropriate accredited program, and, when possible, concurrent enrollment may be utilized.</p> <p>2) Earn a minimum grade point average of 2.0.</p> <p>LOWER DIVISION:</p> <p>Completion of GE requirements to include:</p> <p>ENGL 100 Composition</p> <p>Select one course from the following:</p> <p>ANTH 120 Introduction to Cultural Anthropology</p> <p>SOC 100 Principles of Sociology</p> <p>PSY 100 General Psychology</p> | | | | | | |
| 3 | _____ | | | | | | | |
| 3 | _____ | | | | | | | |
| 3 | _____ | | | | | | | |
| 3 | _____ | | | | | | | |

Approval by the faculty advisor signifies revalidation of those upper-division courses in the major that were taken ten years prior to the date of graduation (PS 85-15).

I, _____ comply with PS 85-15.
 (advisor's name)



Department Stamp

Advisor's Name (print)

Advisor's Signature

Student's Signature

Date

Continuation of 2009-10 Major Requirements: Program Title and Code: _____

Student's Name: _____ Student ID Number: _____

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|------------------|-------------|---|--------------|-------------------------------|---------------|------------|---------|----------|
| | | A minimum of 12 units in natural sciences approved by department advisor equivalent to: | | | | | | |
| 4 | _____ | BIOL 200 General Biology | | | | | | |
| 3 | _____ | BIOL 205 Human Biology | | | | | | |
| 3 | _____ | MICR 101 Introduction to Human Disease | | | | | | |
| 3 | _____ | Take an approved anatomy and physiology, BIOL or MICR course: | | | | | | |
| | | Select one course from the following: | | | | | | |
| 4 | _____ | CHEM 100 Chemistry and Today's World | | | | | | |
| 5 | _____ | CHEM 111A General Chemistry | | | | | | |
| | | UPPER DIVISION (39 units) Required Core: 15 units | | | | | | |
| | | Select one course from each area and in consultation with an option advisor. | | | | | | |
| | | A. STATISTICS | | | | | | |
| 3 | _____ | H SC 403 Community Health Statistics | | | | | | |
| 3 | _____ | ED P 419 Educational Statistics | | | | | | |
| | | B. PROGRAM DEVELOPMENT | | | | | | |
| 3 | _____ | H SC 430 School Health Program and | | | | | | |
| 3 | _____ | HCA 320 Operations Management in Health Administration or | | | | | | |
| 1 | _____ | H SC 455 Quality Management in Radiation Therapy and | | | | | | |
| 2 | _____ | H SC 316 Seminar in Radiation Therapy | | | | | | |
| | | C. PROFESSIONALISM | | | | | | |
| 3 | _____ | H SC 451 Ethics and Professionalism in Health Care | | | | | | |
| 3 | _____ | HCA 340 Legal Aspects of Health Administration | | | | | | |
| | | D. HEALTH ORGANIZATION | | | | | | |
| 3 | _____ | H SC 401 Community Health Education | | | | | | |
| 3 | _____ | H SC 420I International Health | | | | | | |
| | | E. HEALTH PROMOTION | | | | | | |
| 3 | _____ | H SC 435 Health Promotion/Risk Reduction | | | | | | |
| 3 | _____ | HCA 402 The Health Care System | | | | | | |
| | | Additional Course Work: | | | | | | |
| 3 | _____ | H SC 400 Principles of Epidemiology | | | | | | |
| | | And one of the following: | | | | | | |
| 3 | _____ | HDEV 320 Research Methods in Human Development | | | | | | |
| 3 | _____ | H SC 405 Health education Program Evaluation and Measurement | | | | | | |

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|------------------|-------------|--|--------------|-------------------------------|---------------|------------|---------|----------|
| | | Select one course from the following: | | | | | | |
| 3 | _____ | ANTH 353 Health and Healing | | | | | | |
| 3 | _____ | SOC 462 Medical Sociology | | | | | | |
| | | Select one course from the following: | | | | | | |
| 3 | _____ | POSC 329 The Policy Making Process | | | | | | |
| 3 | _____ | ECON 300 Fundamentals of Economics | | | | | | |
| | | Select one of the following emphases: | | | | | | |
| | | A. PROVIDING SERVICE (12 units) | | | | | | |
| | | Take the following courses: | | | | | | |
| 3 | _____ | HCA 410 Health Management and Organization | | | | | | |
| 3 | _____ | HCA 465 Analysis and Evaluation of Health Care Services | | | | | | |
| | | Select one from the following: | | | | | | |
| 2-4 | _____ | ED P 434B Interpersonal Skills in Human Resource Development | | | | | | |
| 3 | _____ | H SC 421 Health Behavior | | | | | | |
| 1-3 | _____ | H SC 492A,B Internship in Health Care | | | | | | |
| | | Select one course from the following: | | | | | | |
| 3 | _____ | ANTH 319 Human Growth and Development | | | | | | |
| 3 | _____ | GERN 482 Physical Assessment and Aging | | | | | | |
| 2 | _____ | GERN 400I Perspectives on Gerontology | | | | | | |
| 3 | _____ | NRSG 482 Physical Assessment and Aging | | | | | | |
| | | B. INSTRUCTING IN THE HEALTH CARE SETTING (12 units) | | | | | | |
| | | Take the following courses: | | | | | | |
| 3 | _____ | HCA 410 Health Management and Organization | | | | | | |
| 3 | _____ | HCA 465 Analysis and Evaluation of Health Care Services | | | | | | |
| | | Select one course from the following: | | | | | | |
| 3 | _____ | H SC 492A,B Internship in Health Care | | | | | | |
| 3 | _____ | ED P 432 Social and Cultural Diversity in Educational Settings | | | | | | |
| | | Select one from the following: | | | | | | |
| 2-4 | _____ | ED P 305 Educational Psychology | | | | | | |
| 2-4 | _____ | ED P 434B Interpersonal Skills in Human Resource Development | | | | | | |
| 3 | _____ | H SC 421 Health Behavior | | | | | | |
| | | • All Health majors must complete a required 15 unit core of courses. These courses must be selected with a faculty advisor. | | | | | | |

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|------------------------|----------------|--|--------------------|-------------------------------------|------------------|---------------|------------|-------------|
| | | <p>• Completion of all courses identified on the Program Planner with no grade lower than a "C" for each listed course or approved substitute.</p> <p>For General Education requirement information, see the Academic Advising Center, 985-4837.</p> <p>STATE REQUIREMENTS: * 120 minimum units required * 40 units must be upper division * 48 units must be general education</p> <p>NOTE: This form should be submitted to the Enrollment Services Office only when the student has completed at least 70 units or is filing a Request to Graduate.</p> | | | | | | |