Please complete this form and attach a copy of the syllabus for new courses. Forward it as an email attachment to the Secretary of the Graduate Council. A printed copy of the form with signatures should be brought to the Graduate Council Meeting. Complete the Coordinator Form on page 2, if changes in this course will affect other units.

Please indicate: _____ NEW _____ MODIFY ___X_ DELETE

Local Unit: CNHS Graduate Council Approval Date:

Course Abbreviation: HSCI 707 Course Number: HSCI 707

Full Course Title: Health Care Management Policy, Law, and Ethics

Abbreviated Course Title (24 characters max.): Legal Issues Healthcare

Credit hours: 3 Program of Record:

Repeatable for Credit? ___ D=Yes, not within same term Up to hours ___ T=Yes, within the same term Up to hours ___ N=Cannot be repeated for credit

Activity Code (please indicate): X Lecture (LEC) ___ Lab (LAB) ___ Recitation (RCT) ___ Studio (STU) ___ Internship (INT) ___ Independent Study (IND) ____ Seminar (SEM)

Catalog Credit Format 3:3:0 Course Level: GF(500-600) ____ GA(700+) ___

Maximum Enrollment: 20 For NEW courses, first term to be offered:

Prerequisites or corequisites:

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses.:

A survey course that prepares Health Care executives to understand selected legal and ethical principles as applied to complex decision making and policy analysis in the management of health care organizations and systems. Legal relationships (torts and contracts) and ethical references will be used for selective managerial application in the analysis and management of organizational and clinical dilemmas, statutory and regulatory trends and the management of scarce resources and interdisciplinary teams in Health Systems.

For MODIFIED or DELETED courses as appropriate:

Last term offered: Spring, 2005 Previous Course Abbreviation: same Previous number: same

Description of modification: Deleted because redundant with NUR750

APPROVAL SIGNATURES:

Submitted by: ________________________________ email: ________________

Department/Program: ________________________________ Date: ________________

College Committee: ________________________________ Date: ________________

Graduate Council Representative: ________________________________ Date: ________________
**GEORGE MASON UNIVERSITY**  
*Course Coordination Form*

**Approval from other units:**

Please list those units outside of your own who may be affected by this new, modified, or deleted course. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

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Graduate Council approval: __________________________________________ Date: __________

Graduate Council representative: __________________________ Date: __________

Provost Office representative: __________________________ Date: __________