

AACHHR

GUIDELINES FOR THE PREPARATION OF PROPOSALS FOR TERMINATION OF HEALTH PROGRAMS

1.0 PROGRAM IDENTIFICATION

- 1.1 Submitting institution(s)
- 1.2 Faculty
- 1.3 School
- 1.4 Department
- 1.5 Program name
- 1.6 Program type (eg. Bachelor's degree, post baccalaureate certificate)
- 1.7 Credential(s) granted
- 1.8 Proposed termination date

2.0 PROGRAM DESCRIPTION

- 2.1 Rationale for the program termination. Please provide supporting evidence, including admissions data for the past 5 years.
- 2.2 Description of the timeframe/phase-out plan for the existing program and students.
 - (a) Date new registrations will no longer be permitted/accepted.
 - (b) Anticipated date of completion of last student.
 - (c) Alternative programs for existing students, if any.

3.0 PROGRAM TERMINATION IMPACT

- 3.1 Describe the impact the termination of this program could have on health human resource needs in the province and in the Atlantic Region.
- 3.2 What consultation has occurred with the Ministry of Health in your jurisdiction on this termination? Please provide information on the consultation.
- 3.3 Please provide any additional information the institution feels will assist AACHHR in its understanding of the proposed termination. Please provide information on recommended alternate training access if warranted.