IDAHO STATE BOARD OF EDUCATION
ACADEMIC/PROFESSIONAL-TECHNICAL EDUCATION
NOTICE OF INTENT

to initiate a
NEW, EXPANDED, COOPERATIVE, DISCONTINUED, PROGRAM COMPONENT OR OFF-CAMPUS
INSTRUCTIONAL PROGRAM OR ADMINISTRATIVE/RESEARCH UNIT

__________________________University of Idaho
Institution Submitting Proposal

__________________________College of Education / Division of Health, Physical Education, Recreation, and
Dance
Name of College, School, or Division Name of Department(s) or Area(s)

Indicate if this NOI is for an Academic  ___ X or Professional-Technical ______ Program

A New, Expanded, Cooperative, Contract, or Off-Campus Instructional Program or Administrative/Research Unit (circle one) leading to:

**Athletic Training Minor**
(degree or certificate)

Proposed Starting Date: ____N/A
______________________________________________________
FOR NEW PROGRAMS ONLY

FOR OTHER ACTIVITY:

☐ Program Component (major/minor/option/emphasis)
☐ Off-Campus Activity/Resident Center
☐ Administrative/Research Unit
☐ Addition/Expansion
☒ Discontinuance/consolidation – Drop the minor
☐ Contract Program

This Notice of Intent has been approved by:

Jeanne Christiansen 4/29/03
College Dean (Institution) Date

State Administrator, SDPTE Date

Graduate School Dean (as applicable) Date

SBOE/OSBE Approval Date

Chief Fiscal Officer (Institution) Date

Chief Academic Officer (Institution) Date

President Date

NOIfrmrev9/19/02
Before completing this form, refer to the "Board Policy Section III.G. Program Approval and Discontinuance.

1. Briefly describe the nature of the request e.g., is this a new program (degree, program, or certificate) or program component (e.g., new, discontinued, modified, addition to an existing program or option).
   For a student to become a certified athletic trainer, they must complete an approved athletic training major. Beginning in January 2004, an athletic training minor cannot obtain athletic training certification. Because of this new policy, we want to drop the minor.

2. Briefly describe how the institution will ensure the quality of the program (e.g., accreditation, professional societies, licensing boards, etc.).
   N/A

3. Duplication--Is this request unique to the system? If not, briefly describe the rationale for the duplication.
   N/A

4. Succinct statement of need for program or program modification. Include student and state need, demand, and employment potential. Attach a Scope and Sequence, DPTE Form Attachment B, for professional-technical education requests. (Use additional sheets if necessary.).
   N/A

5. Describe how this request is consistent with the State Board of Education's policy or role and mission of the institution. (i.e., centrality).
   N/A

6. Resources--Faculty/Staff/Space Needs/Capital Outlay. (Use additional sheets if necessary.):

   Estimated Fiscal Impact: FY _____ FY _____ FY _____
   A. Source of Funds
      1. Appropriated-reallocation N/A
      2. Appropriated-new
      3. Federal
      4. Other:
   B. Nature of Funds
      1. Recurring * N/A
      2. Non-recurring**
   Grand Total

* Recurring is defined as ongoing operating budget for the program, which will become part of the base.
** Non-recurring is defined as one-time funding in a fiscal year and not part of the base.