Ohio University’s accreditor, the Higher Learning Commission, must be notified of all program closures, teach-outs, and suspensions, even if the program will continued to be offered at another campus or online. This form must be completed as part of the UCC process for program closures, teach-outs, and suspensions and must be forwarded to the Accreditation Liaison Officer of Ohio University when the closure has been both approved by the Board of Trustees and ODHE has been notified.

1. Full name of the program: Cardiovascular Perfusion
2. CIP code of the program: 51.0906
3. Degree title and Name of program: MS Cardiovascular Perfusion

(BA/BS/BFA, etc.  in what…fine arts, horses, etc.)

1. Date in which the program will stop taking NEW students: April 4, 2023
2. Number of students currently in the program: 6
3. Last date the last student will be awarded the degree/certificate/credential: Spring, 2024
4. Describe the teach-out plan for this program (i.e. how will all current students be accommodated in continuing to seek their degree?). If individualized plans please attach:

**Summer (Semester 3)**

IHS 6305 Clinical Implementation II (2.0 cr hrs)  (prereq IHS 6303)

IHS 6306 Perfusion Theory III (2.0 cr hrs.)  (prereq IHS 6304)

IHS 6923 Perfusion Practicum III (4.0 cr hrs) (prereq IHS 6922)

IHS 6941 Research Seminar II (1.0 cr hrs) (prereq IHS 6940)

**Fall (Semester 4)**

IHS 6307 Mechanical Support (3.0 cr hrs)

IHS 6942 Research Seminar III (1.0 cr hr) (prereq IHS 6941)

IHS 6900 Perfusion Special Topics (1.0 cr hrs)

IHS 6924 Perfusion Practicum IV (4.0 cr hrs) (prereq IHS 6923)

**Spring (Semester 5)**

IHS 5513 Health Informatics (3.0 cr hrs)

IHS 6925 Perfusion Practicum V (5.0 cr hrs) (prereq IHS 6924)

HLTH 5850 Quality Improvement in Healthcare (3.0 cr hrs)

1. YES or NO or Unsure: Have all students agreed to the teach-out plan of their free will and understand that they have the right to continue the program as promised?
2. If NO, please indicate the date at which a provisional student plan (for any student that does not agree with the option provided and wants to complete this program elsewhere) will be sent to HLC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have spoken with ODHE and ODHE is aware of the program teach out and the fact that HLC is being notified.

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Signature Date