EAST CAROLINA UNIVERSITY

PROFESSIONAL QUALIFICATION STATEMENT FOR DEGREE/CONCENTRATION/CERTIFICATE/MINOR PROGRAMS
(Limit to 1 Page and 1 Program/Coordinator per Page)

<table>
<thead>
<tr>
<th>College and Dept:</th>
<th>College of Health and Human Performance</th>
<th>Date: 2/20/21012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Title:</td>
<td>Recreation and Park Management</td>
<td></td>
</tr>
<tr>
<td>Program CIP Code:</td>
<td>MAJOR 31. 0301. 027.1000</td>
<td>Choose an Item.</td>
</tr>
<tr>
<td>Coordinator Responsibilities:</td>
<td>Program Directors are responsible for convening, organizing, and perhaps compiling faculty efforts with regard to Program-specific curriculum development, assessment, and recruitment.</td>
<td></td>
</tr>
<tr>
<td>Coordinator Name:</td>
<td>Dr. Nelson Cooper</td>
<td></td>
</tr>
</tbody>
</table>

In the event of co-coordinators, please use a separate qualification sheet for each. Indicate only co-coordinator’s name below for cross-reference.

<table>
<thead>
<tr>
<th>Co-COordinator? NO</th>
<th>Choose an Item.</th>
<th>Name of Co-Coordinator (please use a separate qualification sheet to complete information): Click here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
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</tr>
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</table>

Degrees Earned: PhD, Parks, Recreation, & Tourism Management, Clemson University; MA, Exercise & Sport Science, East Carolina University; BS, Recreation Resources Administration, NC State University

Experience: 1993-present: Graduate Assistant, Lecturer, Assistant Professor, Associate Professor; 1988-1993: Various work experiences in municipal recreation and collegiate campus recreation

Certifications: 2004-present: Certified Youth Sports Administrator, National Alliance for Youth Sports

Courses Taught at ECU: RCLS 2000 Introduction to Leisure Services; RCLS 3003 Leisure Programming; RCLS 3004 Leisure Programming Laboratory; RCLS 3104 Public and Non-Profit Recreation; RCLS 3190 Work Experience in Community and Commercial Recreation Agencies; RCLS 3500 Recreation Leadership & Group Process; RCLS 3501 Recreation Leadership & Group Process Laboratory; RCLS 4000 Research Methods and Techniques; RCLS 4002 Administration of Leisure Services; RCLS 4122 Case Studies in Leisure Management; RCLS 4130 Recreational Sport Programming; RCLS 4901 Recreation and Park Management Internship Pre-Placement Seminar; RCLS 4990 Recreation Internship; RCLS 5111 Recreational Facility Management; RCLS 6005 Recreational Sports and Activities Management; RCLS 6210 Management and Program Development in Recreation and Leisure Services

Narrative Statement of Qualifications (to be completed by chair or dean):
As you draft the narrative, please consider the following:

1) What evidence exists that the coordinator has the qualifications and credentials for leadership in the development and review of the curriculum?

This individual has served as the Assistant Chair in the Department of Recreation and Leisure Studies, serves on a variety of state and national professional society boards and committees, and is a member of the ECU Graduate Faculty. He has been involved in leadership (and teaches classes in that area) for over 10 years.

2) What evidence exists that the coordinator provides oversight for assessing the quality of the curriculum for the program and for ensuring that the curriculum and its delivery are educationally sound?

In addition to the above, Dr. Cooper has been heavily involved in the department process to obtain national accreditation over the past ten years; he was also deeply involved with the past two internal academic reviews.

If curriculum development and review are assigned to persons other than faculty, provide appropriate documentation.

Click here to enter text.

Signatures: Coordinator: [Signature] Date: 2/16/12
Dept Chair/School Director: [Signature] Date: 2/20/12
Dean: [Signature] Date: ____

(Please print, sign, scan, and submit as a pdf in a complete package to summeyk@ecu.edu.)
**College and Dept:** College of Health and Human Performance  
Department of Recreation and Leisure Studies  

**Date:** 2/20/2012

**Program Title:** Recreation and Park Management  

**Program CIP Code:**  

**Coordinator Responsibilities:** Program Directors are responsible for convening, organizing, and perhaps compiling faculty efforts with regard to Program-specific curriculum development, assessment, and recruitment.

**Coordinator Name:** Dr. Nelson Cooper

*In the event of co-coordinators, please use a separate qualification sheet for each. Indicate only co-coordinator's name below for cross-reference.*

<table>
<thead>
<tr>
<th>Co-COordinator?</th>
<th>NO</th>
<th>Name of Co-COordinator (please use a separate qualification sheet to complete information): Click here to enter text.</th>
</tr>
</thead>
</table>

**Degrees Earned:** PhD, Parks, Recreation, & Tourism Management, Clemson University; MA, Exercise & Sport Science, East Carolina University; BS, Recreation Resources Administration, NC State University

**Experience:** 1993-present: Graduate Assistant, Lecturer, Assistant Professor, Associate Professor; 1988-1993: Various work experiences in municipal recreation and collegiate campus recreation

**Certifications:** 2004-present: Certified Youth Sports Administrator, National Alliance for Youth Sports

**Courses Taught at ECU:** RCLS 2000 Introduction to Leisure Services; RCLS 3003 Leisure Programming; RCLS 3004 Leisure Programming Laboratory; RCLS 3104 Public and Non-Profit Recreation; RCLS 3190 Work Experience in Community and Commercial Recreation Agencies; RCLS 3500 Recreation Leadership & Group Process; RCLS 3501 Recreation Leadership & Group Process Laboratory; RCLS 4000 Research Methods and Techniques; RCLS 4002 Administration of Leisure Services; RCLS 4122 Case Studies in Leisure Management; RCLS 4130 Recreational Sport Programming; RCLS 4901 Recreation and Park Management Internship Pre-Placement Seminar; RCLS 4990 Recreation Internship; RCLS 5111 Recreational Facility Management; RCLS 6005 Recreational Sports and Activities Management; RCLS 6210 Management and Program Development in Recreation and Leisure Services

**Narrative Statement of Qualifications (to be completed by chair or dean):**

As you draft the narrative, please consider the following:

1) What evidence exists that the coordinator has the qualifications and credentials for leadership in the development and review of the curriculum?

This individual has served as the Assistant Chair in the Department of Recreation and Leisure Studies, serves on a variety of state and national professional society boards and committees, and is a member of the ECU Graduate Faculty. He has been involved in leadership (and teaches classes in that area) for over 10 years.

2) What evidence exists that the coordinator provides oversight for assessing the quality of the curriculum for the program and for ensuring that the curriculum and its delivery are educationally sound?

In addition to the above, Dr. Cooper has been heavily involved in the department process to obtain national accreditation over the past ten years; he was also deeply involved with the past two internal academic reviews.

If curriculum development and review are assigned to persons other than faculty, provide appropriate documentation.

**Signatures:**

- Coordinator: [Signature]  
  Date: 2/20/12

- Dept Chair/School Director: [Signature]  
  Date: 2/20/12

- Dean: [Signature]  
  Date:  

(Please print, sign, scan, and submit as a pdf in a complete package to summeyk@ecu.edu.)
EAST CAROLINA UNIVERSITY
PROFESSIONAL QUALIFICATION STATEMENT FOR DEGREE/CONCENTRATION/CERTIFICATE/MINOR PROGRAMS
(Limit to 1 Page and 1 Program/Coordinator per Page)

College and Dept: College of Health and Human Performance
                  Department of Recreation and Leisure Studies

Program Title: Recreation and Park Administration

Program CIP Code: 31; 0361, 128,000

Date: 2/16/2012

Dr. Thomas Skalko

Coordinator Responsibilities: Program Directors are responsible for convening, organizing, and perhaps compiling faculty efforts with regard to Program-specific curriculum development, assessment, and recruitment.

Concerns and Item:

Name of Co-Coordinator (please use a separate qualification sheet to complete information): Click here to enter text.

Degrees Earned: B.S.Ed., Recreation; M.S.Ed, Recreation/Therapeutic Recreation; Ph.D., Recreation/Therapeutic Recreation

Experience: Director, RT services, Department of Psychiatry, Walter Reed Army Medical Center; Chair, Department of Health Physical Education and Recreation, Florida International University; Chair, Department of Recreation and Leisure Studies, East Carolina University; Faculty member in Recreation/Recreational Therapy at University of North Carolina-Wilmington, University of Southern Mississippi, Florida International University, East Carolina University.

Certifications: Licensed Recreational Therapist; Certified Therapeutic Recreation Specialist

Courses Taught at ECU:

- RCTX 4250, RCTX 4262, RCTX 4990, RCLS 2000, RCLS 2601, RCLS 4990, RCLS 6001, RCTX 6310, RCTX 6320, RCTX 6330, RCTX 6990, RCLS 6501, RCLS 6803

Narrative Statement of Qualifications (to be completed by chair or dean):

As you draft the narrative, please consider the following:

1) What evidence exists that the coordinator has the qualifications and credentials for leadership in the development and review of the curriculum?

This individual holds the highest degree in the field, has years of practical experience, is Chair of his professional association, is a national leader in federal public policy, is a member of the graduate faculty, and has previously served as Chair of the CIP Department as well as Graduate Director.

2) What evidence exists that the coordinator provides oversight for assessing the quality of the curriculum for the program and for ensuring that the curriculum and its delivery are educationally sound?

In addition to the reasons stated in item 1) above, Dr. Skalko is one of the founders of the national body that accredits RT programs. Further, he is one of the founders of the state licensing board for RT practitioners in NC.

If curriculum development and review are assigned to persons other than faculty, provide appropriate documentation.

Coordinator: [Signature]
Date: 16 February 2012

Dept Chair/School Director: [Signature]
Date: 2/20/12

Dean: [Signature]
Date:

(Please print, sign, scan, and submit as a pdf in a complete package to summeyk@ecu.edu)
**EAST CAROLINA UNIVERSITY**

**PROFESSIONAL QUALIFICATION STATEMENT FOR DEGREE/CONCENTRATION/CERTIFICATE/MINOR PROGRAMS**

(Limit to 1 Page and 1 Program/Coordinator per Page)

| College and Dept: | College of Health and Human Performance  
Department of Recreation and Leisure Studies | Date: | 1/22/12 |
<table>
<thead>
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<th></th>
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<tr>
<td>Program Title:</td>
<td>Certificate in Biofeedback</td>
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<tr>
<td>Program CIP Code:</td>
<td>501.594</td>
<td></td>
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<td>CERTIFICATE</td>
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<tr>
<td>Coordinator</td>
<td>Field email and telephone inquires about the certificate program; serve as a liaison between instructors and RCLS department; assessment; marketing; complete reports as requested, enter TRACDAT data.</td>
<td></td>
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<tr>
<td>Responsibilities:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Coordinator Name:</td>
<td>Dr. Carmen Russioniello</td>
<td></td>
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</tr>
</tbody>
</table>

**In the event of co-coordinators, please use a separate qualification sheet for each. Indicate only co-coordinator's name below for cross-reference.**

- **Co-Coordinator?** NO

**Degrees Earned:**
- PhD Gonzaga Univ (Educational Leadership)
- MS Eastern Washington Univ (Recreational Therapy/Alcohol and Drug Studies)
- BS Eastern Washington Univ (Recreational Therapy)

**Experience:**
- Over 20 years experience as a certified and licensed Recreational Therapist and Licensed Professional Counselor (LPC).
- Over 20 years experience in biofeedback. Private business, clinical, and university settings.

**Certifications:**
- Licensed Recreational Therapist, Licensed Professional Counselor, Certified Therapeutic Recreation Specialist, General Biofeedback (Senior Fellow); Neurofeedback (Fellow)

**Courses Taught at ECU:**
- RCTX 4001, RCTX 4260, RCTX 4210, RCTX 4211, RCTX 6001, RCTX 6002

**Narrative Statement of Qualifications (to be completed by chair or dean):**

As you draft the narrative, please consider the following:

1) **What evidence exists that the coordinator has the qualifications and credentials for leadership in the development and review of the curriculum?**

Dr. Russioniello has a national reputation for his expertise in Biofeedback. He holds all the appropriate national credentials, he has served as president of his professional society related to biofeedback, and he has published extensively in the area.

2) **What evidence exists that the coordinator provides oversight for assessing the quality of the curriculum for the program and for ensuring that the curriculum and its delivery are educationally sound?**

In addition to the above, Dr. Russioniello is the Director of the Psychophysiology Lab at ECU, has mentored many graduate students on research and projects in the lab, and he is well connected in the field. Further, he has years of experience related to curriculum at ECU and elsewhere.

If curriculum development and review are assigned to persons other than faculty, provide appropriate documentation.

**Signatures:**
- Coordinator: [Signature]  
  Date: 2/22/12
- Dept Chair/School Director: [Signature] 
  Date: 2/22/12
- Dean: [Signature] 
  Date: 

(Please print, sign, scan, and submit as a pdf in a complete package to summevk@ecu.edu.)
EAST CAROLINA UNIVERSITY
PROFESSIONAL QUALIFICATION STATEMENT FOR DEGREE/CONCENTRATION/CERTIFICATE/MINOR PROGRAMS
(Limit to 1 Page and 1 Program/Coordinator per Page)

College and Dept: College of Health and Human Performance
Department of Recreation and Leisure Studies

Program Title: Recreational Therapy

Program CIP Code: 51.2309, 021,000

Date: 4/22/12

Coordinator Responsibilities: Program Directors are responsible for convening, organizing, and perhaps compiling faculty efforts with regard to Program-specific curriculum development, assessment, and recruitment.

Coordinator Name: Dr. Thomas Skalko
In the event of co-coordinators, please use a separate qualification sheet for each. Indicate only co-coordinator’s name below for cross-reference.

Co-Coordinator? NO

Name of Co-Coordinator (please use a separate qualification sheet to complete information): Click here to enter text.

Degrees Earned: B.S.Ed., Recreation; M.S.Ed, Recreation/Therapeutic Recreation; Ph.D., Recreation/Therapeutic Recreation

Experience:
Director, RT services, Department of Psychiatry, Walter Reed Army Medical Center; Chair, Department of Health Physical Education and Recreation, Florida International University; Chair, Department of Recreation and Leisure Studies, East Carolina University; Faculty member in Recreation/Recreational Therapy at University of North Carolina-Wilmington, University of Southern Mississippi, Florida International University, East Carolina University.

Certifications:
Licensed Recreational Therapist; Certified Therapeutic Recreation Specialist

Courses Taught at ECU:
RCTX 4250, RCTX 4262, RCTX 4990, RCLS 2000, RCLS 2601, RCLS 4990, RCLS 6001, RCTX 6310, RCTX 6320, RCTX 6330, RCTX 6990, RCLS 6501, RCLS 6803

Narrative Statement of Qualifications (to be completed by chair or dean):
As you draft the narrative, please consider the following:

1) What evidence exists that the coordinator has the qualifications and credentials for leadership in the development and review of the curriculum?

This individual holds the highest degree in the field, has years of practical experience, is Chair of the state RT association, is a national leader in federal public policy related to RT, and has previously served as Chair of the RCLS Department.

2) What evidence exists that the coordinator provides oversight for assessing the quality of the curriculum for the program and for ensuring that the curriculum and its delivery are educationally sound?

In addition to the reasons stated in Item 1) above, Dr. Skalko is one of the founders of the national body that accredits RT programs. Further, he is one of the founders of the state licensing board for RT practitioners in NC.

If curriculum development and review are assigned to persons other than faculty, provide appropriate documentation.

Signatures:
Coordinator: __________________________ Date: 16 February 2012

Dept Chair/School Director: __________________________ Date: 2/20/2012

Dean: __________________________ Date: __________________________

(Please print, sign, scan, and submit as a pdf in a complete package to sumneyk@ecu.edu.)
EAST CAROLINA UNIVERSITY

PROFESSIONAL QUALIFICATION STATEMENT FOR DEGREE/CONCENTRATION/CERTIFICATE/MINOR PROGRAMS
(Limit to 1 Page and 1 Program/Coordinator per Page)

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<th>College and Dept:</th>
<th>College of Health and Human Performance</th>
<th>Department of Recreation and Leisure Studies</th>
<th>Date:</th>
<th>Click here to enter a date 12/21/12</th>
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</thead>
<tbody>
<tr>
<td>Program Title:</td>
<td>Recreational Therapy</td>
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<tr>
<td>Program CIP Code:</td>
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<tr>
<td>Coordinator</td>
<td>Program Directors are responsible for convening, organizing, and perhaps compiling faculty efforts with regard to Program-specific curriculum development, assessment, and recruitment.</td>
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<tr>
<td>Responsibilities:</td>
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</table>

| Coordinator Name: | Dr. Thomas Skalko |

*In the event of co-coordinators, please use a separate qualification sheet for each. Indicate only co-coordinator's name below for cross-reference.*

<table>
<thead>
<tr>
<th>Co-COordinator? NO</th>
<th>Choose an item</th>
<th>Name of Co-Coordinator (please use a separate qualification sheet to complete information): Click here to enter text.</th>
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<tbody>
<tr>
<td>Degrees Earned:</td>
<td>B.S.Ed., Recreation; M.S.Ed, Recreation/Therapeutic Recreation; Ph.D., Recreation/Therapeutic Recreation</td>
<td></td>
</tr>
<tr>
<td>Experience:</td>
<td>Director, RT services, Department of Psychiatry, Walter Reed Army Medical Center; Chair, Department of Health Physical Education and Recreation, Florida International University; Chair, Department of Recreation and Leisure Studies, East Carolina University; Faculty member in Recreation/Recreational Therapy at University of North Carolina-Wilmington, University of Southern Mississippi, Florida International University, East Carolina University.</td>
<td></td>
</tr>
<tr>
<td>Certifications:</td>
<td>Licensed Recreational Therapist; Certified Therapeutic Recreation Specialist</td>
<td></td>
</tr>
<tr>
<td>Courses Taught at ECU:</td>
<td>RCTX 4250, RCTX 4262, RCTX 4990, RCLS 2000, RCLS 2601, RCLS 4990, RCLS 6001, RCTX 6310, RCTX 6320, RCTX 6330, RCTX 6990, RCLS 6501, RCLS 6803</td>
<td></td>
</tr>
</tbody>
</table>

Narrative Statement of Qualifications (to be completed by chair or dean):
As you draft the narrative, please consider the following:

1) What evidence exists that the coordinator has the qualifications and credentials for leadership in the development and review of the curriculum?

This individual holds the highest degree in the field, has years of practical experience, is Chair of the state RT association, is a national leader in federal public policy related to RT, and has previously served as Chair of the RCLS Department.

2) What evidence exists that the coordinator provides oversight for assessing the quality of the curriculum for the program and for ensuring that the curriculum and its delivery are educationally sound?

In addition to the reasons stated in item 1) above, Dr. Skalko is one of the founders of the national body that accredits RT programs. Further, he is one of the founders of the state licensing board for RT practitioners in NC.

If curriculum development and review are assigned to persons other than faculty, provide appropriate documentation.

Signatures:
Coordinator: [Signature] Date: 16 February 2012
Dept Chair/School Director: [Signature] Date: 2/20/12
Dean: [Signature] Date: [Signature]

(Please print, sign, scan, and submit as a pdf in a complete package to summeyk@ecu.edu.)
**EAST CAROLINA UNIVERSITY**

**PROFESSIONAL QUALIFICATION STATEMENT FOR DEGREE/CONCENTRATION/CERTIFICATE/MINOR PROGRAMS**

(Limit to 1 Page and 1 Program/Coordinator per Page)

| College and Dept: | College of Health and Human Performance  
| Department of Recreation and Leisure Studies | Date: Click here to enter a date  
| |  
| Program Title: | Recreational Therapy Administration  
| MAJOR; MS |  
| Program CIP Code: | MAJOR: MS  
| |  
| Coordinator Responsibilities: | Program Directors are responsible for convening, organizing, and perhaps compiling faculty efforts with regard to Program-specific curriculum development, assessment, and recruitment. |  
| Co-Coordinator? NO | NO  
| Name of Co-Coordinator (please use a separate qualification sheet to complete information): Click here to enter text. |  
| Degrees Earned: | B.S.Ed., Recreation; M.S.Ed, Recreation/Therapeutic Recreation; Ph.D., Recreation/Therapeutic Recreation  
| Experience: | Director, RT services, Department of Psychiatry, Walter Reed Army Medical Center; Chair, Department of Health Physical Education and Recreation, Florida International University; Chair, Department of Recreation and Leisure Studies, East Carolina University; Faculty member in Recreation/Recreational Therapy at University of North Carolina-Wilmington, University of Southern Mississippi, Florida International University, East Carolina University.  
| Certifications: | Licensed Recreational Therapist; Certified Therapeutic Recreation Specialist  
| Courses Taught at ECU: | RCTX 4250, RCTX 4262, RCTX 4990, RCLS 2000, RCLS 2601, RCLS 4990, RCLS 6001, RCTX 6310, RCTX 6320, RCTX 6330, RCTX 6990, RCLS 6501, RCLS 6803  
| Narrative Statement of Qualifications (to be completed by chair or dean):  
| As you draft the narrative, please consider the following:  
| 1) What evidence exists that the coordinator has the qualifications and credentials for leadership in the development and review of the curriculum?  
| This individual holds the highest degree in the field, has years of practical experience, is Chair of the state RT association, is a national leader in federal public policy related to RT, serves as the Graduate Director, and has previously served as Chair of the RCLS Department.  
| 2) What evidence exists that the coordinator provides oversight for assessing the quality of the curriculum for the program and for ensuring that the curriculum and its delivery are educationally sound?  
| In addition to the reasons stated in item 1) above, Dr. Skalko is one of the founders of the national body that accredits RT programs. Further, he is one of the founders of the state licensing board for RT practitioners in NC. If curriculum development and review are assigned to persons other than faculty, provide appropriate documentation.  
| Signatures: |  
| Coordinator: | Date: 16 February 2012  
| Dept Chair/School Director: | Date: 2/20/2012  
| Dean: | Date:  

(Please print, sign, scan, and submit as a pdf in a complete package to summeyk@ecu.edu.)
EAST CAROLINA UNIVERSITY

PROFESSIONAL QUALIFICATION STATEMENT FOR DEGREE/CONCENTRATION/CERTIFICATE/MINOR PROGRAMS
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<tr>
<th></th>
<th>Department of Recreation and Leisure Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Title:</td>
<td>Certificate in Aquatic Therapy</td>
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<tr>
<td>Program CIP Code:</td>
<td>51.2309.501, 590</td>
</tr>
<tr>
<td>Coordinator Responsibilities:</td>
<td>Field email and telephone inquiries about the certificate program; serve as a liaison between the instructor and RCLS department; assessment; marketing; complete reports as requested, enter TRACDAT data.</td>
</tr>
<tr>
<td>Coordinator Name:</td>
<td>Mrs. Wendy Whisner</td>
</tr>
<tr>
<td>Co-Coordinator?</td>
<td>No</td>
</tr>
<tr>
<td>Degrees Earned:</td>
<td>BS, Recreational Therapy; MS, Recreational Therapy Administration</td>
</tr>
<tr>
<td>Experience:</td>
<td>Worked as a Recreational Therapist serving individuals with a variety of issues in the areas of substance abuse and mental health. Currently worked as recreational therapist serving individuals with spinal cord injuries, brain injuries, and other general rehabilitation needs. Lecturer teaching recreational therapy courses, as well as recreation program design and other recreation profession-related courses. Have taught Recreational Therapy Interventions course which included aquatic therapy.</td>
</tr>
<tr>
<td>Certifications:</td>
<td>National Council for Therapeutic Recreation Certification; Licensed Recreational Therapist</td>
</tr>
</tbody>
</table>
| Courses Taught at| RCLS 2000, 2601, 3003, 3004, 4990  
| ECU:             | RCTX 4252, 4260, 4262, 4266, 4990 |
| Narrative Statement of Qualifications: | As you draft the narrative, please consider the following:  
| 1) | What evidence exists that the coordinator has the qualifications and credentials for leadership in the development and review of the curriculum? |
| Mrs. Whisner has over fifteen years of experience in the field as well as higher education. She has personal some experience with aquatic therapy and understands its use and application in the field. In addition, Mrs. Whisner connects well with students and is highly organized – both valuable traits in serving in this role. |
| 2) | What evidence exists that the coordinator provides oversight for assessing the quality of the curriculum for the program and for ensuring that the curriculum and its delivery are educationally sound? |
| Mrs. Whisner has been serving as the Certificate coordinator for five years and has successfully guided this program. All curricula in the Recreational Therapy degree area (including aquatic therapy) are reviewed and revised as needed by the entire faculty. If curriculum development and review are assigned to persons other than faculty, provide appropriate documentation. |

Signatures:  
Coordinator:  
Date: 2/22/12  
Dept Chair/School Director:  
Date: 2/20/12  
Dean:  
Date:  

(Please print, sign, scan, and submit as a pdf in a complete package to summeyk@ecu.edu.)