



## Existing Program Report

**Date Submitted:**

02/23/2021

**Institution**

Park University

**Institution Program Title**

A05140000071001010005 - BS - Mgt/Health Care - 510799

**Implementation Date:**

02/23/2021

**New Site Information**

**Added Site(s):**

Metropolitan Kansas City, 911 Main Street Suite 300, Kansas City, MO, 64105

**Selected Site(s):**

Metropolitan Kansas City, 911 Main St., Ste 300, Kansas City, MO, 64105

**Options**

**Current Options:**

**Options Added:**

**Mode of Delivery**

Classroom

**Assurances**

I certify that the program will not unnecessarily duplicate an existing program within the geographically applicable area.

I certify that the program will build upon existing programs and faculty expertise.

I certify that the institution has conducted research on the feasibility of the proposal and it is likely the program will be successful. Institutions' decision to implement a program shall be based upon demand and/or need for the program in terms of meeting present and future needs of the locale, state, and nation based upon societal needs, and/or student needs.

**Contact Information**

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