



## Existing Program Report

**Date Submitted:**

09/22/2021

**Institution**

Columbia College

**Institution Program Title**

A05040050401001010078 - BS - Health Care Management - 510701

**Implementation Date:**

**New Site Information**

**Added Site(s):**

Whiteman AFB, 511 Spirit Blvd, Bldg. 515, Suite 244, Whiteman AFB, MO, 65305

**Selected Site(s):**

**Options**

**Current Options:**

**Options Added:**

**Mode of Delivery**

Classroom

Online

**Assurances**

I certify that the program will not unnecessarily duplicate an existing program of another Missouri institution in accordance with 6 CSR 10-4.010, subsection (9)(C) Submission of Academic Information, Data and New Programs.

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**

**First and Last Name:** DUSTI  
SCHNEDLER

**Email:** [dschnedler@ccis.edu](mailto:dschnedler@ccis.edu)

**Phone:** 573-875-3960