

College of Pharmacy

Administrative Policies and Procedures

The College of Pharmacy primarily follows all Board of Regents (BOR) and University of Georgia (UGA) policies and procedures, however when further clarification or additional interpretation are needed a college policy may be created. Additional administrative policies may be created for college specific matters where no BOR or UGA policy exists. College of Pharmacy administrative policies and procedures are reviewed and updated on a regular basis.

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Policy Number	CoP07-001D
Policy Title	University of Georgia College of Pharmacy Guidelines for Endowed Positions in the College of Pharmacy
Attachment(s)	<ul style="list-style-type: none"> • College of Pharmacy Endowed Positions • Appointments to College of Pharmacy Endowed Positions
Policy Owner	Dean
Responsible Department/Unit	Office of the Dean
Contact Information	Questions about policy content should be directed to the Office of the Dean
Pertinent Dates	Original Policy Date: June 19, 2009 Revision Date: August 1, 2023
Entities Affected	All departments and units of the college.
Who Needs to Know About This Policy	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Reason for Policy/Purpose	This document provides general guidance for appointing, evaluating and reappointing faculty to endowed positions in the College of Pharmacy. Particular steps may be guided by UGA Human Resources, Faculty Affairs, or other practices or elements (e.g., procedures set forth in the endowment agreement).
Abstract	<ul style="list-style-type: none"> • Guidelines for Appointment of Endowed Position • Guidelines for Endowed Position Review / Appointment Continuation • College of Pharmacy Endowed Positions • Appointments to College of Pharmacy Endowed Positions

GUIDELINES FOR APPOINTMENT OF ENDOWED POSITIONS

Process Management

- The process for appointment is conducted by the Dean and coordinated by the Dean's Office.

Step 1. Soliciting Nominations

- A call for nominations to the endowed position will be issued (e.g., to Department/Unit Head, to all eligible faculty).
 - The name of the position and language from the fund agreement that relates to the purpose of the position will be provided.
- Examples of information that may be solicited in the nomination process include:
 - A brief overview of the individual's professional accomplishments.
 - Support from the Department/Unit Head for the candidate.

- The candidate's current Curriculum Vitae.

Step 2. Evaluation and Selection

- The evaluation process may be conducted solely by the Dean or by a group empaneled for such.
- Each nominee will be evaluated in the context of the faculty member's accomplishments and alignment with the intent of the named position.
- The final selection of the candidate to the named position will be made by the Dean.
- Should there not be anyone currently qualified for the endowed role, the position will remain unfilled until a qualified candidate is identified.

Step 3. Notification, Approval, and Appointment

- The Department/Unit Head of the individual to be appointed will be promptly notified of the outcome.
- The Dean will issue an offer of appointment letter to the candidate (including details of the named position) and copy the Senior Director of Development & Alumni Relations and the Director of Finance & Administration.
- After the offer has been accepted by the faculty candidate, the Dean's Office will notify the Senior Director of Development & Alumni Relations and the Director of Finance & Administration.
 - The Dean's Office will gather, compile, and submit the required appointment information for approval by the Provost (and subsequently the Board of Regents) per university procedures posted here.
 - While the nomination is moving forward to the Board of Regents, it is appropriate to let the candidate know the status of the nomination. However, it should be made clear that until Board of Regents approval has been obtained, nothing is finalized.
- Upon Board of Regents approval, the Dean's Office will notify the faculty member, Department/Unit Head, Director of Finance & Administration, and the Senior Director of Development & Alumni Relations.
- The Office of Development & Alumni Relations will work with the donor and coordinate a public announcement, recognition for the faculty member, and initiate a stewardship plan.

GUIDELINES FOR ENDOWED POSITION REVIEW / APPOINTMENT CONTINUATION

An endowed position is among the highest honors the University can award a faculty member. All holders of endowed positions, except those in positions that are performance-based (e.g., GRA Eminent Scholars), are reviewed for appointment continuation every five years.

Process Management

- The process is conducted by the Dean and coordinated by the Dean's Office.
- The Dean's Office will initiate the review by contacting the holder of the endowed position (hereafter referred to as "faculty member") with guidance about the impending review, including timelines and documents requested (the review package).

Role of the Endowed Position Holder

- The faculty member will assemble and submit a review package to the Dean's Office per the prescribed timeline.
- The review package will be designed to convey the faculty member's accomplishments in research and scholarly activity during the review period, illustrate the impact of the endowed account funds on their accomplishments, and project their plans to sustain high-level research and scholarly productivity for the requested continuation period (next five years).
- Review packages will include the following for the time period since the faculty member was first appointed or received notice of continued appointment to the position:

Content	Format	Suggested Length
1. Current curriculum vitae	N/A	N/A
2. Current NIH biosketch	N/A	N/A
3. Description of research program (e.g., primary themes / aims)	Narrative summary	1 page
4. Major research / scholarly accomplishments during the review period	Narrative summary with reference to representative examples of major elements (e.g., extramural funding history, highly cited original work)	1 page
5. Impact of research accomplishments on teaching and mentoring trainees (e.g., classroom instruction, student mentoring) during the review period	Narrative summary	1 page
6. Descriptive report of endowed funds used and their impact, on an annual basis, during the review period	Narrative or spreadsheet (PDF format), with description of how funds were used, how the funds uniquely positioned the faculty member for success	2 pages
7. Descriptive spending plan for the requested reappointment period (next five years)	Narrative or spreadsheet (PDF format), with description of how funds will be used annually, how the funds will uniquely position the faculty member for success	1-1.5 pages

NOTE: *Should the faculty member no longer wish to continue in the endowed position, they may communicate that intent and forego the review process.*

Evaluation

- The Dean will evaluate the review package in the context of the faculty member's accomplishments and projected alignment with the intent of the named position.
- Considerations for the evaluation include:
 - Demonstrable and consistent success in research and scholarly work during the review period, as evidenced by extramural funding, peer-reviewed publications in high-impact journals, invited presentations, or other research/scholarly measures as valued by the discipline;
 - Enhancement of the capacity for research and scholarly accomplishments of others through mentoring, instruction, and other measures of impact on students, trainees, and colleagues;
 - Impact of the use of the position's funding on the faculty member's accomplishments;
 - Effective use and management of funds derived from the position;
 - Strategic intent for use of future funding derived from the position.
- If the appointment is continued, a letter will be sent to the holder stating the effective dates of the reappointment.

COLLEGE OF PHARMACY ENDOWED POSITIONS

Endowed Fund Name	Faculty Holder Considerations	Selection/ Reappointment Considerations	Spending Guidance
ENDOWED CHAIRS			
<p>Georgia Research Alliance and David Chu Eminent Scholar in Drug Design</p>	<ul style="list-style-type: none"> • Qualified for tenure upon appointment at the full professor level • Outstanding record of externally funded research and scholarly publications • National / international prominence in the field • Engaged in cutting edge research primarily and have reduced teaching and/or public service duties as appropriate 	<ul style="list-style-type: none"> • Five-year preview cycle • Conducted by the GRA, Vice President for Research, and Unit Head (or designee) to recommend/not recommend continued occupancy of the position 	<ul style="list-style-type: none"> • Salary support and requisite fringe benefits and supplemental salary support and requisite fringe benefits for research support staff • Research, teaching, or service and outreach assistance needed but not otherwise available • Professional travel expenses, memberships, and other expenses that enhance the effectiveness of the Chair beyond those ordinarily provided
ENDOWED PROFESSORSHIPS			
<p>Dr. Samuel C. Benedict Professorship</p>	<ul style="list-style-type: none"> • Qualified for tenure upon appointment at the associate professor level OR (with Provost approval) be a currently tenured associate professor at UGA • Has at least one significant extramural grant that will last the duration of the Professorship (3 years) • Shall not hold the position in conjunction with any other chair or special professorship • Engaged in teaching, research, public service, or a combination consistent with the duties of the professorship 	<ul style="list-style-type: none"> • Three-year, non-renewable term 	<ul style="list-style-type: none"> • Not for base salary, related benefits or usual clerical aid • May use for supplemental salary support and requisite fringe benefits • May use for research or teaching assistance • May use for professional travel expenses, memberships, and other expenses to enhance the holder's effectiveness beyond those ordinarily provided • Costs related to outreach or service programs connected to the mission of the

			professorship
Georgia Athletic Association Professorship in Pharmacy	<ul style="list-style-type: none"> • Full professor • Outstanding national reputation • Shall not hold the position in conjunction with any other chair or special professorship • Engaged in teaching, research, public service, or a combination consistent with the duties of the professorship 	<ul style="list-style-type: none"> • Holder will occupy the Professorship as long as their performance warrants in sole judgment of Dean 	<ul style="list-style-type: none"> • Not for base salary, related benefits or usual clerical aid • May use for supplemental salary support and requisite fringe benefits • May use for research or teaching assistance • May use for professional travel expenses, memberships, and other expenses to enhance the holder's effectiveness beyond those ordinarily provided • Costs related to outreach or service programs connected to the mission of the professorship
Albert W. Jowdy Professorship in Pharmacy Care	<ul style="list-style-type: none"> • Has normally reached the highest rank in the appointed track • Demonstrated scholarly achievements in pharmacy care • Outstanding national reputation demonstrated by a distinguished record of scholarship, teaching, and/or service • Commitment to develop and embody into related course offerings the stimulation of student curiosity, creativity, and critical thinking • Engaged in teaching, research, public service, or a combination consistent with the purpose (pharmacy care) 	<ul style="list-style-type: none"> • Five-year term, renewable at the discretion of Dean 	<ul style="list-style-type: none"> • Not for base salary, related benefits or usual clerical aid • May use for supplemental salary support and requisite fringe benefits • May use for research or teaching assistance • May use for professional travel expenses, memberships, and other expenses to enhance the holder's effectiveness beyond those ordinarily provided • Costs related to outreach or service programs connected to the mission (pharmacy care) of the professorship
Kroger Professorship in Community Pharmacy	<ul style="list-style-type: none"> • Support education in community pharmacy • Senior level faculty member 	<ul style="list-style-type: none"> • The holder will occupy the professorship as long as their performance warrants 	<ul style="list-style-type: none"> • Not for base salary, related fringe benefits or usual clerical aid • May use for

	<ul style="list-style-type: none"> • Outstanding national reputation • Engaged in teaching, research, public service, or a combination consistent with the purpose (community pharmacy) 	<p>in the sole judgment of the College</p> <ul style="list-style-type: none"> • Detailed selection process outlined in agreement addendum 	<p>supplemental salary support and requisite fringe benefits</p> <ul style="list-style-type: none"> • May use for research or teaching assistance • May use for travel, memberships, and other necessary support services • Costs related to outreach or service programs in connection with the mission of the professorship • (community pharmacy practice)
Millikan-Reeve Pharmacy Professorship I	<ul style="list-style-type: none"> • Full professor • Demonstrated scholarly achievements in pharmaceutical sciences, administrative sciences, or clinical services • Outstanding national reputation demonstrated by a distinguished record of scholarship, teaching, and/or service 	<ul style="list-style-type: none"> • Five-year term, renewable at the discretion of Dean • Detailed selection process outlined in original donor agreement 	<ul style="list-style-type: none"> • Not for base salary, related benefits or usual clerical aid • May use for supplemental salary support and requisite fringe benefits • May use for research assistance, travel or other necessary support services
Millikan-Reeve Pharmacy Professorship II	<ul style="list-style-type: none"> • Full professor • Demonstrated scholarly achievements in pharmaceutical sciences, administrative sciences, or clinical services • Outstanding national reputation demonstrated by a distinguished record of scholarship, teaching, and/or service 	<ul style="list-style-type: none"> • Five-year term, renewable at the discretion of Dean • Detailed selection process outlined in original donor agreement 	<ul style="list-style-type: none"> • Not for base salary, related benefits or usual clerical aid • May use for supplemental salary support and requisite fringe benefits • May use for research assistance, travel or other necessary support services
Panoz Professor of Pharmacy	<ul style="list-style-type: none"> • Full professor • Demonstrated scholarly achievements in drug development, drug regulation, or pharmacy practice • Outstanding national reputation demonstrated by a distinguished record of scholarship, teaching, and/or other service • Commitment to develop and embody into related 	<ul style="list-style-type: none"> • Five-year term, renewable at the discretion of Dean • Annual narrative report to donors describing courses, number of students taught, and description of research performed report must be endorsed by Dean 	<ul style="list-style-type: none"> • Not for base salary, related benefits or usual clerical aid • May use for supplemental salary support and requisite fringe benefits – if so, may not exceed 25% of total salary • May use for research assistance, travel or other necessary support services

	<p>course offerings the stimulation of student curiosity, creativity, and critical thinking</p> <ul style="list-style-type: none"> Engaged in teaching, research, public service, or a combination consistent with the purpose (drug development, drug regulation, or pharmacy practice) 		<ul style="list-style-type: none"> May use for professional travel expenses, memberships, and other expenses to enhance the holder's effectiveness beyond those ordinarily provided
Rite Aid Professorship in Community Pharmacy	<ul style="list-style-type: none"> Associate or full professor in community pharmacy Clinical or tenure track Outstanding national reputation Engaged in teaching, research, public service, or a combination consistent with the purpose (community pharmacy) Preference to licensed pharmacist, particularly in GA 	<ul style="list-style-type: none"> Holder will occupy the Professorship as long as their performance warrants in sole judgment of Dean 	<ul style="list-style-type: none"> Not for base salary, related benefits or usual clerical aid May use for supplemental salary support and requisite fringe benefits May use for research or teaching assistance May use for professional travel expenses, memberships, and other expenses to enhance the holder's effectiveness beyond those ordinarily provided Costs related to outreach or service programs and administrative costs in connection with the mission of the professorship (community pharmacy practice)
UGA Athletic Association Distinguished Professorship in Pharmacy and Pharmaceutical Sciences	<ul style="list-style-type: none"> Qualified for tenure on appointment at the full professor level OR approval from the Provost for current tenured full professor Outstanding record in externally funded research and/or scholarly publications Shall not hold Professorship in conjunction with any 	<ul style="list-style-type: none"> Five-year term, renewable at the discretion of Dean 	<ul style="list-style-type: none"> May use for supplemental salary support and requisite fringe benefits May use for research, teaching, or service and outreach assistance May use for professional travel expenses, memberships, and other expenses that enhance the effectiveness of the

	<p>other chair or professorship, except institutional professorships (e.g., Josiah Meigs Distinguished Teaching Professorship, Regents' Professorship, Distinguished Research Professorship, University Professorship)</p> <ul style="list-style-type: none"> Engaged in teaching, research, public service, or a combination consistent with the purpose 		<p>Professorship beyond those ordinarily provided</p> <ul style="list-style-type: none"> May use for any expenditure in connection with the mission of the Professorship
<p>Kenneth L. Waters Pharmacy Professorship</p>	<ul style="list-style-type: none"> Qualified for tenure on appointment at the full or associate professor level OR approval from the Provost for current tenured full or associate professor Outstanding record in externally funded research and/or scholarly publications Shall not hold Professorship in conjunction with any other chair or professorship, except institutional professorships (e.g., Josiah Meigs Distinguished Teaching Professorship, Regents' Professorship, Distinguished Research Professorship, University Professorship) Engaged in teaching, research, public service, or a combination consistent with the purpose (pharmacy –broadly defined) 	<ul style="list-style-type: none"> Five-year term, review cycle at the discretion of Dean based on performance Sole responsibility and prerogative of the College 	<ul style="list-style-type: none"> May use for supplemental salary support and requisite fringe benefits May use for research, teaching, or service and outreach assistance May use for professional travel expenses, memberships, and other expenses that enhance the effectiveness of the Professorship beyond those ordinarily provided May use for any expenditure in connection with the mission (pharmacy – broadly defined) of the professorship

Other Resources

• Additional UGA resources, entitled Instructions and Resources for Endowed Positions, can be found at <https://provost.uga.edu/faculty-affairs/endowed-positions/>.

As of July 7, 2022, those resources included:

- Establishing an Endowed Chair or Professorship ;
- Appointing a Faculty Member to an Endowed Position;
- Modifying an Endowed Position;
- Required Endowment Values for Different Chairs and Professorships;
- BOR Meeting Dates;
- Reports denoting dates endowed positions were established, as well as specific endowed position appointments, across the university.

College of Pharmacy	Policy Number CoP07-004D
Disposition of State Property Administrative	Effective Date – Last Reviewed – 06/19/09

Introduction

The Department of Administrative Services defines surplus property as “any item that is non-consumable, non-expendable, and is no longer needed.” These items may or may not be inventoried by the University of Georgia. There are several options for disposing of state surplus property.

Direct Transfers – Transfers from one UGA department to another are allowed with the exception of vehicles.

Surplus – Turn into the UGA surplus warehouse or to a Department of Administrative Services surplus facility.

Sale - All sales must be approved by the Department of Administrative Services and conducted by authorized Property Control personnel.

Destruction - Items that have been destroyed by flood, fire, lightning, etc.; can be removed from a department’s inventory as destroyed. This method of disposal requires the approval of the Department of Administrative Services and the completion of an Affidavit of Destruction.

State property cannot be disposed of as refuse without the prior approval of the Department of Administrative Services.

(Taken from the University of Georgia Administrative Policies and Procedures)

College of Pharmacy Procedures for the Disposition of State Property

In the College of Pharmacy, the Facilities Coordinator is responsible for the overall use, transfer and disposal of all state property in the College.

In accordance with the University of Georgia Administrative Policies and Procedures, the following procedures have been developed by the College of Pharmacy and must be followed to properly dispose of state property items that are no longer needed by you or your department.

1. Provide a written list to the Facilities Coordinator of all items to surplus. An authorization signature from the Department Head should be included on this list.

The list must include:

- Brief description of each item to be removed.
 - Current location of each item.
 - Manufacturer’s serial number (if applicable).
 - UGA inventory number (if applicable).
2. The Facilities Coordinator will promptly arrange to meet with the responsible person to inspect the listed items and to discuss any steps that are necessary to prepare the items for removal.
 3. Once the items have been prepared for removal, the responsible person must sign the required UGA certifications regarding data security, chemical, biological and radiological safety, as applicable.

4. The Facilities Coordinator will arrange for the removal of the items. Please make sure that all items are accessible on the date of removal.**

5. Upon pick up of the items by the Facilities Coordinator or the UGA Support Services unit, the Facilities Coordinator will provide a receipt to the responsible person. This receipt should be retained by the Department through the following year's physical inventory count.

** In order to comply with safety standards set forth by the Georgia Fire Safety Laws and to guard against theft of unattended equipment, at no time should University equipment be placed in the hallway or any other public space in the College of Pharmacy for pickup except by written authorization from the Facilities Coordinator.

College of Pharmacy	Policy Number CoP07-005D
Distribution of Time Between Administration,	Effective Date –

Teaching & Research for Tenure Track Faculty Administrative Policies and Procedures	Last Reviewed – 06/19/09
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The standard budgetary appointment for tenure track faculty in non-administrative positions will be 50% research and 50% teaching. Faculty with administrative duties at the Departmental and College level can reduce the percentage of assigned teaching and research dependent upon the time commitment of administrative duties assigned. Implicit in this budgetary distribution is that 10% of the overall time be associated with service to the College or University.

Faculty can increase their fractional research time up to 75% after agreement with the department head and approved by the Dean. Percentages higher than 50% must be “bought out” by the respective faculty. The buyout must come from faculty share of salary return from contract and grants, endowments or equivalent sources. Percentages over 75% will only be permitted under special circumstances, such as under career development grants, research (sabbatical) leaves, etc.

Teaching percentage can be increased above 50% upon agreement between the individual faculty and the Department Head.

The teaching duties assigned should approximately parallel the percentage of teaching appointment, realizing that the comparison between different types of teaching sometimes are difficult, that other duties (such as course coordination, development of new courses, etc.) may substitute for direct teaching and that vacancies and other economic situations may warrant deviations from this norm.

Consideration for merit should be based upon the distribution between Administration, Teaching and Research. For example, for a person with 50% research and 50% teaching, 45% of the weight for merit should come from teaching, 45% from progress and achievements in research and 10% from service to the College and University. For a person with 100% teaching the merit should solely be based upon teaching and service.

Variation from this norm may be granted by the Dean upon recommendation by the Department Head.

College of Pharmacy	Policy Number CoP07-009D
Hiring, Merit & Promotion for Faculty Spanning More Than One Unit Within the College of Pharmacy Administrative Policies and Procedures	Effective Date – Last Reviewed – 06/19/09

The College of Pharmacy will follow the following guidelines for initiating hiring, merit and promotion:

Faculty in non-CAP units holding clinical titles in CAP. When a position is budgetarily allocated to a unit, this unit is considered the faculty member's Home Unit. Searches are initiated by the Home Unit. However, a candidate cannot be offered a position until the individual has been approved of by CAP. Normally, therefore, the search should be conducted together with CAP. Merit raises are initiated by the Home Unit, but require input from CAP. Promotions are initiated by CAP but require concordance by the Home Unit to go forward.

Faculty having budgetary appointments in two or more departments and/or units. The unit with the highest budgetary contribution will be considered to be the Home Unit. The Home Unit will initiate searches, merit and promotion requests (unless the faculty title resides in a different unit, then the promotion is initiated by the unit providing the faculty title). However, all units with budgetary contributions must agree to an appointment. All units with budgetary contributions are to provide input to promotion and merit requests.

Example: A position is to have a clinical appointment in CAP, but will be budgetarily paid by CE (30%) and the Experiential program (70%). The Experiential program is in this case the Home Unit and will initiate hiring and merit requests. However, before an offer can be made for hiring, both NT and CAP have to approve of the candidate. Merits will be initiated by the Experiential program with input from NT and CAP. CAP will initiate any promotion to Associate and Full Clinical Professor, but this will require that both the NT and the Experiential programs agree that the faculty member is ready.

College of Pharmacy	Policy Number CoP07-010D
Laboratory Safety Regulations for College of Pharmacy Administrative Policies and Procedures	Effective Date – Last Reviewed – 06/19/09

1. Each laboratory will be assigned a faculty member (PI) who will be responsible for the laboratory safety. Laboratories used by more than one PI, will be assigned a responsible PI by the Department Head. If no one has been assigned, the Head of the Department will be the default responsible PI.
2. The PI is responsible for the safety of his or her assigned laboratories and that they meet operational standards set by the University. This responsibility includes all personnel working in the laboratory, regardless of whether they are working for the PI or not. This responsibility cannot be delegated.
3. Any PI who does not keep laboratory safety violations to a minimum in his or her assigned laboratory can lose the privilege to operate an independent laboratory in the College of Pharmacy. Situations that may result in loss of laboratory privileges are as follows:
 - Citations of three or more Major¹ violations.
 - Receiving an extensive number of violations² (6 or more minor and/or major violations) and failing to implement acceptable remedies by the next inspection.
 - Receiving an extensive number of violations² (6 or more minor and/or major violations) and failing to implement acceptable remedies by the next inspection.

In any of these situations there will be mandatory submission of plans to the College of Pharmacy Facility and Safety Committee that outline how future violations will be avoided. There will also be mandatory meeting with the Facility and Safety Committee to defend the proposed plans and to explain why laboratory privileges should not be revoked. Further violations will result in automatic review of laboratory privileges by the Facility and Safety Committee.

4. New PI, students, postdocs and staff are required to take the Right-to-Know safety training within two months of employment.
 - Each PI with an active laboratory is responsible for ensuring that all students, postdocs and all other relevant scientific staff with access to their laboratories maintain up-to-date required training, including annual Right-to-Know training, Chemical-specific Right-to-Know training, Hazardous Materials training, and Radiation safety training, etc., as appropriate for the laboratory.
 - Laboratory personnel purchasing, receiving or handling chemicals must have an original signed "Employee On-going Chemical Specific Right-to-Know Training Record" in their personnel file in the College of Pharmacy Business Office. This document must be kept in the Business Office for a minimum of three years as required by University policy. Laboratory personnel will be barred from ordering chemicals if current documentation is not on file.
 - To facilitate record-keeping and timely verification of lab personnel training status, a copy of the original laboratory safety training records will be included in the annual laboratory pre-

inspection currently performed by the Facilities Coordinator. Each faculty member is responsible for providing a current list of ALL laboratory personnel and the appropriate training required prior to the annual pre-inspection. The Facilities Coordinator will determine if current training records are on file for each lab member and forward a list of missing training documents to the Facilities and Safety Committee and the appropriate Department Head.

5. All spills and use of spill kits must be reported to Environmental Safety.
 6. The Facility and Safety Committee is available to work with individual PIs to establish and maintain viable plans for lab safety. Please contact the College laboratory Safety Officer or Chair of the Facility and Safety Committee for help.
- i. Major violations are:
1. Possession of expired chemicals
 2. Open chemical waste containers
 3. Lack of adequate identification of hazardous waste
 4. Not keeping separate storage of incompatible chemicals
- ii. If any of the following is missing, a citation will be made. (Check the Laboratory Safety Manual for updated regulations.)

Section 1 – Laboratory Postings	First aid kit present
Door signs present/updated	Spill kit appropriate for laboratory
Refrigerators have lab use only label	Section 4 – Laboratory Equipment
Emergency phone numbers posted in lab	Belt guarded on motors and pumps
Section 2 – Chemical Storage	Equipment properly grounded
Chemicals stored by class/compatibility	Electrical cords not frayed
Acids and bases in secondary containers	Only UL 1449 rated power strips employed
All chemicals properly labeled	1449 strips used with computers and equipment
No outdated peroxide formers present	Outlet wiring correct
Flammable liquids stored properly	Extension devices used only temporarily
Allowable total flammable volume allowed in lab is not exceeded	Fume hood rating (OK, Caution, Danger)
Allowable volume outside flammable cabinet is not exceeded	Section 5 – Laboratory Conditions
Explosion proof refrigerator for flammable	Hand washing facilities available
Waste containers properly labeled/stored	Sink conditions OK
Waste containers properly closed	Corridors and exits unobstructed
Gas cylinder properly labeled/anchored	Aisles unobstructed
Lecture bottles properly labeled/stored	Lab doors closed to main corridor
Section 3 – Emergency Equipment	No eating, etc., around hazardous chemicals
Fire extinguishers present/inspected	Personal protective equipment available/used
Safety shower: tested/unobstructed	Section 6 – Laboratory Records
Safety shower location posted	RTK records and MSDS maintained
Eye wash: tested/unobstructed	Chemical inventory kept
Eye wash location posted	

Reward for Teaching Excellence Administrative Policies and Procedures	Effective Date – Last Reviewed – 07/01/2020
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Teaching is central to the mission of the College. The mission statement of the College states that we are “To transform pharmacy practice, drive scientific discovery, and elevate the health and well-being of Georgians and the global community through innovative, collaborative, and distinctive academic programs, research, and service.” As such, it is essential that all faculty be involved in delivering high quality teaching and that the faculty are appropriately recognized for this important activity.

Evaluation of Teaching:

- The various administrative unit heads of the College will review each faculty member’s teaching load and assess the quality of the education provided in the individual courses to determine exemplary and innovative practices that can be emulate elsewhere, and to help identify what can be improved upon and where adjustments and changes are needed.

Award for Teaching Excellence:

- Each Department or administrative unit head shall use a system that will allow the previous year’s documentation of quality of teaching to be an important factor in determining merit raises (in years where we are allowed merit raises).
- Starting in FY2020-2021, the College teaching awards will result in a one-time award of up to \$1,000 provided funds are available.

Policy Number	CoP08-001D
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Policy Title	University of Georgia College of Pharmacy Administrative Succession
Attachment(s)	None
Policy Owner	College of Pharmacy Dean
Responsible Department/Unit	Office of the Dean
Contact Information	Questions about policy content should be directed to the College of Pharmacy Dean
Pertinent Dates	Original Policy Date: September 18, 2008 Last Revision Date: July 10, 2023
Entities Affected	All departments and units of the college
Who Needs to Know About This Policy	All faculty, staff, and students of the University of Georgia College of Pharmacy
Reason for Policy/Purpose	The policy outlines the succession system that is in place to assure a smooth and orderly transition upon a planned or unplanned absence of the Dean and/or other key members of the leadership team
Abstract	The procedure for Administrative Succession of the Dean and Unit Heads

Background

It is inevitable that a change in College leadership will take place. It is important that a succession system be put in place to assure a smooth and orderly transition upon a planned or unplanned absence of the Dean and/or other key members of the leadership team. The College must be in a position to operate without disruption and in a manner that ensures timely transfer of critical information including, but not limited to, operations, financial status, established policies and procedures as well as information regarding organizational commitments previously entered into that must be honored. Therefore, it is imperative that critical current information, as well as key historical information, be maintained in an ongoing manner such that it can be collectively transferred in the event of change within the College leadership.

Procedure

Transition of Dean

1. The scheduled departure or extended absence of a Dean must be reported to the Provost well in advance of the departure or absence.
2. If the departure or absence is unscheduled, the Provost's Office must be contacted as soon as possible by the Dean. If the Dean is not available, it is incumbent upon the senior ranking Associate or Assistant Dean to inform the Provost's Office. This communication will be coordinated by the Dean's Office.
3. Upon the departure of the Dean, the Provost appoints an Interim Dean until a new Dean can join the College.
4. Upon departure of the Dean, the Assistant Dean for Institutional Effectiveness and Strategic Initiatives will notify ACPE and provide information regarding the plan for their replacement and interim leadership arrangements.

5. The Dean's Office will coordinate a meeting with the Executive Committee, the Interim Dean, and the incoming Dean to review College operations, budgets, and obligations, as well as familiarize them with the College Central Repository and with College administrative policies and procedures.
6. The Dean's Office will arrange for the Incoming Dean or Interim Dean to meet with the Provost to review critical College/University administrative relationships, obligations, and relevant communications within 10 working days from the start date.
7. The Dean's Office will arrange for a meeting with the Office of Legal Affairs to review critical policies and documents pertinent to the operation of the College within 10 working days from the start date.
8. The incoming Dean will meet with Faculty Council to review faculty issues and College Bylaws, as coordinated by the Director of Faculty Affairs.
9. The Dean's Office may arrange for New Dean training opportunities such as that available through AACCP

Transition of Unit Head

1. Scheduled departure and extended absence of a Unit Head must be reported to the Dean well in advance of the Departure or absence.
2. If the departure or absence is unscheduled, the Dean's Office must be informed as soon as possible.
3. The Dean will appoint an Interim Unit Head until such time that a permanent Unit Head joins the unit.
4. The Dean, key unit staff and faculty, and members of the College Executive Committee will meet with the Interim Head and the new Head respectively, to review the unit's operations, budget, policies and procedures including any special conditions governing the operation of the unit.
5. The Dean's Office may arrange for administrative training such as that available through the University and AACCP.
6. The incoming Head will meet with Faculty Council to review faculty issues and College Bylaws, as coordinated by the Director of Faculty Affairs.

College of Pharmacy	Policy Number CoP08-002D
Subject: Central Repository Administrative Policies & Procedures	Effective Date – 09/18/08 Last Reviewed – 06/19/09

Procedure for Processing Central Repository Documents

Triaging

All documents identified as being Central Repository documents i.e., documents that have been determined to have enduring or semi-enduring (limited to a certain time period) obligations that are received in the Dean's Office will be held separately from the regular mail in a folder labeled "Central Repository Documents" to be reviewed with the Dean on a regular basis (if the Dean's calendar permits, this means on a daily basis).

These Documents shall be treated in the following manner:

- Document will be date stamped upon receipt.
- The deliverable(s) as per the document will be identified.
- The principal parties whose responsibilities to meet the deliverable(s) /obligation(s) will be identified.
- Assigned duties will be communicated to the principal parties responsible for meeting the obligations.
- A system for monitoring adherence to the deliverable(s) /obligation(s) will be created.
- An annual report will be provided to the Dean's Office by the principal parties responsible for meeting the obligations.
- A folder will be created for the document(s) which will then be placed in the Central Repository in the appropriate file cabinet/drawer, indexed for quick location and retrieval and a notation of annual report schedule as appropriate will be placed in the Dean's Master Calendar.

The actual procedure that will be followed is dependent upon the deliverable(s) /obligation(s) identified in the document. For example, who is affected, what is the time frame of the deliverable(s)/obligation(s), whether monitoring is part of dual governance responsibilities, etc. The procedure determined to be used to meet the obligation(s) will be attached to the document.

Security of Records

Records cannot be removed from the Central Repository without approval of the Dean or his designee. Whenever a record is withdrawn whether for review or photocopying, an outcard (showing date, pulled file name and name of person requesting) must be inserted in its place.

Archiving

Documents in the Central Repository shall be reviewed on an annual basis. Documents that are no longer needed shall not be destroyed but archived in the University of Georgia Archives.

University of Georgia College of Pharmacy

Central Repository

Document Identification

Monitoring/Reporting Adherence Assignment

Principal Parties whose responsibilities to meet the deliverable(s)/obligation(s) and assigned duties, if separate:

Principal party	Assigned duty (i.e. financial, etc.)

Annual Reporting

(Year)

I attest that all deliverables have been monitored and adhered to with no deviation from the original document.

(signature)

(Title)

(Date)

I attest that all deliverables have been monitored and adhered to with the following changes as noted below:

(signature)

(Title)

(Date)

I attend that not all deliverables have been adhered to (please provide on reverse side of form):

(signature)

(Title)

(Date)

College of Pharmacy	Policy Number CoP08-003D
Subject: Document Receipt/ Distribution/Retention Administrative Policies and Procedures	Effective Date – 09/18/08 Last Reviewed – 06/19/09

Background

The College of Pharmacy has grown considerably in scope and complexity over the course of the past decade. We now have many more employees and programs located in many different physical locations. While this growth can certainly be viewed as being positive, it does bring with it certain administrative challenges in effectively managing organizational knowledge operations and organizational knowledge loss across the College.

The College is continuously called upon by various entities to provide a wide range of information regarding our activities including information relating to compliance and adherence to numerous agreements, policies and procedures. It becomes imperative that the Dean's Office establish a Central Repository and follow-up system to assure that information critical to the operation of the College is maintained in a manner that ensures appropriate oversight, accountability and that allows the College to operate without disruption in the event of a change in leadership.

Policy

Originals, or copies if appropriate, of all documents that relate to the obligation of action(s) or control, review, commitment of time and/or resources¹ between any College employee or College unit and an outside source² must be submitted to the Dean's Office and appropriate Department (or Unit) Office at the time they are executed. Copies (or originals) of the document(s) identified as Central Repository document(s) must also be maintained by the originating faculty member and/or his/her administrative unit as appropriate. The retention of documents must minimally comply with the Board of Regents' Policy on Records Management (<http://www.usg.edu/usgweb/busserv>)

The documents will be handled according to Procedure CoP-002D for inclusion in the Central Repository.

¹ Includes, but is not limited to, MOUs, service agreements, leases, IPPEs, APPEs, grants and contracts, settlement agreements, legal issues, material transfers, consulting agreements, etc.

² Includes, but is not limited to, NIH, federal, state and local governmental entities, universities, companies, health care facilities, pharmacies, physician practices, foundations, independent contractors, etc.

Policy Number	CoP10-001D
Policy Title	University of Georgia College of Pharmacy Bloodworth Conference Room Usage
Attachment(s)	None
Policy Owner	Dean
Responsible Department/Unit	Office of the Dean
Contact Information	Questions about policy content should be directed to the office of the Dean.
Pertinent Dates	Original Policy Date: August 17, 2010 Last Revision Date: August 31, 2023
Entities Affected	All departments and units of the college.
Who Needs to Know About This Policy	All faculty, staff, and students of the University of Georgia College of Pharmacy
Reason for Policy/Purpose	This document provides guidance for the use of the Bloodworth Conference Room.
Abstract	General use procedures. Room capacity and equipment available. Food consumption. Reservation requests.

Policy/Procedure:

The Bloodworth Conference Room has been designated for use by the College of Pharmacy Dean and Senior Administrators and for other high-level meetings or occasions that serve a college-wide interest or help the College cultivate relationships with internal and external entities relevant to its mission.

The Bloodworth Conference Room is not intended for use as a classroom or other general workspace.

Room Capacity and Equipment Available

The room furnishings include a conference table that seats 14 people comfortably. Additional seating for 11 is available around the room. The room is equipped with an audio-visual Crestron control system that has the capability to project wirelessly from a laptop and the ability for videoconferencing via Zoom. In addition, the room has a dry erase board.

Requests for audio-visual or videoconferencing support should be made through the UGA College of Pharmacy's KACE ticking system no later than four days prior to your scheduled meeting/event. If you need immediate assistance on the use of any equipment available in the room please contact the IIT office at (706) 542-1396.

Food Consumption

Light snacks or boxed lunches are allowed in the conference room. There is an adjoining kitchen available for the purposes of storing or preparing food to be consumed in the conference or just outside in the adjoining lobby space. Do not remove any equipment from the kitchen. General clean-up is the responsibility of the administrator using the conference room.

General Use Procedures

Any individual or group using the conference room is required to follow all fire and safety regulations. No hanging, pasting, nailing or stapling on ceiling or walls. The room should not be reconfigured in any way other than moving chairs. Chairs shall be returned to their original arrangement prior to departure. In addition, all doors to the conference room and kitchen must be closed and locked after use, and all audio-visual equipment must be turned off.

Reservation Requests

Requests will be taken on a first-come, first-serve basis; however, the Dean's Office reserves the right to cancel the reservation in the case of an unforeseen conflict. Notification will be made in advance if a cancellation is necessary. The Dean's Office reserves the right to refuse requests for events deemed inappropriate for this conference room.

To request use of the Bloodworth Conference Room please contact: Executive Assistant to the Dean, College of Pharmacy Dean's Office (706) 542-1914.

Procedure Number	CoP10-002D
Procedure Title	University of Georgia College of Pharmacy New Faculty Orientation Procedures
Attachment(s)	None
Procedure Owner	Director of Faculty Affairs
Responsible Department/Unit	Office of the Dean
Contact Information	Questions about policy content should be directed to the Director of Faculty Affairs
Pertinent Dates	Original Policy Date: December 22, 2010 Last Revision Date: October 31, 2023
Entities Affected	All departments and units of the college
Who Needs to Know About This Procedure	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Reason for Procedure	The procedure outlines the framework for the College's faculty orientation designed to acquaint new faculty members with the institution's mission, policies, procedures, and resources.
Abstract	The framework for the College's faculty orientation.

Procedure:

This Faculty Orientation procedure outlines the framework for the College's faculty orientation designed to acquaint new faculty members with the institution's mission, policies, procedures, and resources. These procedures are intended to help facilitate a smooth integration of faculty into the academic community, ensuring they are well-informed, engaged, and prepared to contribute effectively to the College and the University.

Scope:

These procedures are intended to support all newly hired full-time, part-time, and adjunct faculty members joining UGA College of Pharmacy. It covers all academic and administrative units. In some instances, items listed in these procedures may not be pertinent to the particular track, rank, or type of faculty position. If you are uncertain, please contact the Director of Faculty Affairs at copfacultyaffairs@uga.edu

The following are the objectives of the new faculty orientation:

1. Information Dissemination: Provide new faculty members with essential information about the institution's mission, vision, values, policies, and procedures.
2. Resource Familiarization: Familiarize faculty members with the various academic and administrative resources available to support their teaching, research, and professional development.
3. Community Integration: Facilitate networking and relationship-building among new faculty members, current faculty, and staff to promote a sense of belonging within the institution's academic community.
4. Expectation Alignment: Ensure that new faculty members have a clear understanding of their roles, responsibilities, performance expectations, and evaluation criteria.

New faculty orientation in the College of Pharmacy has two primary components:

1. The orientation is led by the Department or Unit Head(s) of the new faculty member. The orientation should begin and end with the faculty member meeting with their department or unit head.
2. All new faculty members will have a one-on-one or small group onboarding session with the College of Pharmacy's Director of Human Resources.

The following provides a general outline of what should be covered during the orientation. The Department/Unit Head may enlist the help and support of other faculty and staff leadership as they plan the orientation of new faculty.

Department/Unit Orientation conducted by Department/Unit Head(s) or their Designees

- Review the New Faculty Checklist UGA New Faculty Checklist
- All faculty members should be encouraged, if applicable, to participate in the University's orientation programs. The following includes a list of these opportunities:
 - o UGA Faculty Orientation and Keys to UGA program New Faculty Orientation Information
 - o UGA New Faculty Tour <https://outreach.uga.edu/programs/new-faculty-tour/>
- Unit Structure and Support
- Teaching Expectations
- Research Expectations
- Service Expectations (Unit, College, and University Committees)
- Annual Evaluation
- Promotion and Tenure
- Faculty Meetings (Unit and College)
- Faculty Development
- Graduate Student Supervision/Advising (if applicable)
- Summer Salary (if applicable)
- Faculty Leave
- Consulting and Outside Compensation
- Academic Programs – More Detailed Information
 - o Orientation to PharmD program and to pharmacy practice for instructors who are non-pharmacists should include a meeting with the Director of Professional Education
- Tour of Buildings, Labs, etc.

COP Orientation conducted by the UGA College of Pharmacy Manager of Human Resources

- History
- Mission and Vision
- Strategic Plan
- DEI
- Staff Competency Model
- USG/UGA Policy Portals
- College Policies, Procedures, and Bylaws
- Sever Weather
- Extended Campus Locations
- Senior Leadership

- Units/Departments
- List of Academic Programs
- Faculty Track and Rank Terminology
- Academic Administration Terminology
- Business Affaris Inofrmation
- Forms and Resources
- One Source
- One USG Connect
- UGA Training
- Financial Training
- Financial Management
- Definition of Different Funds
- Grant Management
- Technology Support
- Room Reservations
- Instructional Design
- Marketing and Communications
- Interprofessional Education
- USG Well-Being and Professional Development

Policy Number	CoP11-001C
Policy Title	University of Georgia College of Pharmacy Curriculum Review Processes
Attachment(s)	None
Policy Owner	Director of Professional Education
Responsible Department/Unit	Office of the Dean
Contact Information	Questions about policy content should be directed to the Director of Professional Education
Pertinent Dates	Original Policy Date: August 15, 2011 Last Revision Date: November 30, 2023
Entities Affected	All departments and units of the college
Who Needs to Know About This Procedure	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Reason for Policy/Purpose	The purpose of the curriculum review process is to promote ongoing quality improvement in course design, delivery, and alignment with degree program outcomes.
Abstract	The policy outlines the general curriculum review processes for each program.

Policy/Procedure

Curriculum Review Overview and Purpose

The purpose of the curriculum review process is to promote ongoing quality improvement in course design, delivery, and alignment with degree program outcomes. It is focused on reviewing how the curriculum prepares students for their chosen career path. Grounded in degree program outcomes and when applicable, external accreditation standards, this process reviews courses and the overall curriculum to ensure the program is delivering what is intended. Each academic program uses a process that is sequenced to best evaluate how the curriculum supports the achievement of student learning outcomes at graduation. The PharmD Curriculum and Assessment Committee manages the curriculum review process for the Doctor of Pharmacy degree and the Undergraduate & Graduate Education and Curriculum Committee manages the process for undergraduate and graduate programs. In addition, the process involves review teams that include members of these committees. The following outlines the general curriculum review processes for each program. Additional details are available from the academic program coordinator for each program.

PharmD Curriculum Review Process

The curriculum review process is an in-depth analysis of each course and course sequence and ultimately an overall review of the curriculum. The review process emphasizes outcomes and evaluates courses using backward design principles. The review process follows the following procedures:

1. All courses are reviewed at least once every four years based on a rotating schedule, with courses organized into themes based on outcomes and content. The most recent offering of the course is

emphasized in the review. Information about previous years may be included to add context and to describe changes.

2. The course coordinator completes a self-assessment of the course that offers information from their perspective concerning the evaluated standards. This includes the completion of a rubric that requires a rating based on the degree to which standards are achieved.
3. Course coordinators will have access to a multi-year course report. This report is based on student evaluation data and other assessment metrics, and it should be considered when completing the self-assessment tool.
4. Course coordinators should also consider student evaluation data from course offerings considered in the review. If instructions are needed on how to access evaluations, they should contact the Assistant Dean for Institutional Effectiveness and Strategic Initiatives.
5. Course coordinators must submit the most recent version of their syllabus with the self-assessment document. Other representative course materials must also be submitted for the review process. This includes:
 - a. Examples of instructional materials (lecture slides, handouts, etc.), assessment materials (assignments, sample quiz or exam question types), and/or other relevant documents.
6. A review team selected by the PharmD Curriculum and Assessment Committee will use the coordinator self-assessment tool, the multi-year assessment report, and other relevant documentation as described above to make review recommendations. Other information may be requested during the review process, including but not limited to course evaluation data relevant to the review period. Reviewers may also request to meet with course coordinators to further discuss course details or ask for clarification regarding the course coordinator self-assessment.
7. The review team will present their perceived strengths and areas of improvement for the course to the PharmD Curriculum and Assessment Committee. Review teams will not make recommendations directly to the course coordinator.
8. After the PharmD Curriculum and Assessment Committee discusses the review, the Director of Professional Education will send the course coordinator(s) and Unit Head(s) a priority report summarizing findings and recommendations.
9. The course coordinator will complete post-review documentation that allows for clarification and/or development of an action plan based on course review feedback.
10. As needed, the Director of Professional Education and the Unit Head(s) follow-up with the course coordinator regarding review findings.
11. A summary of course findings/actions is shared with the Unit Head, Director of Professional Education, and the PharmD Assessment & Curriculum Committee Chair.

PharmD Curriculum Review Sequence

The sequence of the review process is outlined in this section. It is a full 4-year process. During the fourth year, electives are evaluated and the committee considers any major overall curriculum revisions including changes to credit hours, sequencing, pre- and co-requisites, pre-pharmacy requirements, etc. There is a one-year break in the review process to allow for implementation of major changes. This allows for the College to review the core curriculum twice during an accreditation cycle and utilize a self-study year to determine if any changes to this process are needed.

Undergraduate Curriculum Review Process

1. Core courses are reviewed at least once every four years based on a rotating schedule. Common electives or courses with limited offerings are reviewed at least every 4 years on a rotating

schedule, The most recent offering of the course is emphasized in the review. Information about previous years may be included to add context and to describe changes.

2. The course coordinator completes a self-assessment of the course that offers information from their perspective concerning the evaluated standards. This includes the completion of a rubric that requires a rating based on the degree to which standards are achieved.
3. Course coordinators will have access to a multi-year course report completed by the Office of Institutional Effectiveness and Strategic Initiatives (IESI). This report is based on student evaluation data and other assessment metrics, and it should be considered when completing the self-assessment tool.
4. Course coordinators should also consider instructor evaluation data from course offerings considered in the review. If instructions are needed on how to access evaluations, please ask the Office of IESI.
5. Course coordinators must submit the most recent version of their syllabus with the self-assessment document. Other relevant documentation may be requested by the committee. This includes but is not limited to:
 - a) Course evaluation data relevant to the review period
 - b) Examples of instructional materials, handouts, assignments, exams, and/or other relevant documents
 - c) Peer assessments of teaching methods for course instructors, when available
6. A review team selected by the Undergraduate and Graduate Education & Curriculum Committee (UGEC) will use the coordinator self-assessment tool, the multi-year assessment report, and other relevant documentation as described above to make review recommendations. The review team will consist of UGEC members and additional faculty as needed.
7. The review team will present their perceived strengths and areas of improvement for the course to the UGEC committee. Review teams will not make recommendations directly to the course coordinator.
8. After UGEC discusses the review, the committee will send the course coordinator, academic program coordinator (APC), and unit head a priority report summarizing findings and suggestions.
9. The APC and the unit head follow up with the course coordinator to determine what changes should be made to the course and provide guidance as needed.
10. A summary of changes made to the course is shared with the unit head, UGEC chair, and Assistant Dean for IESI.

Undergraduate Curriculum Review Sequence

The sequence of the review process is outlined in this section. It is a four-year process. Core courses are reviewed during years 1 and 2 of the curriculum review process. During the third year, electives and other components of the program are reviewed. During the 4th year, the program considers any major overall curriculum revisions including changes to credit hours, sequencing, pre-, and co-requisites, etc. There is a one-year break in the review process to allow for the implementation of major changes.

Clinical and Administrative Pharmacy (CAP) Graduate Curriculum Review

1. All courses are reviewed at least once every five years based on a rotating schedule, with courses organized into themes based on outcomes and content. The most recent offering of the course is emphasized in the review. Information about previous years may be included to add context and to describe changes.
2. The course coordinator completes a self-assessment of the course that offers information from their perspective concerning the evaluated standards. This includes completion of a rubric that requires a rating based on the degree to which standards are achieved.

3. Course coordinators will have access to a multi-year course report. This report is based on student evaluation data and other assessment metrics, and it should be considered when completing the self-assessment tool.
4. Course coordinators should also consider student evaluation data from course offerings considered in the review.
5. Course coordinators must submit the most recent version of their syllabus to the CAPA system. Other relevant documentation may be requested by the committee. This includes but is not limited to:
 - a. Course evaluation data relevant to the review period
 - b. Examples of instructional materials, handouts, assignments, exams, and/or other relevant documents
 - c. Annual evaluations by the students, collected from UGA-Xitracs
 - d. Annual evaluations on the research methods and training (e.g., candidacy qualifiers) on experiential courses
 - e. Peer assessments of teaching methods for course instructors, when available
6. After the UGEC discusses the review, if it finds changes will be needed in a course, the committee will send the course coordinator, Unit Head, and Director of Program a priority report summarizing findings and suggestions for any needed actions.
7. The UGEC Chair shares the evaluation report and recommendations with the course coordinator, the Unit Head(s) for the course, and the Program Director.
8. A summary of changes made to the course is shared with the Unit Head, Program Director/Graduate Coordinator of Education, and the GEC Chair.

Clinical and Administrative Pharmacy (CAP) Graduate Curriculum Review Sequence

The sequence of the review process is outlined in this section. It is a full 4-year process. During the fourth year, electives are evaluated, and the committee considers any major overall curriculum revisions including changes to credit hours, sequencing, pre- and co-requisites, pre-pharmacy requirements, etc. There is a one-year break in the review process to allow for the implementation of major changes. Although year 5 will be the implementation phase for all major changes that were identified during the program review process, some minor changes suggested by the committee can be discussed and implemented annually.

Pharmaceutical and Biomedical Sciences (PBS) Graduate Curriculum Review

1. Core courses including common electives and those taught within the last 4 years are reviewed within a four-year cycle.
2. The course coordinator completes a self-assessment listed in the syllabus of the course that meets the course goal and objectives of learning. This includes the completion of a rubric that requires a rating based on the degree to which standards are achieved. Course coordinators will have access to a multi-year course report. This report is based on student evaluation data as well as other assessment metrics, and it should be considered when completing the self-assessment tool.
3. Course coordinators must submit the most recent version of their syllabus with the self-assessment document. Other relevant documentation may be requested by the committee. This includes but is not limited to:
 - a. Course evaluation data relevant to the review period
 - b. Examples of instructional materials, handouts, assignments, exams, and/or other relevant documents
 - c. Peer assessments of teaching methods for course instructors, when available

4. A review team selected by the Undergraduate & Graduate Education and Curriculum Committee will use the course coordinator self-assessment tool, the multi-year assessment report, and other relevant documentation as described above to make review recommendations. The review team will consist of PBS faculty and graduate student members.
5. The review team will present their perceived strengths and areas of improvement for the course to the Undergraduate & Graduate Education and Curriculum Committee. Review teams will not make recommendations directly to the course coordinator.
6. After the Undergraduate & Graduate Education and Curriculum Committee shares and discusses the review, the committee will send the course coordinator and Unit Head a report summarizing the findings and suggestions for any needed actions.
7. As needed or, if required the Unit Head(s) follow up with the course coordinator to determine what changes should be made to the course and provide guidance to improve & fulfil the requirement of course.
8. A summary of changes made to the course will be shared with the Unit Head and the Undergraduate & Graduate Education and Curriculum Committee chair.

Pharmaceutical and Biomedical Sciences (PBS) Graduate Curriculum Review Sequence

The sequence of the review process is a full 4-year process focused on graduate courses taught by PBS Faculty. During the fourth year, the committee considers any major overall curriculum revisions including changes to credit hours, sequencing, pre- and co-requisites, etc. Iterative changes can be made yearly if needed post-review. Elective offerings may change and will be added to the Year 3 review if offered during the review cycle.

International Biomedical and Regulatory Sciences (IBRS) Graduate Curriculum Review

Annually, as part of the UGA Academic Assessment requirement, IBRS courses undergo evaluation to gauge their influence on the certificate and master's program outcomes. This evaluation process contributes incremental data used to inform individual course improvements. The insights derived from this assessment will be integrated into the IBRS Curriculum Review Procedure.

Each IBRS course will be reviewed by a minimum of two faculty reviewers who are not the course coordinator or instructor on a cyclical basis (approximately every 5 years). The IBRS Administration team will create a Qualtrics survey document that will include a list of the specific course objectives and evaluation to ensure course objectives are addressed, and course activities assess the student learning. This survey will be accessible to faculty reviewers for immediate access and assessment of every course. The Qualtrics curriculum review form will also include both checklists and areas for faculty reviewer comments. The faculty reviewers will be responsible for the majority of the review, however, the IBRS Administration Team will evaluate certain sections of the course syllabus to ensure it communicates information about specific University and departmental rules and policies. The faculty reviewers will evaluate the syllabus to ensure that the content is current and appropriate. It will be the responsibility of the IBRS Administration Team to incorporate edits as decided by faculty reviewers, the faculty instructor, and the IBRS team.

Areas of review for the Faculty Reviewers

- Instruction-specific delivery – Strategies, Practices
- Student Engagement and Involvement (activities, assignments, class meetings, etc.)
- Course Materials (is the content up-to-date and current)
- Student Learning and course learning outcomes
- Technology-specific delivery
- Course Syllabus – content

Areas of Responsibility for the IBRS Administration Team

- Review of the Course Syllabus – University and departmental policies
- Review of Student Course evaluations (for the past 5 to 7 years)
- Responsible for compiling all review materials and creating a report
- Responsible for incorporating recommendations into the courses.
- The IBRS Program Director will assign review teams

The IBRS curriculum will be reviewed over a 5-year span.

Subject: Service Dog Policy Administrative Policies and Procedures	Effective Date – 09/11/13
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Unless an exemption has been received from EOO, the College of Pharmacy prohibits the presence of service animals in the following areas due to health and safety restrictions, where their presence may compromise the integrity of research or otherwise fundamentally alter a program or activity, or where their presence may lead to violations of government regulations:

- Research Laboratories and Facilities
- Practice/Skills Laboratories
- Patient Care Areas
- Medication Preparation and Storage Areas
- Other Sterile Environments

Students or faculty with service dogs who have questions as they relate to activities at affiliated training sites should contact the Assistant Dean of Experience Programs to identify the relevant policies or contact individuals at these locations.

Policy Number	CoP15-001D
Policy Title	University of Georgia College of Pharmacy Administrative and Operational Reviews
Attachment(s)	None
Policy Owner	Dean
Responsible Department/Unit	Office of the Dean
Contact Information	Questions about policy content should be directed to the Dean.
Pertinent Dates	Original Policy Date: June 8, 2015 Last Revision Date: December 15, 2024
Entities Affected	All departments and units of the college
Who Needs to Know About This Procedure	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Reason for Policy/Purpose	To assure compliance with the College's mission.

Policy/Procedure:

Administrative and operational reviews are critical in assuring compliance with the College's mission, that we are employing a culture of continuous improvement, having programmatic effectiveness, utilizing resources in an efficient manner and are making informed decisions regarding the strategic direction of the College.

Mechanisms for Dean and department head reviews, faculty and staff reviews, curriculum reviews, and academic program reviews are provided through Georgia Board of Regents Policies, UGA Statutes, and SACSCOC Principles of Accreditation, and standards set forth by professional accrediting bodies such as ACPE and ASHP. This policy is modeled after the policy for review of support units at the University level1, and outlines review procedures for unit/department/division/office (hereinafter referred to as unit) of the College of Pharmacy that lie outside the purview of the formal UGA and external review committees and processes. These reviews are to be undertaken every five (5) years.

Data will be obtained via self-studies, stakeholder feedback, and other data points/performance metrics suitable to the unit under review. An ad hoc "Review Team" under the charge of the Dean and/or his/her designee (hereinafter referred to as Dean), will review the unit in light of its mission, strategic goals, and success in achieving its expected outcomes.

Essential aspects of the administrative and operational reviews include:

- Evaluating the viability, quality, and productivity of the unit according to a set of criteria designed to meet the unique goals and outcomes of the particular unit's programs;
- Evaluating the success of the unit in fulfilling its mission as defined by its own strategic plan;
- Assessing the strength of leadership and the internal organization of the unit;
- Evaluating the unit's contribution to the College's mission and strategic goals; and
- Recommending a set of priorities for enhancing the unit's quality and performance.

Self-Study

Based on the unit goals and mission, the self-study serves to identify expected outcomes of the unit's programs and/or services and describe key strengths and weaknesses in achieving those outcomes. It will

include strategies for continued development of its strengths and correction of any weaknesses. In the process of preparing the selfstudy, the unit should revisit and renew its mission statement in accordance with the College's strategic plan. While each unit will respond to a set of exploratory questions generated specifically for that unit's self-study, common across all self-study requirements is an analysis of the unit leadership and personnel. As part of this analysis, all members of the unit will compare their HR job descriptions to that of their actual duties and responsibilities. Critical to this aspect of the self-study is a clear description of the workload and workflow within the unit as it relates to all members of the unit. The quality and usefulness of the self-study is greatly enhanced by the broadest possible participation of faculty and staff within each unit.

Stakeholder Feedback

Unit leaders will provide names and contact information for specific individuals and stakeholder populations outside of the unit (both inside and outside of the College) who have interacted with the unit and who can provide useful feedback regarding that unit's functional and operational impact. Online surveys and/or person-to-person interviews will be conducted with relevant stakeholders, external clients and collaborators. Survey and interview questions will be customized depending upon the audience and the unit under review. Data collected from these solicitations will be shared with the unit and the Review Team and will be considered in combination with the information gathered from the self-study in formulating a comprehensive vision of the unit.

Review Teams

For each review, an ad hoc "Review Team" will be appointed. The Review Team will consist of at least three members, selected by the Dean in conjunction with the unit under review. The Review Team will be charged with analyzing the available data and generating a report that addresses the functionality of the unit. The Review Team may request additional information as necessary during the process, and they may also conduct their own interviews at their discretion in order to ascertain a more comprehensive picture of the unit. Finalized Review Team reports will be submitted to the Dean according to the Review Process Timeline.

Review Process Timeline

Customarily, the review process is expected to be completed in approximately three (3) months:

- Within two (2) weeks of the initiation of the review, the unit is to provide the Dean with a comprehensive list of names and contact information of stakeholders and/or constituents outside the unit (i.e., students, faculty, staff, alumni, donors, preceptors, external clients, and collaborators) who may speak to its administration and operation. These individuals will be contacted and asked to provide feedback on their perceptions of and experiences with the unit.
- The unit will have four to five (4-5) weeks to complete the self-study, during which time the Dean will solicit feedback from stakeholders.
- Once all self-study data and stakeholder feedback are collected and provided to the Review Team, the Review Team will have approximately three (3) weeks to complete its charge.
- The Review Team will submit the report to the Dean. The Dean will then share the report with the unit head along with any additional considerations for the unit to enhance its performance. The unit head will have a defined timeframe (e.g., one month) to submit a written response to the Dean proposing intended changes for unit improvement and timelines for implementation.

The Dean may seek consultation with the Review Team or the unit head to insure the proper consideration and application of the information generated throughout this process.

¹ See the “University of Georgia Policy for Periodic Review of Academic and Administrative Support Groups (January 2014)” located at http://oap.uga.edu/uploads/pr/SUR_Policy.pdf (Office of Academic Planning)

Policy Number	CoP22-001D
Policy Title	University of Georgia College of Pharmacy Stewardship of Administrative Policies
Attachment(s)	Administrative Policy Template
Policy Owner	Assistant Dean for Institutional Effectiveness and Strategic Initiatives
Responsible Department/Unit	Office of the Dean
Contact Information	Questions about policy content should be directed to the Assistant Dean for Institutional Effectiveness and Strategic Initiatives
Pertinent Dates	Original Policy Date: Last Revision Date: None. This is a new policy.
Entities Affected	All departments and units of the college
Who Needs to Know About This Procedure	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Reason for Policy/Purpose	This policy allows for a common, consistent, transparent, and ongoing process for all college administrative policies to be thoroughly developed, presented, reviewed, approved, implemented, decommissioned, communicated, and made broadly available to the college community. It serves to promote policy awareness, compliance, mitigation of risks, and accountability across the college and supports a culture of risk-aware decision-making. Implementation of this policy ultimately seeks to protect the college and its faculty, staff, and students.
Abstract	This policy outlines the procedures for developing, revising, decommissioning, and ongoing review of official administrative college policies and procedures.

Overview

Policy stewardship is an ongoing process. The processes related to policy stewardship are described in the following sections, in accordance with the policy lifecycle.

Developing a New Policy

If an individual or group identifies a need for a new policy that meets the college administrative policy criteria,¹ a policy owner will be designated by the Dean.

The policy owner, in concert with the Assistant Dean for Institutional Effectiveness and Strategic Initiatives (IESI), will consider the current UGA and College administrative policies to determine if the new content fills a gap not already fully covered by a UGA policy or could be incorporated into an existing College policy.

If it is determined a new College policy is needed, the policy owner will consult with key stakeholders and draft a proposed policy, along with any associated documents. The draft policy will be transmitted to the Assistant Dean for IESI.

Upon notification from the Assistant Dean for IESI, the Policy Working Group (PWG) will review the proposed policy and suggest revisions of content, language, level of detail, consistency, and readability, as pertinent. Requested edits will be transmitted by the Assistant Dean for IESI to the policy owner for revision of the policy.

Once the draft policy is revised, the Assistant Dean for IESI and the policy owner will present the proposed policy to the Executive Committee for consideration and endorsement.

Upon endorsement by the Executive Committee, the Dean will consider the proposed policy for approval. If approved, the new policy will be numbered and dated, and communication will be sent from the Assistant Dean for IESI to faculty and staff notifying them of the new policy. As a courtesy, if the policy falls under a UGA policy, the new College policy will be shared with the unit responsible for that policy.

Revising an Existing Administrative Policy

If an individual or group determines that a policy needs to be revised, the policy owner will consult with key stakeholders and propose revisions, including updating any documents associated with the policy. The proposed, revised policy will be transmitted to the Assistant Dean for IESI.

Upon notification from the Assistant Dean for IESI, the Policy Working Group (PWG) will review the proposed, revised policy and suggest edits of content, language, level of detail, consistency, and readability, as pertinent. Requested edits will be transmitted by the Assistant Dean for IESI to the policy owner for incorporation.

Once the draft policy is revised, the Assistant Dean for IESI and the policy owner will present the proposed, revised policy to the Executive Committee for consideration and endorsement.

Upon endorsement by the Executive Committee, the Dean will consider the proposed, revised policy for approval. The newly revised policy will be edited and published through appropriate forms and mediums if approved. A communication will be sent from the Assistant Dean for IESI to faculty and staff notifying them of the revised policy.

Decommissioning an Administrative Policy

If a policy owner believes that a College of Pharmacy administrative policy should be decommissioned, they should seek consultation from other groups that may be primarily impacted by the policy and provide the Assistant Dean for IESI with a statement of intent to decommission the policy. The statement should include their reasoning and any feedback received from other groups consulted.

Upon notification from the Assistant Dean for IESI, the Policy Working Group (PWG) will review the recommendation to decommission and provide feedback to the Assistant Dean for IESI.

The Assistant Dean for IESI will bring any policies recommended for decommissioning to the Executive Committee for discussion and endorsement of action.

Upon endorsement by the Executive Committee, the Dean will consider the decommissioning action. If decommissioning is approved, the policy will be removed from the manual and the Assistant Dean for IESI will send communication of the change to faculty and staff.

Annual Administrative Policy Review Process

The Assistant Dean for Institutional Effectiveness and Strategic Initiatives (IESI) is the designated manager of College policies. University of Georgia College of Pharmacy administrative policies will be reviewed at least annually in February or in response to UGA policy changes that impact College policies. Each policy reviewed will be led by the Assistant Dean for IESI, the Policy Working Group (PWG), and the designated policy owner to recommend policy stewardship action, including:

- a. Developing a new policy;
- b. Revising an existing policy;
- c. Decommissioning a policy;
- d. Affirming an existing policy.

The Assistant Dean for IESI will inform the Executive Committee of the outcome of the review and collect any feedback or recommendations.

¹ The College of Pharmacy primarily follows all Board of Regents (BOR) and University of Georgia (UGA) policies and procedures. However, when further clarification or additional interpretation are needed a college administrative policy may be created. Additional administrative policies may be created for college specific matters where no BOR or UGA policy exists.

² Policy Numbering System:

CoP	Administrative Policy
A	Academic (Faculty Governed Policy)
1 st No.	The Year Policy First Instituted
2 st No.	The Number Policy for the Year
Last Letters	Committee Responsible

Policy Number	CoP XXX Number will be provided after the policy is
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Policy Title	approved. University of Georgia College of Pharmacy Policy Title
Attachment(s)	List any attachments.
Policy Owner	The title of the individual not the name of the individual.
Responsible Department/Unit	Department or Unit Name
Contact Information	Questions about policy content should be directed to The title of the individual not the name of the individual.
Pertinent Dates	Original Policy Date: To be inserted after approval by the Executive Committee. Last Revision Date: None. This is a new policy.
Entities Affected	All departments and units of the college.
Who Needs to Know About This Policy	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Glossary	Definitions of terms used in this policy.
Reason for Policy/Purpose	Brief description of the policy/purpose.
Abstract	What this policy explains.

Policy Number	CoP23-001SA
Policy Title	University of Georgia College of Pharmacy Lost and Found and Abandoned Property – University of Georgia College of Pharmacy Athens Campus
Attachment(s)	Lost and Found Spreadsheet Template
Policy Owner	Assistant Dean for Student Affairs
Responsible Department/Unit	R.C. Wilson: Office of the Dean Pharmacy South: Office of Student Affairs
Contact Information	Questions about policy content should be directed to the Assistant Dean for Student Affairs.
Pertinent Dates	Original Policy Date: November 14, 2022 Last Revision Date: January 12, 2023
Entities Affected	All departments and units of the college.
Who Needs to Know About This Procedure	Faculty, staff, students, visitors and guests of the University of Georgia’s College of Pharmacy facilities on the Athens campus.
Glossary	<i>Lost and found:</i> Abandoned or retrieved items without an immediate or identifiable owner. <i>Abandoned property:</i> Belongs to someone who willingly or accidentally leaves an item behind.
Reason for Policy/Purpose	To provide guidelines regarding for lost and found and abandoned personal property in the College of Pharmacy.
Abstract	When items are left in or around College of Pharmacy facilities (i.e. R.C. Wilson and Pharmacy South) or when there is not ownership indicated on items, the items will be considered lost or abandoned.

Procedure:

- I. When an abandoned or lost item is found, the finder should turn in the item to the building closest to the community office from where the item was found. In the R.C. Wilson Building, the finder should turn in the item(s) to a staff member in the Office of the Dean. In the Pharmacy South Building, the finder should turn in the item(s) to a staff member in the Office of Student Affairs.
- II. The receiving staff member should note the date, time, location where found and the name of the finder turning in the property on the abandoned or lost property log. The name of the owner of the property should also be documented in the shared Google Sheet if it is known.
- III. The receiving staff member will store the item(s) and communicate the storage location to the designated staff member.

- IV. If the owner is known, staff should make reasonable attempts to contact the owner and document those attempts in the log.
- V. For items with personal identifying information (e.g. a wallet, purse, credit/debit card, driver's license, checks, or passport) or items with an estimated value greater than \$100. In this situation, two (2) staff members should investigate the items found and seal them in an envelope with the total amount of value that was found at the time of the retrieval. They should contact the UGA Police Department if it is not picked up by the owner within 24 hours. The arrangements for drop off/pick up of the item should occur within 5 business days of being logged. Until drop off/pick up occurs, the item will be locked in a secured location where the designated staff members will be the only individuals with access to it. This all should be documented in the log.
- VI. To claim any item, the owner must describe the item in detail and show identification to staff member. The staff member records the claimed item in the abandoned or lost property log, including the name and signature of the owner, the staff member's name, and the date and time.
- VII. If abandoned property is not retrieved by the owner by the end of the semester, staff will reach out to the Unit Head/Administrative Manager to assess the items to determine what can be donated or discarded. The designated staff member will report what items were donated and which were discarded on the shared Google Sheet.
- VIII. Lost UGA OneCards should be returned by inter-departmental mail to the UGA OneCard Office in the Tate Student Center (Room 309).

Found/Lo	Dat	Locatio	Ite	Description	Turned In	Contact	Emai	Phone
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Policy Number	CoP23-002D
Policy Title	University of Georgia College of Pharmacy Faculty Salary Return
Attachment(s)	https://rx.uga.edu/wp-content/uploads/2021/08/Salary-Buyout-Form-revised.pdf
Policy Owner	Associate Dean for Science Education, Research and Technology
Responsible Department/Unit	Office of the Dean
Contact Information	Associate Dean for Science Education, Research and Technology
Pertinent Dates	Original Policy Date: July 1, 2021 Last Revision Date: August 31, 2023
Entities Affected	All departments and units of the college.
Who Needs to Know About This Procedure	All faculty of the University of Georgia College of Pharmacy.
Glossary	EFT: Equivalent Full Time
Reason for Policy/Purpose	Policy covers need to include salary in grants and how teaching and research time will be treated.
Abstract	Policy describes how salary return funds will be distributed within the College of Pharmacy.

Policy/Procedure:

All faculty must include salary on all grants commensurate with your effort, unless the granting agency does not allow or limits the amount of salary that can be charged. This policy applies even if you have already covered your full summer salary for 9-month appointments.

Academic year (9-month) or calendar year (12-month) salary will be distributed in the following manner.

If applied to your teaching budgeted EFT, you must buy out at least 12.5% to get a reduction in your teaching load. 80% of these funds will go to the unit to help cover the teaching and 20% to the college to support faculty start-up costs.

If applied to your research budgeted EFT, 40% of these funds will be returned to the investigator, 40% to the unit and 20% to the College.

Policy/Procedure Number	CoP23-003D
Policy Title	University of Georgia College of Pharmacy Process for Adding or Altering Signage
Attachment(s)	None
Policy Owner	Associate Dean for Science Education, Research and Technology
Responsible Department/Unit	Office of the Dean
Contact Information	Associate Dean for Science Education, Research and Technology
Pertinent Dates	Original Policy Date: October 31, 2023 Last Revision Date: None. This is a new policy.
Entities Affected	All departments and units of the college.
Who Needs to Know About This Procedure	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Glossary	College of Pharmacy (CoP) Marketing and Communications (MARCOM)
Reason for Policy/Purpose	<p>The UGA College of Pharmacy recognizes the business need to promote its brand identity, programs, and events. The UGA College of Pharmacy’s unit/departments may need to add or alter existing signage within the College for this purpose.</p> <p>To ensure the consistent and proper use of signage within the College, all signage must be approved through the College of Pharmacy’s Office of the Dean with consultation from the College’s Department of Marketing and Communications.</p>
Abstract	Provides the information needed and approval process for adding or altering all signage in the CoP.

Policy/Procedure:

Request Signage:

When do you need to make a request?

1. If you place a sign on an existing bulletin board, it does not need approval.
2. If you have an approved standing series of events (such as a seminar series) you may use the existing plastic sign holders without approval. No additional plastic holders may be added.
3. All other signs need approval.

In advance of your need, please send an email to copassociatedeansert@uga.edu with the following information. Occasionally, clarification is required and additional questions may be asked.

In the email subject line, please use “CoP SIGNAGE REQUEST”

1. Name of requestor and the unit/department name.

2. Type of sign requested.
3. What is the purpose of the new signage?
4. Where will the signage be displayed (provide photo if needed)?
5. What dates does the sign need to be displayed?
6. How will costs associated with making, hanging and removing the signs be covered?

Wait for Approval:

The Associate Dean for Science Education, Research and Technology will review and respond within three (3) business days. All requests may be subject to review by the Senior Director of Marketing and Communications.

Set Up and Take Down Signs:

Once approved, the requesting unit will be responsible for placing and removing signs. Removal of signs must occur within 24 hours of the event or program being presented. If damage occurs to the building as a result of signage, the unit will be notified, and the department charged.

Policy/Procedure Number	CoP23-004D
Policy Title	University of Georgia College of Pharmacy Adjunct Faculty Appointment
Attachment(s)	None
Owner	Director of Faculty Affairs
Responsible Department/Unit	Office of the Dean
Contact Information	Questions about policy content should be directed to the Director of Faculty Affairs
Pertinent Dates	Original Policy Date: October 31, 2023 Last Revision Date: None. This is a new policy.
Entities Affected	Academic Units of the College of Pharmacy and Office of the Dean
Scope	Commensurate with their training and experience, adjunct faculty appointed in the College of Pharmacy may participate in the normal instructional, research, service, and administrative responsibilities of a regular faculty appointee. They may teach undergraduates, direct graduate students (with graduate faculty approval) in the conduct of their research for thesis and dissertations, serve as preceptors, participate in outreach/service activities, and support administrative functions within the College on committees or with specialized needs.
Reason/Purpose for Policy	To provide guidelines for adjunct faculty appointments.
Protocol	The College of Pharmacy follows the University of Georgia Policy 1.04-7 for adjunct faculty appointments. This policy defines adjunct faculty and outlines procedures for their appointment and rank elevation.

Procedure

Appointment Process:

- Appointment of adjunct faculty follows UGA Academic Affairs Policy 1.04-7. The unit head should first determine that the candidate has appropriate academic credentials and accomplishments fitting of the position and role. The unit head will discuss with the Director of Faculty Affairs and the Dean the appropriate home unit for the adjunct faculty position before submitting the Proposal-to-Hire. The requesting unit will work with the CoP Human Resources Manager to create a Proposal-to-Hire that includes a job description and revised organizational chart.
- Once the Proposal-to-Hire is completed and approved, the requesting department should request a copy of the candidate's CV that includes contact information so it can be reviewed by the appointment unit head and the CoP Director of Faculty Affairs. Once the posting is available in UGAJobs, they will need to fill out the application at that time.
- The following questions should be answered before moving forward:
 - Do they have a terminal degree suited for the courses and work being done?
 - If the selected candidate does not hold a graduate or terminal degree as required by policy for the advertised faculty rank, a written degree exception request must be submitted to the UGA Office of Faculty Affairs, before extending the offer letter. The request must include a concise and detailed justification consistent with the appointment guidelines for the advertised rank, the name and level of any courses to be taught by the candidate, and a copy of the candidate's CV. As applicable, the justification must list appropriately related work experiences in the field, professional licensure and certifications related to the teaching assignment, honors and awards, continuing professional development, relevant peer-reviewed publications, creative work, and/or continuous documented excellence in teaching. If the candidate lacks teaching experience, the request must also explain how the hiring unit will support the candidate's instructional effectiveness. All degree exception requests will be evaluated by the Provost's Office. If the request is approved, it should be included in the hiring proposal as a supplemental document. Degree exception requests apply only to the requested appointment rank; additional approvals may be required to serve as an Instructor of Record, depending on the candidate's appointment rank and courses to be taught (see Academic Affairs Policy 4.07-13).
 - Will the person need Graduate Faculty Status (teaching Masters or Doctoral level courses that are nonPharmD)?
 - Does the person have a faculty appointment or position in some capacity with another UGA or USG unit?
- Once they have applied, they should send their official transcripts for their highest degree earned (related to the program) to the UGA Office of Faculty Affairs at ofatranscripts@uga.edu.
- Additionally, they will need to go through a background check before any offer letter is created.

Promotion Process:

- The appointing unit must review and vote on each adjunct appointment every five years, and, through position management in UGAJobs, indicate if the adjunct appointment is to continue for another five years.
- The rank of an adjunct faculty member may be elevated after five years in rank and after going through the same promotion process within the appointment unit (as determined by promotion guidelines).
- Adjunct faculty members with professorial rank are eligible for promotion. The responsibility for ensuring that such faculty meet the standard promotion criteria applicable for the intended rank resides with the department in which the faculty is home-based

Glossary

Adjunct appointments (which are subject to Regent's approval) are considered purely courtesy appointments. Persons holding adjunct appointments are not considered full voting members of the faculty, although they may be entitled to select faculty privileges as determined by the College or the University. Adjunct faculty are not paid for duties although they may be University or College employees.

Adjunct Faculty Privileges:

- UGA MyID
 - To establish a UGA email and MyID account, visit:
http://eits.uga.edu/access_and_security/myid.
- UGA OneCard (if needed for duties)
 - To receive a faculty/staff UGA OneCard, your employment status must be reflected in the Identity Management System.
- Instructor of Record
- Access to ELC
- May be appointed to College or Department Committees
- The rank of an adjunct faculty member may be elevated after five years in rank (as determined by promotion guidelines)
- Access to UGA facilities (if needed for duties)
 - Through UGA OneCard
- Access to UGA library resources
 - They would need a MyID and password
- Parking permit
 - The College cannot pay for their permit, but they can apply for one themselves with their

UGA affiliate ID number and pay on their own

Adjunct Faculty Privileges:

- Adjunct faculty may not:
 - Have voting rights in departmental, college/school, and University Council meetings
 - Receive compensation and are unpaid
 - Earn tenure
 - Earn or are eligible for benefit

Policy Number	CoP24-001D
Policy Title	University of Georgia College of Pharmacy Review of Administrators / Department Heads / Directors
Attachment(s)	None
Policy Owner	Director of Faculty Affairs
Responsible Department/Unit	Office of the Dean
Contact Information	Questions about policy content should be directed to the Director of Faculty Affairs
Pertinent Dates	Original Policy Date: January 25, 2024 Last Revision Date: None. This is a new policy.
Entities Affected	All departments and units of the college.
Who Needs to Know About This Procedure	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Glossary	College of Pharmacy (CoP) Marketing and Communications (MARCOM)
Reason for Policy/Purpose	To outline the policy/procedure for reviewing Associate and Assistant Deans, Department Heads and Center or Institute Directors

Policy/Procedure:

The University of Georgia, College of Pharmacy administrators are reviewed for effectiveness in their administrative roles on a periodic basis. Per USG Academic and Student Affairs Handbook 4.7, academic administrators who hold faculty rank in an academic unit and are tenured at the institution will receive an annual review by their appropriate supervisor and will undergo a periodic comprehensive evaluation, including a 360° feedback assessment. For tenured faculty administrators, the comprehensive evaluation applicable to the administrator’s title, as described in the policies below (1.16-1 – 1.16-5), shall take the place of post-tenure review. All faculty, tenured and non-tenured, including academic administrators, shall be reviewed annually in accordance with the Written Annual Evaluation Policy, UGA Academic Affairs Policy Manual 1.06-1.

The post-tenure review timeline for a tenured faculty member who has served as an academic administrator will “reset” upon their return to the full-time faculty. Accordingly, a five-year post-tenure review will be scheduled for five years from the date of the academic administrator’s return to the faculty. See UGA Academic Affairs Policy Manual 1.06-1.

Three-Year Review of Department Heads’ Administrative Duties (UGA Academic Affairs Policy 1.16-1)

In accordance with UGA Academic Affairs Policy 1.16-1, faculty heads of academic departments and divisions within the College of Pharmacy, regardless of tenure status or allocation of effort to administration, shall be evaluated by the faculty of the department at least every three years. The evaluation shall be conducted by the Dean, or by a committee appointed by the Dean, who shall notify the Provost of the results for consideration in the overall evaluation of the department or division head’s administrative performance. Per UGA policy, the College implements its own 360° department head review process. The review must adhere to established college/school guidelines, standard operating

procedures, and/or bylaws. The review Information collected through these methods must be integrated into the department head's three-year review. The review process involves the following:

1. Surveying the department and division faculty, staff, and students who interact with the unit, and other appropriate constituents;
 - a. A faculty vote will be conducted as part of the survey with two options: (1) To renew the appointment of the Department or Division Head or (2) To initiate a search for a new Department or Division Head
2. A narrative self-assessment of leadership, management, and administrative skills, including strengths and opportunities for improvement, as conducted by the department or division head;
 - a. The Department Head will be requested to provide the names of at least three individuals (two of whom must be at UGA) holding similar or higher administrative positions than the Department Head who can comment on the Department Head as an administrator seen from outside the Department.
3. A narrative assessment of leadership, management, and administrative skills, including strengths and opportunities for improvement, as conducted by the Dean that includes:
 - a. A review of the department/division head's annual evaluations over the past three years;
 - b. An evaluation of the feedback provided by faculty and staff in the department or division including the results of the vote;
 - c. An evaluation of comments from external evaluators provided by the department/division head for whom the Dean contacted via telephone, email, or in-person.
4. If 30% or more of the faculty members of the department vote to initiate a search for a new department or division head, the Dean will interview all faculty and staff members of the unit to determine underlying reasons for the recommendation.
5. After assessing the result of the interviews, the Dean will inform the Provost, President, and the Department/Division Head of the result of the evaluation.

The Dean and all individuals involved in the evaluation of the unit head shall practice strict confidentiality regarding sources of information and interviews conducted in the performance review process. The identities of all interviewees will be kept confidential under all circumstances. Because the head serves at the pleasure of the Dean/Director of the college/school, the final decision on reappointment will be made by the unit's Dean.

Sources: University Statutes, Article IX, Section 5 (i)

Five-Year Review of Associate and Assistant Deans' Administrative Duties (UGA Academic Affairs Policy 1.16-3)

Deans are responsible for annually reviewing the administrative performance of Assistant and Associate Deans who hold faculty rank. Per UGA policy, the College implements its own 360° Associate/Assistant Dean review process. The review must adhere to established college/school guidelines, standard operating procedures, and/or bylaws. The review Information collected through these methods must be integrated into the Associate/Assistant Dean's five-year review. The review process is applicable to both tenured and non-tenured faculty, regardless of percentage effort allocated to administration, at least every five years. Assistant or Associate Deans undergoing five-year reviews will have the opportunity to report their accomplishments to the unit's Dean.

The review process involves the following:

1. Surveying the faculty, staff, and students who interact with the Associate/Assistant Dean and their areas of responsibility, and other appropriate constituents;
2. A narrative self-assessment of leadership, management, and administrative skills, including strengths and opportunities for improvement, as conducted by the department or division head;
 - a. The Associate/Assistant Dean will be requested to provide the names of at least three individuals (two of whom must be at UGA) holding similar or higher administrative positions than the Associate/Assistant Dean who can comment on them as an administrator seen from outside the College.
3. A narrative assessment of leadership, management, and administrative skills, including strengths and opportunities for improvement, as conducted by the Dean that includes:
 - a. A review of the Associate/Assistant Dean's annual evaluations over the past three years;
 - b. An evaluation of the feedback from the survey of faculty, staff, students, and other stakeholders;
 - c. An evaluation of comments from external evaluators provided by the Associate/Assistant Dean for whom the Dean contacted via telephone, email, or in-person.
4. Following the full evaluation, the Dean will inform the Provost, President, and the Associate/Assistant Dean of the result of the evaluation.

The Dean and all individuals involved in the evaluation of the Assistant or Associate Dean shall practice strict confidentiality regarding sources of information and interviews conducted in the performance review process. The identities of all interviewees will be kept confidential under all circumstances.

Reviews will not be conducted for incumbent Assistant and Associate Deans who have informed the Dean in writing that they plan to retire, resign, or return to a faculty position within one year of the scheduled review.

1.16-4 Five-Year Review of Directors

For details regarding the review of Directors who report directly to the Senior Vice President for Academic Affairs and Provost or to a Vice President who reports to the Senior Vice President for Academic Affairs and Provost, see "Review of Academic Affairs Directors April 12."

For Directors of Centers or Institutes who hold faculty rank and report directly to a Dean, the Dean is responsible for annually reviewing the director's administrative performance. Deans will develop their own 360° comprehensive review process for the assessment of each Center and Institute Director every five years. The Director undergoing a five-year review will have the opportunity to report accomplishments to the unit's Dean.

The Dean and all individuals involved in the evaluation of the Director shall practice strict confidentiality regarding sources of information and interviews conducted in the performance review process. The identities of all interviewees will be kept confidential under all circumstances.

Reviews will not be conducted for incumbent Directors who have informed the Dean in writing that they plan to retire, resign, or return to a faculty position within one year of the scheduled review

University of Georgia College of Pharmacy

ONLINE RESOURCES MANAGEMENT POLICY

Policy Number	CoP22-002MARCOM/IIT
Policy Title	University of Georgia College of Pharmacy ONLINE RESOURCES MANAGEMENT POLICY
Attachment(s)	None available/applicable.
Policy Owner	Senior Director, Marketing and Communications Senior Director, Information and Instructional Technology
Responsible Department/Unit	Marketing and Communications Information and Instructional Technology
Contact Information	Questions regarding this policy should be directed to: Senior Director, Marketing and Communications Senior Director, Information and Instructional Technology
Pertinent Dates	Original Policy Date: 12/20/2022 Last Revision Date: None. This is a new policy.
Entities Affected	All departments and units of the University of Georgia College of Pharmacy.
Who Needs to Know About This Procedure	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Glossary	For purposes of this policy, the term “unit” refers to any department, division, center, office or structured subcomponent within the College of Pharmacy.
Reason for Policy/Purpose	There are two purposes for this policy: <ol style="list-style-type: none"> 1. To provide overall guidance, management, and oversight for the effective operations of Online Resources at the College of Pharmacy. 2. To adhere to University of Georgia and University System of Georgia mandates that each unit must have a policy providing for the establishment of Online Resources, the management of existing Online Resources, and the deletion of Online Resources no longer needed. This policy adheres to the Institution Online Resources policy of the above referenced entities.
Abstract	This policy provides for the method of establishing the unit’s Online Resources, the management of existing Online Resources, and the deletion of Online Resources no longer needed. This policy also sets for the process for review and approval of content created on or posted to the unit’s Online Resources.

UNIVERSITY OF GEORGIA COLLEGE OF PHARMACY

ONLINE RESOURCES MANAGEMENT POLICY

Pursuant to the University of Georgia Policy on Ownership, Control, and Use of Institution Online Resources at www.uga.edu, the University of Georgia College of Pharmacy has adopted the subsequent policy regarding the creation and management of outward-facing, online resources under its control, which is limited to www.rx.uga.edu, along with tangential sites for conferences held jointly with Food and Drug Administration (www.internationalgmp.com and www.mdr-con.com).

This policy provides for the method of establishing the College of Pharmacy's Online Resources, the College's management of existing Online Resources, and the deletion of Online Resources no longer needed. This policy also sets for the process for review and approval of content created on or posted to the College's Online Resources.

For any type of action requiring approval under this policy, including the posting or removal of content, the College of Pharmacy Office of Marketing and Communications, along with the Office of Information and Instructional Technology, may adopt a written set of standards to govern such type of action. Provided that an action complies with the applicable written standards, the action shall be considered approved. Such standards could include, among others, descriptions of acceptable content, along with processes for the creation and management of webpages and social media accounts.

The College maintains an inventory of its Online Resources and updates the inventory on a regular basis. This inventory is located on the full menu bar of the front page of the College website. The College's Online Resources are managed according to type, as follows:

- **Internet Domains and Pages:**
 - **Domain Management.** The purchase, acquisition, or divestiture of College or unit web domains must be approved in writing by the Dean of the College of Pharmacy. All College or unit web domains are maintained and managed by the Public Relations Coordinator, under the direction and leadership of the Senior Director of Marketing and Communications
 - **Webpage Management.** The creation, management, and deletion of College or unit web pages must be approved by the Senior Director of Marketing and Communications. Approval authority also may be delegated to the Public Relations Coordinator for all web pages or for specific projects. Delegation will be documented in writing, which may be through an email sent to the designee. All unit webpages are maintained and managed by the Office of Marketing and Communications; management and maintenance may be delegated to units within the College of Pharmacy as appropriate.
 - **Approval of Content.** Content created on or posted to the College or unit's internet domains and/or webpages shall be in furtherance of a legitimate institutional purpose and shall comply with all applicable University policies. Responsibility for content approval shall reside with the Office of Marketing and Communications or their designee, in coordination with unit leaders who have direct oversight of the unit featured on a specific page. In identified cases, the Dean's approval may be warranted and obtained

- **Web and Mobile Applications:**

- **Application Management.** The creation, management, and deletion of web and mobile applications must be approved in writing by the Senior Director of Marketing and Communications and the Senior Director of Information and Instructional Technology. Approval authority also may be delegated to other employees in the Marketing and Communications Office and/or Information and Instructional Technology for specific projects. Delegation will be documented in writing, which may be through an email sent to the designee. All College and unit applications are maintained and managed by the Senior Director of Marketing and Communications and the Senior Director of Information and Instructional Technology; management and maintenance may be delegated to units as appropriate.
- **Approval of Content.** Content created on or posted to the College or unit's web and mobile applications shall be in furtherance of a legitimate institutional purpose and shall comply with all applicable University policies. Responsibility for content approval shall reside with the Marketing and Communications Office or their designee, in coordination with unit leaders who have direct oversight of the unit featured on a specific application. In identified cases, the Dean's approval may be warranted and obtained.

- **Official Social Media Accounts:**

- **Account Management.** The creation, management, and deletion of College and unit social media accounts must be approved in writing by the Senior Director of Marketing and Communications. Approval authority also may be delegated to another designated employee for all unit resources or for specific projects. Delegation will be documented in writing, which may be through an email sent to the designee. All College and unit accounts are maintained and managed by the Office of Marketing and Communications; management and maintenance may be delegated to the unit as appropriate.
- **Approval of Content.** Content created on or posted to the College and unit's social media accounts shall be in furtherance of a legitimate institutional purpose and shall comply with all applicable University policies. Responsibility for content approval shall reside with the Office of Marketing and Communications or their designee. In extreme and/or sensitive cases, the approval by the Dean and/or unit heads may be required.

- **E-News and E-Publications:**

- **Product Management.** The creation, management, dissemination, and editing/deletion of College and unit news releases, along with publications, such as newsletters, magazines, and any other marketing materials produced and provided on the website must be approved by the Senior Director of Marketing and Communications. Approval authority also may be delegated to another designated employee, identified as the Public Relations Coordinator, for specific projects. Delegation will be documented in writing, which may be through an email sent to the designee. All news releases and publications are maintained and managed by the Office of Marketing and Communications; management and maintenance may be delegated to units within the College of Pharmacy as appropriate.

- **Approval of Content.** Content created for news stories and publications shall be in furtherance of a legitimate institutional purpose and shall comply with all applicable University policies. Responsibility for content approval shall reside with the Marketing and Communications Office or their designee, in coordination with unit leaders who have direct oversight of the unit featured on a specific page. In identified cases, the Dean's approval may be warranted and obtained.

- **Podcasts and Videos:**

- **Production Management.** The creation, management, dissemination, and editing/deletion of College and unit podcasts and videos displayed on the website will be managed by the Senior Director of Marketing and Communications, in conjunction with the Public Relations Coordinator. All podcasts and videos are maintained and managed by the Office of Marketing and Communications; management and maintenance may be delegated to units within the College of Pharmacy as appropriate.
- **Approval of Content.** Content created for podcasts and videos shall be in furtherance of a legitimate institutional purpose and shall comply with all applicable University policies. Responsibility for content approval shall reside with the Marketing and Communications Office or their designee, in coordination with unit leaders who have direct oversight of the unit featured on a specific page. In identified cases, the Dean's approval may be warranted and obtained.

- **Other Online Resources**

The College and each unit's Online Resources must comply with University-wide policies applicable to Institution Online Resources. Policies not specifically addressed in the above documentation but are compliant with UGA policies, along with a link to the description are:

- Policies on the Use of Computers.
https://eits.uga.edu/access_and_security/infosec/pols_regs/policies/aup/
- Policy on Listservs. <https://confluence.eits.uga.edu/display/HDSH/Listserv>
- Policy on Speaking for the Institution. <https://mc.uga.edu/policies/speaking-for-theinstitution/>
- Password Policy Standard.
https://eits.uga.edu/access_and_security/infosec/pols_regs/policies/passwords/password_standard/
- UGA Data Classification and Protection Standard.
https://eits.uga.edu/access_and_security/infosec/pols_regs/policies/dcps/
- USG Information Technology Handbook - Section 5.3.2 Cybersecurity Incident Reporting Requirements.
[https://www.usg.edu/information_technology_services/assets/information_technology_services/documents/ITHB_\(v2.9.6\).pdf](https://www.usg.edu/information_technology_services/assets/information_technology_services/documents/ITHB_(v2.9.6).pdf)

▪ **Removal of Content/Resources:**

- **Obsolete Resources.** The College and each unit will periodically review its inventory of Institution Online Resources and delete or take offline those that are no longer needed in accordance with any applicable records retention policies and procedures. The Marketing and Communications Office will oversee this transaction.
- **Unapproved Resources and Content.** Unapproved, inappropriate, or improperly created or posted resources and/or content shall be removed by the individual and/or office with responsibility for approving such type of category of resource and/or content, which would include the Office of Marketing and Communications and/or the Office of Information and Instructional Technology.

Responsibilities:

Responsible College of Pharmacy Administrator:

Dean of the College of Pharmacy

Additional Responsible College of Pharmacy Department Leaders:

Associate Dean for Science Education, Research and Technology

Senior Director, Office of Marketing and Communications

Senior Director, Office of Information and Instructional Technology

Date Approved: 12/20/22

Policy Number	CoP24-002D
Policy Title	University of Georgia College of Pharmacy Process for Creating New Courses
Attachment(s)	None
Policy Owner	Associate Dean for Science Education, Research and Technology
Responsible Department/Unit	Office of the Dean
Contact Information	Associate Dean for Science Education, Research and Technology
Pertinent Dates	Original Policy Date: April 1, 2024 Last Revision Date: December 15, 2024
Entities Affected	All departments and units of the college.
Who Needs to Know About This Procedure	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Glossary	College of Pharmacy (CoP)
Reason for Policy/Purpose	The UGA College of Pharmacy recognizes that it has many educational programs. In order to maximize faculty resources, courses need to be assessed to determine if they have the potential to be used in more than one program early in the creation process. This is best done at the Administrative Committee where the unit heads of all of our programs are present.
Abstract	Provides the information needed and initial approval process for creating new classes in the CoP.

Policy/Procedure:

The following is provided to help faculty prepare the necessary information to facilitate the offering of new courses in the College of Pharmacy. The purpose of these guidelines is to ensure that all programs within the College are aware of new course offerings and the potential to use courses as broadly as possible across programs has been evaluated.

1. Prepare a syllabus for the proposed course. This should include the name of the class, number of credit hours, the proposed level for the course (1xxx – 8xxx), a list of topics to be covered and learning objectives for the class.
2. Submit the syllabus to the Associate Dean for Science Education, Research and Technology.
3. New course will be reviewed by the members of the Administrative Committee and feedback provided to the faculty member.
4. Course will be entered into the UGA CAPA system and proceed through the normal course approval process.

Policy Number	CoP24-001IIT Number will be provided after the policy is approved.
Policy Title	University of Georgia College of Pharmacy Classroom Technology System Failures
Attachment(s)	None
Policy Owner	Senior Director of Information and Instructional Technology
Responsible Department/Unit	Information and Instructional Technology
Contact Information	Questions about policy content should be directed to Senior Director of Information and Instructional Technology
Pertinent Dates	Original Policy Date: December 15, 2024 Last Revision Date: None. This is a new policy.
Entities Affected	All departments and units of the college.
Who Needs to Know About This Procedure	All faculty, staff, and students of the University of Georgia College of Pharmacy.
Reason for Policy/Purpose	To provide guidelines for faculty, staff, and students to follow when classroom instruction is disrupted due to technology related interruptions.

Purpose:

This policy provides guidelines for faculty, staff, and students to follow when classroom instruction is disrupted due to technology related interruptions.

Scope:

This policy applies to all faculty, staff, and students within the College of Pharmacy during scheduled instructional activities.

Note for All Students: In cases of significant or prolonged disruption that impacts class delivery, students should reach out to the instructor or designated academic support staff to ensure access to critical course content and maintain engagement.

Video Recordings

- All required P3 courses will be automatically video recorded by IIT. Recordings will not be released to students unless of technology failures during class sessions or by specific requests from course coordinators.
- Elective courses are not automatically recorded. Course coordinators must submit a KACE ticket request for IIT to video record elective courses.
- Class recordings will be handled in accordance with FERPA regulations and UGA guidance.

Procedures

1. Immediate Response to Technology Failure

- **Faculty Responsibilities:**
 - Promptly contact the Information and Instructional Technology (IIT) department at the designated support line via phone call or text message.
 - Inform students of the issue and provide an estimated resolution time.

- **IIT Department Responsibilities:**
 - Respond to faculty reports within 5 minutes during standard operating hours.
 - Assess and address the issue on-site or remotely as appropriate. IIT Assessment includes all campuses participating in the session, network performance, Zoom performance and classroom hardware/software.
 - If immediate resolution is not feasible, communicate the expected downtime to the faculty member.
 - If the problem is expected to extend beyond the current class session, IIT coordinates with Student Affairs to determine alternate instructional plans (e.g., move future classes to other available rooms, transition classes to zoom, etc.)
 - Student Affairs Responsibilities:
 - Communicate any and all class relocations/changes to students and faculty.
- 2. Alternative Instructional Plans**
- **Faculty Responsibilities:**
 - Have a contingency plan for technology failures, such as:
 - Transitioning to a discussion-based format.
 - Utilizing non-digital teaching aids (e.g., might include: whiteboards, printed materials, etc.).
 - Assigning independent or group work relevant to the session's objectives.
 - Communicate the alternative plan to students clearly and promptly.
- 3. Communication Protocols**
- **Faculty Responsibilities:**
 - Notify students of the technology issue and the adjusted instructional plan through:
 - In-class announcements.
 - Email updates.
 - Learning management system (LMS) notifications.
 - Provide information on how and when the missed material will be covered or made available.
- 4. Student Responsibilities**
- **During Class:**
 - Stay attentive to faculty instructions regarding alternative plans.
 - Participate in any adjusted activities as directed.
 - **After Class:**
 - Monitor official communication channels (e.g., email, LMS) for updates on accessing missed materials.
 - Review and complete any supplementary materials or assignments provided to cover the missed content.
 - Contact the faculty member with any questions or for further clarification.
- 5. Documentation and Feedback**
- **Faculty Responsibilities:**
 - Document the technology failure and the steps taken to address it.
 - Provide feedback to the IIT department to assist in preventing future occurrences.
 - **IIT Department Responsibilities:**
 - Maintain records of reported technology issues and resolutions.
 - Analyze incidents to identify patterns and implement preventive measures.
- 6. Special Considerations for Remote (Not on one of our campuses) Students Participating via Zoom**
- Faculty Responsibilities:**

- **Proactive Communication:**
 - Notify remote students as soon as possible if a technology issue arises that affects their ability to participate (e.g., if the classroom internet connection is down).
 - Inform remote students of any alternative arrangements, such as:
 - Coordinate with Student Affairs on any special considerations or accommodations for students affected by the outage.
 - Recording the session if the technology permits.
 - Providing lecture notes or other instructional materials directly after class.
- **Alternative Engagement Methods:**
 - If real-time participation is not feasible, assure remote students that session content will be made available through:
 - Video recordings (if technology allows).
 - A follow-up session for questions or a summary document.
- **Recording and Content Access:**
 - For sessions where technology issues prevent remote participation, record the lecture for distribution afterward.
 - Upload all instructional materials and any recorded content to the learning management system (LMS) with clear guidance on how to review and engage with the missed material.

Student Responsibilities for Remote Participants:

- **Check LMS and Communications Regularly:**
 - Monitor the LMS and email for updates if unable to participate due to a technology failure on the faculty or institution's end.
 - Review any materials, recordings, or summaries posted after class.
- **Engage Proactively:**
 - If unable to attend due to technology issues on the student's end, promptly inform the instructor to seek guidance on accessing missed materials.
 - Utilize office hours or designated Q&A forums to ask questions related to missed content, ensuring alignment with in-person classmates.