POLICIES & PROCEDURES
MANUAL

Originally approved by the SRPH Executive Committee:
September 19, 2000
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STUDENT AFFAIRS POLICIES

Admissions and Program of Study Policies

- **Admissions Policy**

Full admission to the School of Rural Public Health requires a GPA of 2.75 or higher (based on the applicant’s cumulative or upper division). Departments prefer to admit masters level applicants with a GPA of 3.0 or above. A department may admit an applicant with a GPA of 2.75 to 2.99 without approval of the Dean or the Dean’s designee. Applicants not meeting admission requirements may be admitted based on exception, but only after review by Academic Affairs and the Office of the Dean or Dean’s designee.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Minimum GPA</th>
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<td>Bachelor’s</td>
<td>N/A</td>
<td>SOPHAS</td>
</tr>
<tr>
<td>Certificate (Satisfactory Unsatisfactory)</td>
<td>2.5</td>
<td>Bachelor’s</td>
<td>N/A</td>
<td>SOPHAS</td>
</tr>
<tr>
<td>Non-degree seeking</td>
<td>3.0</td>
<td>Bachelor’s</td>
<td>N/A</td>
<td>Contact Student Affairs</td>
</tr>
<tr>
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<td>3.2</td>
<td>N/A</td>
<td>N/A</td>
<td>Contact Student Affairs</td>
</tr>
</tbody>
</table>

1. Minimum Grade Point Average requirement of 2.75 on a 4.0 scale preferred. Exceptions below 2.75 approved by Dean or Dean’s designee.

2. Applicants graduating from U.S. schools must submit a conferred degree transcript from a United States regionally accredited higher education institution indicating completion of a degree. Applicants graduating from non-U.S. schools must submit a conferred degree transcript from their higher education institution indicating completion of a degree.

3. Applicants to the MPH program who have a previously earned master’s or doctoral degree from a United States regionally accredited higher education institution or provide evidence of Educational Commission for Foreign Medical Graduate (ECFMG) certification are waived from the GRE requirement. For all other applicants the GRE is preferred, but the MCAT, DAT, PCAT, LSAT, and GMAT may be substituted. Official scores are required. If official scores from the testing agency are not available the GRE will have to be submitted. Any exceptions must be approved by the department, Associate Dean for Academic Affairs and Dean.

4. Applicants are required to participate in a personal interview.

5. Most successful applicants to the program will hold a master’s degree (e.g., MPH, MSPH) from an accredited program in public health. Applicants may be asked to participate in a personal interview if elements of their application need clarification.
TAMU undergraduate co-enrolled students must have completed at least (90) semester credit hours toward their TAMU undergraduate degree, have a 3.2 GPA or higher, and be co-enrolled at TAMU the semester they are petitioning to take classes at SRPH. Additionally, any undergraduate student wishing to take graduate classes at SRPH must meet with the department of the class being requested. Pre-requisites will not be waived for undergraduate enrollees.

**Master and Doctoral Application Requirements**

Applicants are required to submit all college transcripts, including conferred degree transcripts for any degree earned, a personal statement, (3) letters of recommendation, a complete application submitted through www.sophas.org, and a supplemental application to be reviewed for admission. Note: GRE scores must be submitted officially from Educational Testing Service (ETS), and are good for (5) years, scores older than five years will result in applicant being required to retake the exam and submit current scores to the Office of Student Affairs.

All applicants are required to complete immunization requirements as outlined in TAMHSC Rules and Internal Policies 34.99.99.Z1.01 upon matriculation.

**International Applicant (Additional requirements)**

International applicants must submit the same requirements noted above along with all Office of International Services (OIS) mandated documentation as outlined by the OIS. Failure to submit required documents will postpone admission review, and could impact issuance of the 120 credential. All international applicants must show English language proficiency by scoring (500) or higher on the GRE verbal, or submitting TOEFL scores of minimally (95) on the internet administered test, (240) on computer administered, and (587) on paper test.

If an international applicant possesses a degree from a United States regionally accredited higher education institution no English language proficiency requirements (TOEFL) will be required. International applicants who provide evidence of ECFMG certification will be waived from the TOEFL requirement.

International applicants must also submit their international academic credentials to World Education Services (WES) or Educational Credential Evaluators (ECE) for a course by course evaluation and US equivalency determination. The only exception is if an international applicant has received a master or doctoral degree from a US institution. In that case the bachelor credentials need not be sent to WES for verification.

**Non-Degree Graduate Admission Requirements**

Admission as a non-degree graduate student may be granted subject to the table above and the following:

1. Hold a baccalaureate degree from a regionally or federally accredited institution
2. Have a minimum of a GPA of 3.0 or higher (based on the student’s cumulative undergraduate, upper division coursework). Meet application deadlines and payment requirements
3. Submit all official transcripts, including conferred degree transcript
4. A graduate student admitted in non-degree status has no assurance that work completed under this status will be applicable toward degree requirements if he or she subsequently seeks admission to a degree program with the school
5. A maximum of (12) semester credit hours may be attempted in this status
6. Non-degree status is not available to international applicants

Please note the requirements set forth in this Non-Degree Graduate Admission passage exclude students enrolled in the SRPH Certificate program.
• MD/MPH Dual Degree Program

The MD/MPH Dual Degree Program at the TAMHSC College of Medicine and the TAMHSC School of Rural Public Health is designed for students who wish to pursue a medical career that incorporates both public health and medicine. The MD/MPH Program is available only to students who have earned a baccalaureate degree and have already been accepted by the College of Medicine (COM). Admission in the MD/MPH program is based on the undergraduate GPA, the MCAT score, a career statement and letters of recommendation. To receive the MD/MPH combined degree, students must fulfill all requirements for graduation from both schools before the graduation deadline.

While students develop MD/MPH competencies specific to both their medical and public health curricula, the MD/MPH students graduate from the MD/MPH program with the ability to use educational experiences in the College of Medicine to apply population-based and public health findings and principles in assessing individuals and groups at risk of disease and injury and to translate these findings and principles into recommendations and actions for improved health in clinical practice settings.

School of Rural Public Health Requirements and Competencies

In addition to completing their College of Medicine curriculum, MD/MPH combined degree students must also complete the following requirements:

1. Required core and discipline-specific courses in the School of Rural Public Health (45 SCHs)
2. Practicum
3. Culminating experience
4. Additional departmental requirements: each department has specific requirements for discipline-specific and elective courses and the culminating experience. In some cases, departments may have additional requirements that students should verify with their SRPH department.

Students should verify all requirements with their SRPH department and should make contact with their advisors each semester to verify their progress toward their degrees.

• Core Course Substitutions

Each professional degree (MPH and MHA) student must complete core courses in each of the public health disciplines, including epidemiology, biostatistics, health policy and management, occupational and environmental health, and social and behavioral sciences. In addition, they must complete the core course, Rural Public Health Systems (PMPH601). Students may be allowed to substitute a different course for a required core course under certain circumstances.

Substitutions for core courses do not reduce the number of hours required for a student’s degree program. Such substitutions simply allow students to substitute more appropriate courses. Core course substitutions will only be granted under unusual circumstances. Students may, for example, substitute more advanced courses in a particular core area for the required introductory course if they have already completed similar introductory coursework elsewhere. Students are still accountable for the general content of the core course during the comprehensive examination process. All substitutions must have the approval of their advisor, Head of their department, Head of the department offering the course(s), and the Associate Dean for Academic Affairs.
**Procedures**

1. A student requesting consideration for a core course substitution must complete the Course Petition Form with their academic advisor. The form must be accompanied by an explanation or rationale for the substitution and identification of the course that will be substituted, and a course syllabus from previous coursework if warranted.

2. Once approved by the student’s academic advisor, the petition is submitted to the department head for consideration and then forwarded directly to the office of the next requisite signature, with final submission to the Office of Academic Affairs.

3. The request must be approved by the student’s advisor, head of the student’s department, the head of the department offering the core course, and the Associate Dean for Academic Affairs.

**Required Form** Course Petition Form

***Concentration Course Substitutions***

Each department of the School has developed a set of required concentration courses for the various degree programs. Substitutions for required concentration courses require the approval of the student’s academic advisor and the Head of the student’s department. Required courses may only be substituted not waived. Substitutions do not reduce the number of hours required for a student’s degree program. Once approved, the petition will be included in the student’s record.

**Procedures**

1. A student requesting consideration for a concentration course substitution must complete the Course Petition Form with their academic advisor. The form must be accompanied by an explanation or rationale for the substitution and identification of the course that will be substituted, and a course syllabus for the course being requested.

2. Once approved by the student’s academic advisor, the petition is submitted to the department head for consideration and then forwarded directly to the office of the next requisite signature, with final submission to the Office of Academic Affairs.

3. The request must be approved by the student’s advisor, head of the student’s department, and the Associate Dean for Academic Affairs.

**Required Form** Course Petition Form

***Transfer Credits for the Masters Degree Programs***

Students may request up to a maximum of 9 semester credit hours be transferred into their SRPH degree plan from other accredited graduate degree granting institutions. Course work completed at Texas A&M University, College Station, is not considered transfer credit and thus is not included in this 9 semester credit hour maximum. Beyond SRPH coursework, all coursework completed at Texas A&M University (and included on the student’s official degree plan) is calculated in the student’s GPA. Coursework transferred from an institution other than TAMU is not included in the student’s official GPA calculation.

Each professional degree (MPH and MHA) student must complete core courses in each of the public health disciplines, including epidemiology, biostatistics, health policy and management, occupational and environmental
health, and social and behavioral sciences. In addition, they must complete the core course, Rural Public Health Systems (PMPH601). Students may be allowed to transfer a course for core course credit: 1) if the core course was taken at a school of public health or public health academic program accredited by the Council on Education for Public Health and the course is approved by the student’s advisor, Head of the student’s advisor, Head of student’s department, Head of the department offering the course(s), and the Associate Dean for Academic Affairs or his/her designee. Students are still accountable for the general content of the core course during the comprehensive examination process; or, 2) if a different course related to the core is approved by the student’s advisor, Head of the student’s department, Head of the department offering the course(s), and the Associate Dean for Academic Affairs or his/her designee. Students are accountable for the general content of the core course during the comprehensive examination process.

**Non-Core Course Transfer Credit Procedures**

1. A student requesting consideration for transfer non-core course credit must complete the Course Petition Form with their academic advisor. The form must be accompanied by an explanation or rationale for the request, and include a course syllabus for each course under review for transfer credit along with an official grade report for each course.

2. Once approved by the student’s academic advisor, the petition is submitted to the department head for consideration and then forwarded to the Office of Student Affairs for the additional requisite approval signatures.

3. The request must be approved by the student’s advisor, head of the student’s department, and the Associate Dean for Academic Affairs or his/her designee.

4. Once approved, the student’s academic advisor must revise the student’s degree plan to reflect the transferred coursework.

**Core Course Transfer Credit Procedures**

1. A student requesting consideration for a core course credit must complete the Course Petition Form with their academic advisor. The form must be accompanied by an explanation or rationale for the core course transfer and identification of the course that will be transferred, and a course syllabus from previous coursework if warranted.

2. Once approved by the student’s academic advisor, the petition is submitted to the Head of student’s department, Head of the department offering the course(s), and the Associate Dean for Academic Affairs or his/her designee.

3. The request must be approved by the student’s advisor, head of the student’s department, the head of the department offering the core course, and the Associate Dean for Academic Affairs or his/her designee.

**Required Forms**  Course Petition Form; Standard Working Degree Plan

**Enrolling TAMU Students in SRPH Coursework**

**Procedures**

1. Prospective students wishing to be admitted as non-degree seeking (i.e., G6) students must complete an SRPH application (sans letters of recommendation) and submit a transcript. These students do not, however, have to pay the application fee.
2. The student’s application must be approved by the department head, in consultation with the instructor(s) of the course(s) in question.

3. Once approved, the student proceeds with the registration process for the SRPH course, with the course instructor serving as the student’s “advisor” for registration (i.e., signing the registration form if approved).

**Two Semester Requirement for Post-Baccalaureate Students**

**Rule**

Post-baccalaureate students enrolled in a degree seeking program at the SRPH must register for a minimum of two semesters. Only under extenuating circumstances will a student receive permission to graduate having registered for less than two semesters. Extenuating circumstances are formally defined as “circumstances beyond the student’s control which necessitates the student’s need to accelerate his or her coursework more than he or she might otherwise have been expected to do”. In general, extenuating circumstances will be circumstances where there are time-sensitive issues associated with the student’s academic program or other extenuating factors that support such acceleration and for which there is documentation to justify the need.

**Procedures**

A student must make a written request to his/her Department Head requesting permission to graduate having registered for less than two semesters at the SRPH. The written request must include supporting justification/documentation. The department head will review the student’s request in order to determine that the student has provided sufficient evidence of need. If the Department Head believes that there is sufficient evidence, the student’s request will be forwarded to the Associate Dean for Academic Affairs for review and approval/disapproval.

**Immunization Policy**

All students must submit an immunization record as a part of the matriculation process. Upon submission of an application for admission, an Immunization Hold is placed in the applicant's record. This hold will prevent registration until the Student Immunization Record is completed and submitted. Most of the required immunizations are equivalent to those required by other institutions of higher education and are reviewed annually with CDC guidelines. Failure to complete immunizations in a timely manner may result in disciplinary measures.

See Texas Administration Code 25.1.97(B), Rule 97.61

**Required Form** Immunization Record
## Immunization Requirements

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Students, All</td>
<td>Clinic Staff and Faculty, Clinical Support Staff, Researchers/Lab Staff,</td>
<td>Non-Clinical Staff, Faculty, Administrators, and Visitors*</td>
</tr>
<tr>
<td>Foreign Born Faculty,</td>
<td>Environmental Services, Facilities Services, U.S. Born Visitors in Clinics*</td>
<td></td>
</tr>
<tr>
<td>Staff and Visitors*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Influenza</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, and Rubella</td>
<td>V/T</td>
<td>SR</td>
<td>SR</td>
</tr>
<tr>
<td>Varicella (Students - T) (FB - V/T)</td>
<td>SR</td>
<td></td>
<td>SR</td>
</tr>
<tr>
<td>Tetanus Diphtheria Pertussis</td>
<td>X</td>
<td>X</td>
<td>SR</td>
</tr>
<tr>
<td>Tuberculosis Screening</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Bacterial Meningitis</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Key:
- X = Required
- SR = Strongly Recommended
- FB = Foreign Born
- NR = Not Required
- T = Titer
- V/T = Vaccination or Titer
- N/A = Not Applicable

### Hepatitis B
- 3-dose series. Obtain anti-HBs serologic testing 1–2 months after dose #3.

### Influenza
- Seasonal influenza immunization annually.

### MMR - Measles/Mumps/Rubella
- 2 doses of MMR if no proof of serologic immunity or prior immunization.

### Varicella — Chicken Pox
- 2 doses of varicella vaccine if no proof of serologic immunity or prior immunization.

### Tetanus, Diphtheria, Pertussis
- 1-time dose of Tdap to all HCP younger than age 65. Tdap booster dose every 10 years.

### TB testing
- All categories are required to undergo TB testing. Individuals with positive skin tests and those who decline having the TB skin testing will be required to provide a current chest X-ray report. Those individuals at low risk of TB need only present evidence of negative skin test initially. Retesting is required only in the event of an exposure to TB. T-Spot or Quantiferon Gold Blood testing is required.

### Bacterial Meningitis
- Proof that immunization against bacterial meningitis was administered within the five-year period immediately preceding – and at least (10) days prior to – the first semester enroll or re-enrolled at the TAMHSC.

### Category 2 examples include the following:
- Cashiers, Medical Records

### Category 3 examples include the following:
- Media, Finance Office, Facilities Administration

* Applies to Visitors on campus more than 5 days

Reference: www.cdc.org

Reference: Texas Administrative Code, Title 25, Part I, Chapter 97, Subchapter B (Immunization requirements in Texas Elementary and Secondary Schools and Institutions of Higher Education)
Below is from the TAMU Beutel site on Tuberculosis Screening:

Tuberculosis (TB) screening is required for incoming domestic or international students that have arrived or returned (within the past five years) from one of the countries listed below.

As of Fall 2013 T-Spot or QuantiFERON Gold Blood testing is required. TB Skin testing will no longer be accepted as a Tuberculosis screen.

**TB SCREENING SHOULD BE CONSIDERED IF:**
- Persons who have been close contacts of a person with infectious TB
- Persons with signs or symptoms of active TB
- Persons who inject drugs
- Persons who have resided in, have been employed by, or volunteered in the following high-risk congregate settings: prisons and jails, nursing homes and other long-term facilities for the elderly, hospitals and other health care facilities, residential facilities for patients with acquired immunodeficiency syndrome (AIDS), and homeless shelters
- Persons with the following clinical conditions that place them at high risk: silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders (e.g. leukemias and lymphomas), other specific malignancies (e.g. carcinoma of the head or neck and lung), low body weight (10% or more below the ideal), gastrectomy and jejunoileal bypass, prolonged corticosteroid therapy (e.g. prednisone 15 mg/d for 1 month), other immunosuppressive therapy, pulmonary fibrotic lesions seen on chest radiographs (presumed to be from prior, untreated TB)

**STUDENT HEALTH CENTER POLICY REQUIRES:**
- T-Spot or QuantiFERON Gold Blood testing is required.
- Tuberculosis testing must be done within 12 months of enrollment.
- Students with a prior BCG immunization still require tuberculosis testing.
- Chest x-rays MUST have been done in the UNITED STATES and within the last 12 months prior to enrollment.

Detailed information about screening and treatment for tuberculosis can be found at the following website: [http://www.cdc.gov/tb/](http://www.cdc.gov/tb/)

**ALL RECOMMENDED VACCINES AND SCREENINGS ARE AVAILABLE AT STUDENT HEALTH SERVICES**

If you have questions please visit our web site at [http://shs.tamu.edu](http://shs.tamu.edu) or call (979) 458-8345. You can return this document by fax (979-458-8319) or email- info@shs.tamu.edu.

**TUBERCULOSIS TESTING DOCUMENTATION**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>UIN:</th>
<th>Date of Birth:</th>
<th>T-Spot or QuantiFERON Gold Test Result:</th>
<th>Date of Result:</th>
</tr>
</thead>
</table>

**Physician Signature**

<table>
<thead>
<tr>
<th>Address of Clinic or Office</th>
<th>City</th>
<th>State or Country</th>
<th>Zip or Country Code</th>
</tr>
</thead>
</table>

A Copy or Original test result document is required.
Student Performance Policies

• **Unsatisfactory Grades (D or F) Earned by SRPH Master Degree Students**

Receiving either a “D” or an “F” in a graduate course is viewed as unsatisfactory for SRPH graduate students. Students are required to receive a “C” or better on all courses on their official degree plan. Students receiving either a “D” or an “F” on a required course will be required to retake the course in its entirety. A student must have a GPA of 3.0 or higher in order to graduate.

**Procedures:**

In the event of a student earning either a “D” or an “F” in a course:

1. The student must officially enroll in and complete the deficient course in its entirety.

2. The student will be required to get a “C” in the course before satisfactorily completing the course of study.

3. If the student receives either a “D” or an “F” in an elective course, the student may elect to remove the course from his/her degree plan with the approval of the student’s advisor, department head and the Associate Dean of Academic Affairs. In such a case, the failed course (representing either a D or an F) will not be included in the final calculation of the student’s degree plan GPA. If the student or the student’s advisor elects to not remove the course from the student’s degree plan, then the student will be allowed to retake the course. Ultimately, the student will be required to receive a “C” in the course if it remains on the degree plan (see above).

**Required Form** Standard Working Degree Plan (in the event an elective course is removed from the student’s official degree plan)

• **Awarding of Incomplete Grades**

A temporary grade of “I” (incomplete) at the end of the semester or summer term indicates that the student has completed a majority of the course with the exception of an examination or other assignment. A request for an “I” grade should be student-initiated; however, if appropriate the request may be initiated by the instructor on the student’s behalf. The instructor should only give this grade when the deficiency is due to an authorized absence or other cause beyond the student’s control. If the incomplete work is not completed by the specified deadline (see below), or if the student enrolls in the course again, the incomplete grade will be changed automatically to an “F” on the student’s transcript.

**Procedures**

1. The instructor must submit the Request for Incomplete Grade form to the Office of Student Affairs (along with the class final grade report). The form must include a justification for the request, specifications of assignments to be completed, and approval signatures of the student and the instructor.

2. The student (or instructor) secures additional approval from the student’s academic advisor, the student’s department head, and the Associate Dean for Academic Affairs.
3. All remaining work outlined on the request form must be completed by the last class day of the next academic session in which the student is enrolled.

**Required Form**  Request for Incomplete form

**• Student Reinstatement Policy**

A student who has not been enrolled in the School of Rural Public Health due to an unapproved leave of absence or withdrawal which has extended beyond one calendar year (12 months) from the initiation of the withdrawal or leave of absence must reapply to the School of Rural Public Health to be considered for enrollment. Students must meet all the application criteria and posted deadlines with the exception of the application fee and new letters of recommendation to be considered for reinstatement. This includes original transcripts if further education occurred during the absence. Application for reinstatement does not guarantee admission.

**• Satisfactory Academic Progress**

Academic advising provides a structure within which the student’s Advisor and Departmental Chair can address issues and problems related to the student’s academic performance. To maintain good academic standing and to be eligible for graduation or completion of a Certificate Program, SRPH students must maintain a minimum cumulative 3.0 GPA in the SRPH curriculum, and they must not have any grades of D, F, or U on any course on their degree plan. To replace deficient grades from the transcript for the purpose of calculating the student GPA, the student must repeat the course at the SRPH. If a student fails to attain or maintain a cumulative 3.0 GPA, then the student is placed on academic probation.

The SRPH Office of Student Affairs will monitor students for academic probation status. Once the Department Chair and Advisor receives notification from the Office of Student Affairs that a student has been placed on probationary status, the Advisor will schedule a meeting with the student to discuss the problem(s) and will design a plan and timetable for remediation. The Associate Dean for Academic Affairs will evaluate all academic probation students at the end of each semester and take appropriate action. Students failing to meet the terms of their remediation plan will dismissed from the program.

**Probation after Enrollment**

If a degree seeking student’s overall GPA falls below a 3.0 any given semester the student will automatically be placed on probation. A student unable to raise his/her cumulative GPA to a 3.0 or greater within the remediation timeframe will be dismissed from the degree program. The student will be required to raise their cumulative GPA to a 3.0 by the close of the next enrolled semester. A student must replace any grades of C in a core course, and D, F, or U on any other degree plan course in the remediation time frame approved by the student’s Advisor, Departmental Chair and Academic Affairs.

**Procedures**

1. At the conclusion of each semester, Department Heads are required to:

   a) Review the records of any departmental students on probation (including the previous semester’s record), after receiving report from Registrar via Student Affairs.

   b) For students placed on probation Department Heads will obtain from the student’s advisor written documentation of a meeting with the student to discuss the problem(s) which includes the plan and timetable for remediation. The Department Head will provide written documentation of approval of the plan to the Office of Academic Affairs & Student Affairs within one week of receiving probation report, using the letter template for probation.
2. Students, their academic advisors and their department heads will be notified by email of approval or denial of the recommended plan by Academic Affairs. The Office of Student Affairs will place the outcome remediation plan or dismissal letter in the student file.

3. Students placed on probation will receive a probation letter outlining terms of probation via email.

**Dismissal from the Program**

A process for dismissal from the School will be instituted for students who are performing below school standards. A recommendation for dismissal will be proposed by the Department Head, Academic Affairs, and Advisor if any of the following conditions arise:

1. A student refuses to accept the advice and guidance of the student’s Advisory Committee in matters of remediation of academic probation; and/or

2. A student who has been placed on academic probation does not respond adequately or in a timely manner to the recommendations; and/or

3. A student has repeated failures documented in any type of course, including thesis or dissertation work; and/or

4. Academic probation is invoked a second time; and/or

5. A student does not demonstrate satisfactory progress in thesis or dissertation work as determined by the thesis/dissertation advisory committee; and/or

6. A student does not demonstrate satisfactory progress may be dismissed from the school.

Students who have been dismissed from the School for unsatisfactory progress may be evaluated for readmission. Readmission to the degree program must follow general readmission policies. Students seeking readmission should contact the Office of Student Affairs for details regarding necessary application documents and procedures.

**Required Form**  Academic Probation Remediation Plan

**Certificate Programs**

If a certificate seeking student is admitted to the Option 2 Certificate Program (for grade option), and his/her overall GPA falls below a 3.0 any given semester the student will automatically be placed on probation. The student will be required to raise their overall GPA to a 3.0 in the subsequent semester. Any student placed on probation for two or more consecutive semesters and who has a GPA below a 2.0 will be dismissed from the Option 2 Certificate Program. A student unable to raise his/her overall GPA to a 3.0 or greater within the subsequent semester and who has a cumulative GPA of 2.0 or greater may make a request to be placed into the Option 1 (non-grade option) certificate program to the Department and the Office of Academic Affairs. A student who receives one grade of F in the certificate program will be dismissed from the School.

Students will not be admitted to SRPH certificate programs on probation.

**Procedures**

1. At the conclusion of each semester, Department Heads are required to:
   
   a. review the records of any departmental students on probation (including the previous semester’s record)
b. obtain from the student’s advisor written documentation of a meeting with the student and his/her advisor to discuss the problem(s) which includes the plan and timetable for remediation. The Department Chair will provide written documentation of the plan to the Office of Academic Affairs prior to the beginning of the subsequent semester.

2. Students, their academic advisors, and their department heads will be notified in writing of approval of the recommended plan no later than two weeks after the receipt of the written documentation by the Office of Academic Affairs. The Office of Academic Affairs will place the notification in the student’s file.

A process for dismissal from the School will be instituted for students who are consistently performing below SPH standards. A recommendation for dismissal will be proposed by the faculty of the Student Advisory Committee if any of the following conditions arise:

1. A student refuses to accept the advice and guidance of the student’s Advisory committee in matters of remediation of academic probation; and/or
2. A student who has been placed on academic probation does not respond adequately or in a timely manner to the recommendations; and/or
3. A student has repeated failures documented in any type of course, including thesis or dissertation work; and/or
4. Academic probation is invoked a second time.

Students who have been dismissed from the School for unsatisfactory progress may be evaluated for readmission. Readmission to the degree program must follow general readmission policies. Students seeking readmission should contact the Office of Student Affairs for details regarding necessary application documents and procedures.

**Required Form**  none
Academic Probation Remediation Plan

Student Name: _______________________________  UIN: __________________

Approved (Advisor) ___________________________  Date __________________

Approved (Department Head) ______________________  Date __________________

Approved (Associate Dean for Academic Affairs) ______________________  Date __________________

Probation Outcome (Circle)

Removal from Probation/ Dismissal from Program

(Department Head) ___________________________  Date __________________

Removal from Probation/Dismissal from Program

(Associate Dean for Academic) ______________________  Date __________________
• Academic Dishonesty

Academic integrity is the pursuit of scholarly activity free from fraud and deception and is an educational objective of this institution. Academic dishonesty includes, but is not limited to, cheating, plagiarizing, fabricating information or citations, facilitating acts of academic dishonesty by others, having unauthorized possession of examinations, submitting work of another person or work previously used without informing the instructor, or tampering with the academic work of other students. Individuals found guilty of academic dishonesty may be dismissed from the degree program. It is the student’s responsibility to have a clear understanding of how to reference other individuals’ work, as well as having a clear understanding in general as to the various aspects of academic dishonesty.

Any student accused of a specific act stated in the previous paragraph is subject to The Texas A&M University Health Science Center and the School of Rural Public Health academic policies and procedures pertaining to violations of the student code of conduct for academic integrity. The above statement should be included on all SRPH course syllabi as a means of assuring student awareness of defining characteristics of academic dishonesty and possible consequences of engaging in such acts.

• Student Academic Course Grade Appeals Process

Rules

The student’s semester grade shall be based upon the grading policies, procedures, and criteria stated in the course syllabus distributed at the beginning of the semester by the course instructor. The syllabus shall include the basis for calculation of grades, including weights as applicable for tests, laboratory assignments, field study work, projects, papers, homework, class attendance and participation and other graded activities. No such procedures or criteria should be in contradiction to other provisions of SRPH procedures.

Purpose of Appeals

Students are expected to attempt to resolve any concerns or disputes about a specific grade awarded in a particular class with the instructor. If the dispute cannot be resolved in this manner, the student may formally appeal the grade. Appeals will be heard when the student alleges that an arbitrary, capricious or prejudiced evaluation occurred. Formal appeals must be related to concerns over grading procedures within a specific course, not regarding general departmental or SRPH degree program requirements.

Procedures for Appeals

1. The instructor of the class is the primary authority with respect to a student’s proficiency and final grade in that course. Therefore, the student must first present grade disputes directly to the instructor for resolution.

2. If no satisfactory resolution is reached with the instructor, and the student wishes to appeal, an evidence-based grade appeal must be initiated in writing with the instructor’s department head and copied to the course instructor within 30 days (one month) of the last day of the semester or summer session in which the disputed grade was earned. The department head will examine the student’s appeal in order to determine if the student has provided sufficient evidence of capricious, arbitrary or prejudiced academic evaluation. If sufficient information is not provided in the department head’s estimation, the student and instructor will be notified within 5 business days that the appeal was denied.

3. If the department head believes there to be sufficient evidence, he or she is charged with investigating further the student’s concerns and identifying a justifiable response to the concerns. The department head will secure statements or other information deemed helpful. Once sufficient information is gathered, the
department head will inform both the student and instructor involved of his or her findings and remediation, if any. The department head should be guided by the principle that the burden is on the student to show that a capricious, arbitrary or prejudiced academic evaluation has occurred.

4. Either or both the student or the instructor may appeal the department head’s decision (with respect to findings and/or remedial actions) to the Associate Dean for Academic Affairs. The individual wishing to appeal the decision must notify the Associate Dean for Academic Affairs in writing of his/her desire to appeal the decision (or action) within 10 business days of receiving written notice of any final action taken by the department head. The Associate Dean for Academic Affairs shall inform the student (if the appeal is filed by the instructor), the instructor (if appeal filed by the student), the student’s faculty advisor (or chair of the student’s advisory committee if a doctoral student), both the student’s and instructor’s department head(s), and the Dean that a formal appeal related to a grade dispute has been filed.

5. The Associate Dean for Academic Affairs will be responsible for gathering all relevant information (including all information previously reviewed by the department head and the department head’s recommendation) and any additional information deemed relevant. The Associate Dean will convene the Academic Appeals Panel (see below) to review the information and make a recommendation to the Dean.

6. The findings and recommendation of the Academic Appeals Panel will be forwarded by the Associate Dean for Academic Affairs to the student, the instructor, the relevant department head(s) and the Dean. If either the student or instructor wishes to contest the recommendation, they must do so in writing within 5 business days of receipt of the Academic Appeal Panel’s recommendation to the Associate Dean for Academic Affairs. Any additional information provided by either the student or instructor will be forwarded to the Dean for consideration during the final review process.

7. The Dean has the ultimate authority and responsibility for all internal matters regarding the School. Within 10 business days after receiving the recommendation (and all related materials) from the Academic Appeals Panel, the Dean shall make a decision upholding, rejecting or modifying the recommendation. All parties will be notified by the Associate Dean for Academic Affairs in writing of the decision with a copy to be included in the Appeal Summary File (maintained in the Office of Student Affairs). The dean’s decision is final.

**Academic Appeals Panel**

The Academic Appeals Panel serves to provide an impartial forum, composed of faculty and student peers, where decisions affecting the professional and educational development of students can be reviewed.

The Academic Appeals Panel will be composed of four principal faculty members appointed by their respective department heads and two second-year masters or doctoral students elected from among the members of the RPHSA. Faculty members will serve two-year terms; students will serve a one-year term. Panel members can be reappointed after their terms expire. The chair of the panel will be selected by the panel from among the faculty members of the panel. A quorum consists of three faculty members and one student. In the event that a student from a student member’s home department files an appeal, that student will recuse him/her from that appeal.

The Associate Dean for Academic Affairs will be the convener of the Academic Appeals Panel if it becomes necessary. The Associate Dean for Academic Affairs will be responsible for providing the Panel members the necessary materials, setting up the hearing date and time, notifying all relevant parties, and providing the Panel members of their specific charge.

Neither the instructor nor the student is required to appear at the hearing before the Academic Appeals Panel. However, either may choose to be present during the presentation of the information (presented by the Panel chair). The Panel members may choose to ask for clarification by either party if present. Neither party may be
present during the Panel’s deliberations. If the student wishes to have an attorney or adviser present at the hearing, s/he must notify the Office of Academic Affairs at least five (5) working days in advance of the hearing date. If the student states that an attorney will be present, the SRPH shall also have an attorney present. The attorneys will not be permitted to speak during the hearing.

• **Grading**

A student's grade in every course in the curriculum of the SRPH shall be based upon performance, professional behavior and/or participation in class or practicum, laboratory work, examinations, and other activities as may be applicable to that course. The faculty member administering the course shall determine the proportionate weight assigned to each factor. The basis upon which the final grade will be determined shall be included in the course syllabus.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Points per Credit Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Excellent</td>
<td>4</td>
</tr>
<tr>
<td>B</td>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>C</td>
<td>Average</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>Below Average</td>
<td>1</td>
</tr>
<tr>
<td>F</td>
<td>Failure no grade points</td>
<td>0</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete no grade points</td>
<td><em>Please see note below.</em></td>
</tr>
<tr>
<td>S</td>
<td>Satisfactory no grade points</td>
<td></td>
</tr>
<tr>
<td>U</td>
<td>Unsatisfactory no grade points</td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>In Progress no grade points</td>
<td></td>
</tr>
<tr>
<td>W</td>
<td>Withdrawal no grade points</td>
<td></td>
</tr>
</tbody>
</table>

SRPH EC approved (June 2012) to have the “Reverts to F after one calendar year” replaced with:

*Note*
Letter grade of “I” will revert to an “F” after the last day of class on the next long semester (fall or spring). If an “I” is given in a fall term the student will have until the last day of class of the subsequent spring term, and if a student receives an “I” in a spring term he/she will have until the last day of class of the next subsequent fall term to complete course requirements. A faculty member can submit a grade change form at any time to address the “I” given the above scenarios.

• **Substance Abuse Policy and Appeals Process**

**Policy on Illegal Drugs and Alcohol**

The unlawful manufacture, distribution, possession or use of illicit drugs or alcohol is strictly prohibited on Texas A&M University System property. In addition, the purchase, consumption and possession of alcoholic beverages in facilities under the control of TAMHSC shall in all respects comply with state laws and with guidelines as defined in System Policy 34.03 and System Regulation 34.02.01.

TAMHSC and the School of Rural Public Health are committed to maintaining an environment that is free from substance abuse as well as complying with state and federal laws. A primary concern related to substance abuse in the academic setting is prevention and treatment.
Rules

Any student alleged to be involved in a specific act concerning alcohol or illegal substances in the classroom setting or on TAMHSC property is subject to the attached procedures.

Purpose of Appeals

The faculty at the School of Rural Public Health is responsible for addressing violations of this policy occurring within their classes. The faculty member may counsel, discipline the student or refer the student to the head of his/her department for disciplinary action. In the case of a disciplinary resolution, the student may formally appeal the instructor/departmnet head’s action. Appeals will be heard when the student alleges that an arbitrary, capricious or prejudiced evaluation of conduct occurred. Formal appeals must be related to concerns over disciplinary procedures.

Procedures for Appeals

1. The instructor of the class is the primary authority with respect to a student’s conduct in that course. Therefore, the student must first present disputes related to disciplinary actions related to suspected substance abuse violations directly to the instructor for resolution.

2. If no satisfactory resolution is reached with the instructor, and the student wishes to appeal, an evidence-based appeal must be initiated in writing with the instructor’s department head and copied to the course instructor within 5 working days of the incident. The department head will examine the student’s appeal in order to determine if the student has provided sufficient evidence of capricious, arbitrary or prejudiced evaluation of a student’s conduct. If sufficient information is not provided in the department head’s estimation, the student and instructor will be notified within 5 business days that the appeal was denied.

3. If the department head believes there to be sufficient evidence, he or she is charged with investigating further the student’s concerns and identifying a justifiable response to the concerns. The department head will secure statements or other information deemed helpful. Once sufficient information is gathered, the department head will inform both the student and instructor involved of his or her findings and remediation, if any. The department head should be guided by the principle that the burden is on the student to show that a capricious, arbitrary or prejudiced student conduct evaluation has occurred.

4. Either or both the student or the instructor may appeal the department head’s decision (with respect to findings and/or remedial actions) to the Associate Dean for Academic Affairs. The individual wishing to appeal the decision must notify the Associate Dean for Academic Affairs in writing of his/her desire to appeal the decision (or action) within 10 business days of receiving written notice of any final action taken by the department head. The Associate Dean for Academic Affairs shall inform the student (if the appeal is filed by the instructor), the instructor (if appeal filed by the student), the student’s faculty advisor (or chair of the student’s advisory committee if a doctoral student), both the student’s and instructor’s department head(s), and the Dean that a formal appeal related to a student conduct dispute has been filed.

5. The Associate Dean for Academic Affairs will be responsible for gathering all relevant information (including all information previously reviewed by the department head and the department head’s recommendation) and any additional information deemed relevant. The Associate Dean will convene the Academic Appeals Panel (see below) to review the information and make a recommendation to the Associate Dean for Academic Affairs and to the Dean.

6. The findings and recommendation of the Academic Appeals Panel will be forwarded by the Associate Dean for Academic Affairs to the student, the instructor, the relevant department head(s), the Associate Dean for Academic Affairs, and the Dean. If either the student or instructor wishes to contest the recommendation, they must do so in writing within 5 business days of receipt of the Academic Appeal
Panel’s recommendation to the Associate Dean for Academic Affairs. Any additional information provided by either the student or instructor will be forwarded to the Dean for consideration during the final review process.

7. The Dean has the ultimate authority and responsibility for all internal matters regarding the School. Within 10 business days after receiving the recommendation (and all related materials) from the Academic Appeals Panel, the Dean shall make a decision upholding, rejecting or modifying the recommendation. All parties will be notified by the Associate Dean for Academic Affairs in writing of the decision with a copy to be included in the Appeal Summary File (maintained in the Office of Student Affairs). The dean’s decision is final.

**Academic Appeals Panel**

1. The Academic Appeals Panel serves to provide an impartial forum, composed of faculty and student peers, where decisions affecting the professional and educational development of students can be reviewed.

2. The Academic Appeals Panel will be composed of four principal faculty members appointed by their respective department heads and two second-year masters or doctoral students elected from among the members of the RPHSA. Faculty members will serve two-year terms; students will serve a one year term. Panel members can be reappointed after their terms expire. The chair of the panel will be selected by the panel from among the faculty members of the panel. A quorum consists of three faculty members and one student. In the event that a student from a student member’s home department files an appeal, that student will rescue him/herself from that appeal.

3. The Associate Dean for Academic Affairs will be the convener of the Academic Appeals Panel if it becomes necessary. The Associate Dean for Academic Affairs will be responsible for providing the Panel members the necessary materials, setting up the hearing date and time, notifying all relevant parties, and providing the Panel members of their specific charge.

4. Neither the instructor nor the student is required to appear at the hearing before the Academic Appeals Panel. However, either may choose to be present during the presentation of the information (presented by the Panel chair). The Panel members may choose to ask for clarification by either party if present. Neither party may be present during the Panel’s deliberations. If the student wishes to have an attorney or adviser present at the hearing, s/he must notify the Office of Student Affairs at least 5 working days in advance of the hearing date. If the student states that an attorney will be present, the SRPH shall also have an attorney present. The attorneys will not be permitted to speak during the hearing.

**• Student Criminal Background Checks and Drug Screening**

**Rule**

Drug tests (urine screens) and criminal background checks are frequently requirements for employment, especially at health care facilities. Such requirements are often in place for students who rotate through health-related facilities as part of required educational experiences, such as practica. Students can expect and should be prepared for them.

Students must be aware that:

1. If a drug test and/or a criminal background check is required for enrollment and or participation in any course or school-related activity, the expense for the test and/or check will be borne by the student or requesting agency.
2. Results of a drug test and/or a criminal background check will not be the property of the School of Rural Public Health. The SRPH will not require the submission of results to the School.

3. If a student fails to pass a drug test and/or a criminal background check they may be ineligible for enrollment and/or participation in the course/activity being sought.

4. The School of Rural Public Health does not accept responsibility for any student being ineligible for coursework or continued enrollment in the School for any reason, including failure to pass a drug test or criminal background check.

Procedure

Criminal Background Checks

If required by the host organization or agency, students will provide the results of a criminal background check as mandated by the regulations of the host organization/agency.

Drug Screening

If required by the host organization of agency, students will provide the results of drug screening examination as mandated by the regulations of the host organization/agency.

• Miscellaneous Student Complaint

The School of Rural Public Health is committed to providing a learning environment for its students in which complaints are responded to in a prompt and fair manner. To this end the school and institution have developed policies and procedures addressing specific kinds of complaints that are in keeping with state and federal law and Texas A&M University System Policies and Regulations. Moreover, the institutional catalog and school policy manual provides for a number of complaint processes that are unique to the various schools/colleges.

This policy specifically addresses any miscellaneous complaints that do not fall into the categories specified below and that are not articulated elsewhere in the Texas A&M University System Policies and Regulations, TAMHSC Rules and Internal Policies and the TAMHSC Catalog. Policies and procedures exist for the following types of complaints and are not covered by this policy:

1. Complaints regarding academic or disciplinary matters.
2. Complaints regarding professional conduct.
3. Complaints regarding discrimination.
5. Complaints regarding student records.
6. Complaints regarding grades or grading.
7. Complaints regarding financial aid issues.

Procedures

Miscellaneous complaints will be handled according to the nature of the complaint and processes used to administer resolution and reporting.

Informal Process. A process that provides for informal resolution of complaints/grievances through consultation with the faculty, staff, or administrator directly responsible for the initial action or decision at the school/college/TAMHSC level before pursuing a more formal process. No reporting of informal process complaints is required.
Formal Process. A formal process is to be utilized when the complainant is not satisfied with attempts to informally resolve an issue and believes a more formal adjudication is warranted. In cases where a formal process is required to receive and review a student complaint the student will submit a written complaint to SRPH Office of Academic Affairs by using the Official Student Complaint Form submission process. The Associate Dean for Academic Affairs will determine the process for complaint resolution and may delegate responsibility, take on the oversight process her/himself, or use the existing Grievance Committee structure to resolve the conflict. Student complaints considered under the formal process will receive written notification of investigation and outcome within (10) business days.

Appeal Process. In the event the outcome of a complaint submitted in writing is not satisfactory to the student an appeal may be initiated by the student notifying the Office of Academic Affairs in writing to appeal the decision of the original complaint and resolution. Final outcome will be determined by the Dean for all complaints submitted in the arena of the School of Rural Public Health. In cases where the complaint involves an administrative unit outside the school final resolution will be determined by the TAMHSC Vice President for Academic Affairs.

Documentation

The Office of Academic Affairs or a designee will maintain a database of formal process complaints submitted including the complaint, pertinent dates, and final resolution.
MISCELLANEOUS STUDENT COMPLAINT FORM

Name: ________________________ UIN#: ________________________
Street Address: ____________________________ City: ____________________________
Zip Code: ______ Contact Phone: ____________
E-mail __________________________

The following process outlines how a student will submit a complaint and how submitted complaints will be administered by the School in accordance with TAMHSC Policy 13.02.99.Z1.02 Student Complaints and SRPH Policy 1.B.10 Miscellaneous Complaints. This form is for submission of informal/miscellaneous complaints, and directs how students will proceed on academic and other serious complaints outside the scope of this process as noted in the chart below.

Student Complaint Informal Resolution Process: the resolution of a complaint may be a two-step process, informal and formal. A student with a complaint is expected to make a reasonable effort to resolve the matter on an informal basis prior to requesting a formal resolution. Meetings and dialogues between the parties directly involved are examples of informal problem-solving strategies that are highly recommended. Students who have complaints are expected to meet with the person/party directly involved to describe (1) the complaint and (2) the relief or remedy requested. Both parties are expected to seek a solution that is equitable and satisfactory. If the parties are successful in reaching a solution the complaint ends and concludes under the “informal” resolution process.

Student Complaint Formal Resolution Process: Should the informal process described above fail to resolve the complaint satisfactorily, the College’s formal complaint process may be initiated by submitting the Student Complaint Resolution Form (SCR) below.

Appeal: If the outcome of a formal complaint is not acceptable an appeal is available. Appeals are to the Dean of the School on matters involving school-related processes and issues. In the event a complaint submitted involves “other” institutional offices the final appeal is to the Vice President of Academic Affairs. All final appeal decisions rendered by the Dean or Vice President are final and conclude this process.

Consultation and investigation meetings will be convened as necessary at any point of the resolution process.

=======================================================================

Guidelines for Resolution of Complaints

Below is a list of steps to be taken in resolving a student’s complaints.

<table>
<thead>
<tr>
<th>Academic, Course-Related, and other complaints noted below table (information only, not covered by this process)</th>
<th>Non-Academic/Miscellaneous Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informal</strong></td>
<td><strong>Informal</strong></td>
</tr>
<tr>
<td>• Meet with the advisor/instructor.</td>
<td>• Meet with the other person/party directly involved</td>
</tr>
<tr>
<td>• Seek the assistance of the immediate supervisor (if applicable)</td>
<td>• Seek the assistance of the immediate supervisor.</td>
</tr>
<tr>
<td>• If your complaint is not resolved seek counsel with the Dean of Academic Affairs</td>
<td>• If your complaint is not resolved, complete the Student Complaint Informal Resolution Form (SCR) and submit it to the appropriate Dean or manager</td>
</tr>
<tr>
<td>• Make an appointment to meet with the appropriate Dean of Academic Affairs</td>
<td>• Make an appointment to meet with the appropriate Dean or manager</td>
</tr>
<tr>
<td><strong>Formal</strong></td>
<td><strong>Formal</strong></td>
</tr>
<tr>
<td>• Contact your advisor or Department Head for guidance.</td>
<td>• Submit the Statement of Student Grievance to the Vice President of Student Services.</td>
</tr>
</tbody>
</table>
NOTE: Complaints involving the following shall be reported to advisor/Department Head or other required forums as outlined in institutional and school policy or according to institutional catalog or school handbooks where applicable:

1. Academic or disciplinary matters, refer to SRPH Student Performance Policies.
2. Professional conduct, contact SRPH Office of Academic Affairs for information.
5. Student records, contact TAMHSC Registrar
6. Grades or grading, refer to SRPH Student Performance Policies.
7. Financial aid issues, contact TAMHSC Office of Financial Aid

Student Complaint
Informal Resolution Form (SCR)

Please complete the following. Additional documentation may be attached, if needed.

Describe the nature of your complaint succinctly and accurately.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List the steps you have taken to resolve your complaint and their outcomes. List the names and titles of persons with whom you have met and meeting dates.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Specify the remedy or relief you are requesting.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature: ______________________________________ Date: __________________________
Course and Class-Related Policies

• **Course Cancellation Policy**

SRPH courses with less than five students may be canceled. The cancellation of a course requires the approval of the department head, the Associate Dean for Academic Affairs, and the Dean in consultation with the instructor and the Assistant Dean for Student Affairs. If a class is canceled, the Department Head will meet with the instructor to determine an alternate assignment, which may include providing a directed study course to meet the needs of students who are required to take the course.

**Procedures**

1. On the first day of class, the Office of Student Affairs will notify the Department Head and the Associate Dean for Academic Affairs when the number of enrolled students in a class is less than five.

2. The Associate Dean will consult with the Instructor, the Department Head, and the Dean to determine whether or not to cancel under-enrolled classes by the second day of class.

3. Students will be notified by the Office of Student Affairs as soon as a decision is made to cancel a course.

**Required Form**  none

• **Class Session Cancellation Policy**

All courses are required to meet 50 clock minutes for each academic credit hour (i.e., 2250 minutes of contact for a 3-semester credit hour course). Instructors are responsible for seeing that their classes meet the required number of clock minutes.

**Procedures**

In the event the instructor is not able to meet a particular class session, the following must be followed (unless under unusual emergency circumstances):

1. The Department Head and departmental administrative support staff must be notified in the event an instructor cannot meet a class (or if the instructor has incurred a lengthy delay in getting to the class). The departmental administrative assistant (or the department head) should notify the SRPH receptionist of any class changes.

2. It is the responsibility of the faculty member to assure that the information was received by the department head, the administrative assistant, and the receptionist. It is also the responsibility of the faculty member to arrange alternative activities for the class.

3. In addition to the above, for distance education courses the following additional procedures will be followed:

   a) The department head (or administrative assistant) will be responsible for notifying the Office of Distance Education (ODE) as soon as the determination is made to cancel the class.

   b) The ODE will be responsible for notifying the administrative unit at the remote site(s) that the class has been canceled and request signs be posted on the remote site classroom doors as feasible.

   c) The ODE will notify both the local and distance education students of the class cancellation.
d) The ODE will post to the official course website any assignments or instructions for alternative learning activities within 2 business days of receipt of material from the instructor.

**Required Form**  Either the Business Travel & Leave form or the Personal Leave Request form if the absence is planned; Class Absence form

- **Course Scheduling Policy**

All courses are required to meet 50 clock minutes per week for each credit hour, i.e., 2250 minutes for a 3-credit class. During the fall and spring semesters classes must meet for 15 weeks including the final examination period. During the ten-week summer session, classes meet 3 hours and 45 minutes per week. For Summer Session I and II classes meet 7 hours and 30 minutes each week for 5 weeks. Unless required otherwise by the TAMHSC or SRPH administration, all course final examinations will be administered at the regularly scheduled day and time for the class. Any exceptions to this policy must be approved by the Associate Dean for Academic Affairs.

**Procedures**

1. All classes must meet during the scheduled final examination week (i.e., during the 15th week of the semester), including classes requiring a take-home final examination.

2. In-class final examinations are to be administered during the last class session during the 15th week of the semester.

**Required Form**  none

- **Changes to Classes Policy**

All scheduled classes are contracts with the students registered for those classes. Changes in the contractual arrangement (i.e., changes in the class meeting times, changes in class location, changes in grading criteria, or additions of required textbooks) must be approved prior to any changes being put into effect, with full consideration for the implications for students’ class or work schedules or potential added financial burden. Any changes related to the scheduled time or location of the course must be approved the Assistant Dean for Student Affairs. In addition, all substantive changes in the syllabi (as outlined above, including changes in time or location) must be approved by the instructor’s department head and the Associate Dean for Academic Affairs before the changes are implemented.

**Procedures**

1. The course instructor submits a request to his/her department head regarding the specific change to be made, including a brief rationale and a copy of the course syllabus distributed to students.

2. All requested changes must be reviewed by the Office of Academic Affairs.

3. Changes in class meeting times or class location must be reviewed and approved by both the Office of Student Affairs and the Office of Academic Affairs.

4. Once approved by the department head, the Office of Student Affairs and the Office of Academic Affairs must be notified of the changes in writing for record-keeping purposes.

**Required Form**  none
• **Distribution of Grades and Student Privacy**

Students’ grades (or graded papers/exams) are not to be posted or accessible in public spaces (e.g., posted in a hallway or office door, left in student mailbox if unsecured). Graded papers or exams are not to be given to anyone other than directly to the student (unless provided expressed written consent by the student).

**Procedures**

A list of grades may be provided electronically to students IF the following conditions are met:

1. the student is identified only by a unique identification number known only to the student and the professor (this number cannot be the student’s SS#, the last 4 digits of the SS#, or the student’s birthday)
2. if there are fewer than 10 students in the class, the instructor must populate the grade list with “pseudo” numbers and grades such that at least 10 “students” and grades are posted
3. the grade list must not be arranged in alphabetical order by either student first or last name
4. grades must be distributed electronically only through the official SRPH/TAMHSC email system and accounts (e.g., GroupWise accounts) and
5. there must be no way that other students in the class can see who is on the e-mail distribution list (thus, the message should be blind copied – BC – to everyone)

**Required Form** none

• **Course Proposal/Change Review Process**

Any proposal for a new course or changes to existing courses offered within SRPH, including Special Topics 689 courses, must be reviewed and approved by the appropriate entities within SRPH. Courses should be reviewed for:

1. duplication with existing courses offered within SRPH
2. consistency with the general objectives, competencies and mission identified for the relevant degree programs or concentrations(s)
3. relevant background or expertise of the instructor for the course content and
4. appropriateness of proposed content delivery to target audience

New courses may first be offered as a Special Topics 689 course. No course may be delivered as a 689 course more than three times.

**Procedures**

Any new course proposals or changes to existing courses including changes to course numbers, changes to course titles, or changes in format or method of delivery must first be reviewed and approved (in the order presented below) by the departmental curriculum committee and/or curriculum coordinator and by the department head. All course proposals/changes must then be submitted to the SRPH Curriculum Committee for review and approval. Once approved, the Curriculum Action Form will be sent to the Office of Student Affairs for processing and for the signature of the Associate Dean for Academic Affairs or the designate. After the Associate Dean or the
designee has signed, the Office of Academic Affairs will provide the original form and a digital copy in PDF format to the Office of Student Affairs for final review and submission. The Curriculum Action Form will then be sent to the TAMHSC Office of the Registrar. The Registrar will notify Student Affairs of the receipt of the new course offering or changes in the existing course and provide commentary if deemed necessary. The Office of Student Affairs will notify students of the new course offering or changes in an existing course by website posting and by email prior to the semester in which the new course/change takes effect.

**Required Forms**  
Curriculum Action Form

- **Proctoring Examinations**

SRPH Faculty who are teaching courses in College Station are expected to be present during all course examinations throughout the semester. If a faculty member cannot be present during examinations due to illness, unavoidable travel, or other acceptable reasons, they must notify their Department Head and make appropriate arrangements for proctoring of the exam(s). Under no circumstances will master’s level or undergraduate students supervise master’s level examinations.

For examinations at DE sites, instructors must consult with their Department Head to assure adequate coverage of the examination(s) at those sites. The Office of Distance Education is available to support departments in securing appropriate coverage of examinations.

**Required Forms**  
none

- **Disruption in the Classroom**

The SRPH recognizes that faculty members are responsible for effective management of the classroom environment to promote conditions that will enhance student learning. The term "classroom disruption" means behavior that a reasonable person would view as substantially or repeatedly interfering with the conduct of a class. Examples could include persistently speaking without being recognized, continuing with conversations distracting the class or, in extreme cases, resorting to physical threats or personal insults. Students are to demonstrate professional conduct at all times. Among other things, this means respecting the diverse points of view and personal differences presented by other students. Any student who presents a disruption to classroom or laboratory sessions may be placed on probation or dismissed from the program (SRPH Catalog).

**Student Conduct Appeals Process Rules**

Any student alleged to be involved in disruption in the classroom setting is subject to the attached procedures.

**Purpose of Appeals**

The faculty of the School of Rural Public Health is responsible for addressing violations of this policy occurring within their classes. The faculty member may counsel, discipline the student or refer the student to the head of his/her department for disciplinary action. In the case of a disciplinary resolution, the student may formally appeal the instructor/department head’s action. Appeals will be heard when the student alleges that an arbitrary, capricious or prejudiced evaluation of conduct occurred. Formal appeals must be related to concerns over disciplinary procedures.

**Procedures for Appeals**

1. The instructor of the class is the primary authority with respect to a student’s conduct in that course. Therefore, the student must first present disputes related to disciplinary actions related to suspected substance abuse violations directly to the instructor for resolution.
2. If no satisfactory resolution is reached with the instructor, and the student wishes to appeal, an evidence-based appeal must be initiated in writing with the instructor’s department head and copied to the course instructor within 5 working days of the incident. The department head will examine the student’s appeal in order to determine if the student has provided sufficient evidence of capricious, arbitrary or prejudiced evaluation of a student’s conduct. If sufficient information is not provided in the department head’s estimation, the student and instructor will be notified within 5 business days that the appeal was denied.

3. If the department head believes there to be sufficient evidence, he or she is charged with investigating further the student’s concerns and identifying a justifiable response to the concerns. The department head will secure statements or other information deemed helpful. Once sufficient information is gathered, the department head will inform both the student and instructor involved of his or her findings and remediation, if any. The department head should be guided by the principle that the burden is on the student to show that a capricious, arbitrary or prejudiced student conduct evaluation has occurred.

4. Either or both the student or the instructor may appeal the department head’s decision (with respect to findings and/or remedial actions) to the Associate Dean for Academic Affairs. The individual wishing to appeal the decision must notify the Associate Dean for Academic Affairs in writing of his/her desire to appeal the decision (or action) within 10 business days of receiving written notice of any final action taken by the department head. The Associate Dean for Academic Affairs shall inform the student (if the appeal is filed by the instructor), the instructor (if appeal filed by the student), the student’s faculty advisor (or chair of the student’s advisory committee if a doctoral student), both the student’s and instructor’s department head(s), and the Dean that a formal appeal related to a student conduct dispute has been filed.

5. The Associate Dean for Academic Affairs will be responsible for gathering all relevant information (including all information previously reviewed by the department head and the department head’s recommendation) and any additional information deemed relevant. The Associate Dean will convene the Academic Appeals Panel (see below) to review the information and make a recommendation to the Associate Dean for Academic Affairs and to the Dean.

6. The findings and recommendation of the Academic Appeals Panel will be forwarded by the Associate Dean for Academic Affairs to the student, the instructor, the relevant department head(s), the Associate Dean for Academic Affairs, and the Dean. If either the student or instructor wishes to contest the recommendation, they must do so in writing within 5 business days of receipt of the Academic Appeal Panel’s recommendation to the Associate Dean for Academic Affairs. Any additional information provided by either the student or instructor will be forwarded to the Dean for consideration during the final review process.

7. The Dean has the ultimate authority and responsibility for all internal matters regarding the School. Within 10 business days after receiving the recommendation (and all related materials) from the Academic Appeals Panel, the Dean shall make a decision upholding, rejecting or modifying the recommendation. All parties will be notified by the Associate Dean for Academic Affairs in writing of the decision with a copy to be included in the Appeal Summary File (maintained in the Office of Student Affairs). The dean’s decision is final.

**Academic Appeals Panel**

1. The Academic Appeals Panel serves to provide an impartial forum, composed of faculty and student peers, where decisions affecting the professional and educational development of students can be reviewed.

2. The Academic Appeals Panel will be composed of four principal faculty members appointed by their respective department heads and two second-year masters or doctoral students elected from among the members of the RPHSA. Faculty members will serve two-year terms; students will serve a one year term.
Panel members can be reappointed after their terms expire. The chair of the panel will be selected by the panel from among the faculty members of the panel. A quorum consists of three faculty members and one student. In the event that a student from a student member’s home department files an appeal, that student will recuse him/herself from that appeal.

3. The Associate Dean for Academic Affairs will be the convener of the Academic Appeals Panel if it becomes necessary. The Associate Dean for Academic Affairs will be responsible for providing the Panel members the necessary materials, setting up the hearing date and time, notifying all relevant parties, and providing the Panel members of their specific charge.

4. Neither the instructor nor the student is required to appear at the hearing before the Academic Appeals Panel. However, either may choose to be present during the presentation of the information (presented by the Panel chair). The Panel members may choose to ask for clarification by either party if present. Neither party may be present during the Panel’s deliberations. If the student wishes to have an attorney or adviser present at the hearing, s/he must notify the Office of Student Affairs at least 5 working days in advance of the hearing date. If the student states that an attorney will be present, the SRPH shall also have an attorney present. The attorneys will not be permitted to speak during the hearing.

**SRPH Student Practicum Policy**

The purpose of the practicum/internship experience is to provide students with an opportunity to apply the concepts, strategies, and tools acquired through the course of their study. All MPH, MSPH, MHA and DrPH students are required to complete a practice experience at a site relevant to their discipline. The practicum is a field experience which bridges professional academic preparation and advanced public health practice. Advanced knowledge and skills, based on the competencies and learned in the relevant degree-specific program courses, are applied in an agency setting under the direction and guidance of an experienced supervisor/preceptor. If a student is employed in a health setting, the practicum must be beyond or something other than regular work duties, allowing for the application of advanced knowledge and skills acquired in the academic program. The practicum for DrPH students must incorporate higher level skills compared to the MPH internship experiences. These higher level skills are expected to reinforce the competencies attained in pursuing the DrPH degree.

Practicum arrangements are ultimately the responsibility of the student and subject to departmental approval. On occasion, the host site Preceptor will require an agreement with the School.

**Procedures**

1. If a practicum agreement with the school is required, the practicum host site will inform the SRPH practicum coordinator. The practicum coordinator will introduce the host site contact to the SRPH Office of Business Affairs to negotiate the agreement.

2. A template of the SRPH practicum agreement will be used unless the host site or agency has other specific agreement requirements.

3. The SRPH Business Office will perform the initial draft of the agreement and send it to the TAMHSC Contract Office for review.

4. Once both parties agree to the terms of the agreement, a final version of the agreement will be routed through the SRPH Practicum Coordinator. A routing cover sheet will be attached to the agreement for sign-off to acknowledge the review.

5. The final agreement will be signed by the TAMHSC V.P. for Academic Affairs on behalf of the school.
Student Funding Policies

- **Assistantships**

The purpose of student assistantships is to provide financial assistance to recruit and retain outstanding or deserving students. Recruitment and selection of students for assistantships for externally funded research projects is at the discretion of the Principal Investigator or designated faculty member. Recruitment and selection of students for assistantships funded using state funds shall be the responsibility of the Associate Dean for Academic Affairs in consultation with the Dean and Department Heads. Recruitment for state funded assistantships will not proceed until written notification of the number of available assistantships is provided to department Heads by the Associate Dean for Academic Affairs in consultation with the Senior Administrator for Business Affairs.

In order to be considered for a research or teaching assistantship within the School of Rural Public Health, a student must be enrolled full time (i.e., 9 credit hours for fall/spring semester, 4 credit hours for summer session) during the academic term in which they are recipients. Students receiving an assistantship must maintain a 3.0 GPA, must maintain full time enrollment, and must be making satisfactory progress towards completing their degree.

Students on full assistantships are expected to work 20 hours per week. It is the responsibility of the faculty member(s) to whom the student is assigned to mentor the student, assign or develop tasks, and supervise their activities.

Rates will be submitted to HR by the Office of the Dean.

**Procedures for state funded assistantships**

1. Each department will receive annually a specified number of state-funded assistantships to be awarded by the department. The number of assistantships awarded through this process will, to the extent possible, be assigned equally to departments.

2. Criteria for awarding state-funded assistantships will include 3 principal factors: (1) merit; (2) need; and (3) special skills, knowledge, or interests of the applicant. All applicants will be asked to submit an application form for consideration for assistantships including information pertinent to these three criteria.

3. Departmental principal faculty, to the extent possible, should be included in the process of awarding the departmental assistantships.

4. Department heads will be responsible for notifying students of their assistantship award, including a description of the expectations of the assistantship and specifying the individual(s) they will be reporting to.

5. At the conclusion of each semester a list of all students with assistantships will be forwarded to all department Heads by the Associate Dean for Academic Affairs. Department Heads will be asked to certify that assistantship students from their respective departments are making satisfactory progress towards completion of their degree.

- **Scholarships**

The purpose of scholarships is to provide financial assistance to outstanding or deserving students. Selection of students for scholarships shall be the responsibility of the SRPH Student Affairs Scholarship Sub-Committee in consultation with department heads, Principal Investigators of research projects, or donors.
A. Competitive Scholarships

In order to be considered for a competitive scholarship within the School of Rural Public Health, a student must be fully admitted degree-seeking student making satisfactory progress toward completion of their program (3.0 GPA or higher, currently enrolled full time status – 9 credit hours for fall/spring semester, 6 credit hours 10-week summer session with no TAMHSC or SRPH blocks). Entering new students may be considered as noted below in procedures. These applicants will possess minimally a 3.0 GPA as determined by the admission evaluation.

Procedures for scholarships

1. Student Affairs will send an email announcement (with the application form as attachment) to students informing them of the scholarship application process. Departmental committees will submit names and application packet of their choices for consideration to the Student Affairs Committee Chairperson. Departmental committees will also submit a summary sheet listing all applicants by name, program, state residence, and ranking placement. Departments may consider applicants who have been offered admission to the school by using the application for admission and professional/graduate examination scores to evaluate applicants for a scholarship.

   a) The deadline for submitting scholarship application forms and documents will be announced each academic year.

   b) The deadline for submitting award letters and tuition exception forms will be announced each academic year.

2. The Scholarship Sub-Committee is the officially recognized scholarship committee of the School of Rural Public Health. This committee will review elected scholarship recipients’ documents and summary sheets submitted by departments to verify compliance with SRPH By-Laws and the Texas Higher Education Coordinating Board rules.

   a) Students will be selected based on their qualifications and donor criteria. An outside donor may be consulted for input by the departmental scholarship committee or Student Affairs Scholarship Sub-Committee but the outside donor may not make the final selection.

   b) A review of the criteria for each scholarship to ensure that selection and awarding of a scholarship meets the criteria set forth by the donor.

   c) The Sub-Committee will assure that all competitive scholarships awarded meet the criteria set forth by the Texas Higher Education Coordinating Board.

3. The Office of Student Affairs (on behalf of the Scholarship Sub-Committee) will be responsible for preparing award letters (to include the name of the recipient, the name of the scholarship, amount and terms of each scholarship) and for notifying students, department heads, and appropriate TAMHSC and SRPH personnel.

   a) competitive scholarship award may exempt the student from paying non-resident tuition.

   b) The Office of Student Affairs will be responsible for submitting “Non-resident Tuition Exemption Waiver” forms when appropriate.

   c) The waiver of non-resident tuition shall be for the same time period as that of the competitive scholarship.
B. Non-Competitive or Private Donor Scholarships

Each individually named non-competitive scholarship will list the purpose of the award along with eligibility criteria, amount and period of award, and selection process to be used in determining and awarding the funds (each scholarship may have different/specific information).

1. Noncompetitive scholarship awardees are not eligible for waiver of out-of-state tuition.

2. Documentation of noncompetitive scholarships containing instructions and understanding of award will be provided to the SRPH Scholarship Sub-Committee.

3. The Office of Student Affairs (on behalf of the Scholarship Sub-Committee) will be responsible for preparing award letters (to include the name of the recipient, the name of the scholarship, amount and terms of each scholarship) and for notifying students, department heads, and appropriate TAMHSC and SRPH personnel.

**Required Forms**  SRPH Scholarship Application

- **Student Travel on SRPH Unrestricted Student-related Gift Funds or Other Non-state Student Accounts**

Only students employed (state employment) by the SRPH or the TAMHSC may travel on official business with state funds. Students not employed by the SRPH or the TAMHSC cannot be reimbursed with state funds for travel. Non-state employed students are reimbursed for their travel expenses by using a purchase voucher with unrestricted gift funds or another unrestricted account that allows for student travel. The SRPH does not pay a per diem for meals for students. Students are required to submit all receipts within state guidelines for expenses for which they wish to be reimbursed.

If student travel (examples would be field trips, competitions or conferences) is required for a class, the specific class number must be documented and is not subject to Financial Aid approval. If travel is solely for the student’s benefit, payment must be routed through TAMHSC Office of Financial Aid as this would qualify as a scholarship award, and must be accounted for in the federal aid calculations for disbursement of Title IV federal aid according to Department of Education regulations.

In order to equitably distribute a limited pool of non-state travel funds in support of appropriate student travel, resources will be distributed quarterly. Deadlines for SRPH student travel requests are: January 31st, March 31st, June 30th and September 30th. Requests for student travel funds must be made prior to the travel through the student’s Department Head. Requests submitted should include need/purpose/intent/benefit to the SRPH and the student. This request, if approved by the Department Head, will be forwarded to the Head of SRPH Office of Business Affairs within seven days of receipt to determine if the requested expenditure is allowable according to State Disbursement Rules. A committee consisting of the leaders of the Student Leadership Council, the Office of Student Affairs, the Office of Academic Affairs, and the Office of Business Affairs (or their designees) will review the requests and make a recommendation to the Dean. The Dean may or may not approve the request in part or full.

Approval of student travel requests will be based on:

1. Funds available
2. Purpose of the travel
3. Presentation or participation in a conference or meeting
4. Benefit to the SRPH
5. Benefit to the student
6. Prior approval for travel (no more than one approval/student/academic year)

If a student is traveling by TAMHSC vehicle please see TAMHSC policy 13.04.Z1 “Student Travel in Health Science Center Vehicles”.

Culminating Experience Policies

• Capstone Course for MPH Degree Program

Effective August 15, 2011, all MPH students enrolling at the SRPH will be required to take a capstone course upon completion of all required core courses. Exceptions will be made for students who have completed five of the six core courses and are co-enrolled for the capstone course and the sixth core course. The capstone course will fulfill the requirement for a culminating experience related to the core public health competencies. Students must have at least an overall 3.0 GPA and no grades below a “C” on any course listed on their degree plan in order to be eligible to take the capstone course. Students must apply and be cleared by their department to take the capstone course. Students blocked for any reason by the Health Science Center will not be allowed to take the capstone course.

The goal of the capstone course will be to encourage students to reflect on competencies they have acquired during their academic program using an evidence-based public health framework that integrates their knowledge gained through courses and experiences at SRPH, allowing each student to understand both the overall public health problem-solving approach and the contributions of each discipline to that approach.

Students failing the capstone course will be required to formally register for the course a subsequent time, pay tuition and fees, and receive credit as reflected on his/her transcript. Students that enrolled in the School of Rural Public Health prior to August 15, 2011, will have the option of taking a comprehensive exam (see section I.E.1).

• Comprehensive Examination for the MPH Degree Program

The goal of the comprehensive exam is to integrate knowledge of the core disciplines in public health. The exam will be multiple-choice, and will employ either a case study or a current issue in public health to test a student’s abilities. Additionally, at the discretion of the department, a concentration exam to test the student’s competency in their discipline may be given.

Students must have at least an overall 3.0 GPA and no grades below a “C” on any course on their degree plan in order to be eligible to take the comprehensive examination. Students must apply and be cleared by the Office of Student Affairs to take the comprehensive examination. Students blocked for any reason by the Health Science Center will not be allowed to take the comprehensive examination.

General procedures

The comprehensive exam will be administered any given semester during a specified period of time (approximately 7-8 weeks into the fall or spring semester; approximately four weeks into the 10 week summer session).

1. Prior to taking the exam, each student will be required to sign an agreement indicating that the response submitted will represent individual work and that they will abide by all rules for taking the exam with regards to academic dishonesty, time requirements, and use of resources.

2. Each student will be allowed a specified amount of time to complete the exam. A specific set of resources will be identified to assist the student while taking the exam.

3. The Office of Student Affairs is responsible for the following:

   a) Establishing the dates any given semester for the comprehensive exam
b) Coordinating the administration of the comprehensive exam (e.g., distribution of the exam questions, submission of exam responses, etc.

c) Submitting to the SRPH Curriculum Committee all comprehensive questions for its review and approval by the end of the first week of the beginning of the semester (or the beginning of the first week of summer session)

d) Notifying the students of their results within two weeks of completion of the examination, and

e) Coordinating any necessary oral examinations, including contacting the relevant department heads, facilitating the creation of an appropriate oral examination committee for each affected student, and coordinating the exam schedule

**Procedures for developing and evaluating the Core Comprehensive Examination**

1. The core comprehensive examination will be prepared by faculty members from the major department of each student taking the exam in collaboration with core course instructors from all major departments in SRPH.

2. The SRPH Curriculum Committee (SRPH-CC) will be responsible for reviewing the questions at least three weeks prior to the administration of the exam to assure fairness and appropriateness, as well as to assure the questions assess students’ ability to apply and integrate key concepts in public health. Question review will take place with the SRPH-CC in Executive Session (i.e., excusing the student representative from attendance).

3. In order to be eligible for the oral examination, students must have made a best faith effort to pass the written exam.

**Procedures for developing and evaluating the Concentration Examination**

1. The concentration comprehensive examination will be prepared by faculty members from the major department of each student taking the exam.

2. The SRPH Curriculum Committee (SRPH-CC) will be responsible for reviewing the questions at least three weeks prior to the administration of the exam to assure fairness and appropriateness. Question review will take place with the SRPH-CC in Executive Session (i.e., excusing the student representative from attendance).

**Procedures in the event of unsatisfactory responses**

1. In the case of an unsatisfactory response on any portion of the comprehensive examination or concentration examination, an oral exam (administered by the individuals responsible for assessing the original written response submitted, or their designee) will be scheduled within 10 business days of the student being notified of the results of their initial written comprehensive examination.

2. The oral examination may cover additional topics related to the core or concentration area(s) deemed deficient in the written examination.

3. In the event the student fails to demonstrate sufficient mastery of the material during the oral examination, a second and final written examination will be administered no sooner than during the next academic session and no later than one calendar year from notification of not passing the oral examination.
Thus, a student will be given a maximum of three (3) attempts (the first written exam, an oral exam, and a subsequent written exam if warranted) to demonstrate sufficient mastery of the core and concentration areas. A degree will not be granted for any student not achieving a satisfactory rating in each of the core areas.

• **Culminating Experience for the MHA Degree Program**

The MHA culminating integrative experience in health management and the core areas of public health is met through successful completion of the MHA capstone course, PHPM 680: Health Systems Leadership. This course requires substantive project work and/or case student analysis that builds upon the comprehensive array of courses and fieldwork students have experienced.

The capstone course requires integration of knowledge in health policy and management by analysis of readings, project activities, and/or case study analysis. At least one component will call for the integration of knowledge from the other public health core disciplines with health management. With respect to the latter component, the PHPM 680 instructor(s) will invite input from faculty in the other core areas in the design and evaluation of student performance of this particular integrative segment following the model outlined in the comprehensive exam procedures (see above). This component of the integrative experience will require the analysis of an appropriate case study, the development of a strategy, and/or the performance of a similarly demanding task to address health management problem(s) accompanied by information related to the public health core disciplines.

• **MSPH Degree Program Master Thesis Requirements**

All students enrolled in the M.S.P.H. degree program will be required to complete a minimum of six hours of thesis research credit. A thesis proposal must be reviewed and approved by a three-member Graduate Committee (consisting of at least two faculty members from the student’s department and one faculty member from outside the department) at least one semester prior to the student’s intended graduation.

The thesis proposal meeting will comprise both an oral defense of the thesis proposal as well as an oral comprehensive examination assessing the student’s general mastery of concentration-area material. The research thesis or thesis manuscript will be prepared in an appropriate format as prescribed by SRPH and consistent with TAMHSC graduate school requirements. The content will include a review of pertinent literature, description of methods used, presentation and analysis of the data, and discussion of results and conclusions of the study.

The M.S.P.H. student’s thesis defense will comprise a presentation of the thesis project open to interested students and faculty followed by a defense of the project open only to the members of the student’s Graduate Committee. Any student not successfully passing the thesis defense may be afforded another opportunity to rewrite portions of the thesis or participate in another thesis defense if deemed appropriate by the student’s Graduate Committee. Any student who ultimately does not successfully pass the thesis defense will not be granted an M.S.P.H. degree from the school.

**Thesis Proposal Process Overview**

A thesis proposal must be completed and approved by the student’s graduate committee for all Master of Science degree seeking students prior to preparation of the master’s thesis. The research proposal is a description of the research the student intends to perform in a detailed thesis. The research proposal gives the student the opportunity to demonstrate to his/her graduate committee the student’s ability to plan a satisfactory thesis research project as well as the ability to successfully pursue the proposed topic.

The completed research proposal, with a requisite signed title page (signed by the student’s advisor and all committee members, the department head, and the Associate Dean for Academic Affairs) must be submitted to the Office of Academic Affairs. Filing the completed research proposal and accompanying signature page in one
requirement for admission to candidacy for the masters degree. The Office of Academic Affairs will be responsible for forwarding a copy of the signed title page to the Office of the Graduate School of Biomedical Sciences.

**Thesis Proposal Parameters**

The narrative portion of the proposal should be a maximum of 15 pages and should be accompanied by a list of references cited. The thesis proposal should do the following:

1. Clearly state the objectives or hypotheses.
2. State the problem clearly and specifically. The document should summarize pertinent previous research in the field, showing the relation of the material cited to the present problem.
3. Documentation should demonstrate the student has surveyed the state of knowledge in the proposed field.
4. List steps taken to achieve the objectives. The statement should indicate that the procedure has been thoroughly considered. The nature of the data to be gathered, methods to be used, and the procedures to be employed in the analysis of the data must be specified.
5. The proposal should state clearly how the research is to be done and should indicate intent to explain results in light of past research.

**Thesis Proposal Review Process and Requisite Accompanying Documents**

Following review by the student’s thesis committee, the Department Head will submit the approved thesis proposal to the Office of Academic Affairs at least 10 weeks prior to the close of the semester in which the student expects to receive his/her degree or prior to scheduling of the final examination, whichever comes first. If the research in any way involves human or animal subjects, or data derived from the same, a fully executed or exempt approval form from the Institutional Review Board for Human Subjects or from the University Laboratory Animal Care Committee for animal use must accompany the thesis proposal.

**Participation in Spring Graduation Ceremony**

Graduation requirements for the School of Rural Public Health are specified in the official Health Science Center Catalog. However, as the School of Rural Public Health only holds a commencement ceremony annually (in May of each year), students graduating in December, May or August may participate in the commencement ceremony under the following conditions.

The student:

1. has an overall grade point average of at least 3.0
2. has a maximum of 6 semester credit hours of coursework, including the practicum, remaining on his/her degree plan (all core and concentration course work must be completed)
3. has passed the culminating experience (comprehensive examinations, capstone courses or thesis/doctoral defense and submission of approved manuscript)
4. has submitted the necessary paper work and paid requisite fees for spring graduation
5. has assured his/her accounts with the Health Science Center are up-to-date

6. no un-absolved grades of D, F, or U will appear on the final degree plan for graduation

Students graduating during the fall semester (i.e., December) have the option of participating in the next spring graduation. Summer graduates participating in the spring commencement ceremony will be allowed to walk the stage during the graduation and will be included in the graduation program, but will not receive a diploma until all graduation requirements are satisfied.
Doctoral Degree Programs

• Transfer Credits, Substitutions, and Course Waivers for the Doctoral Degree Programs

Up to 12 credits of coursework taken at another accredited graduate degree granting institution (and that are not courses counted toward another degree) can be transferred into their SRPH degree plan if they satisfy PhD program course requirements or electives. Additional required courses within the doctoral degree program may be waived if either (1) the specific courses were taken as a part of the MSPH, MPH, or MHA at Texas A&M University Health Science Center School of Rural Public Health and the student earned either an A or a B, or (2) similar courses were completed within the previous five years at another accredited graduate degree granting institution. In the second instance, the student must demonstrate that the course content either matched or exceeded the content of the required coursework in question and that the student received either an A or a B for the course. Finally, students may be allowed to substitute more advanced or otherwise more appropriate courses for required coursework depending on prior experience or interest area. Irrespective of waivers, transfer credits, or substitutions, students are still accountable for the general content of the core courses during the qualifying examination process. All transfer credits, waivers, or substitutions must have the approval of the student’s advising committee, the department doctoral committee, and the Associate Dean for Academic Affairs.

No more than 21 semester credit hours of the doctoral degree program may be accounted for by transfer or waived courses. Thus, the minimum required number of credits, assuming the maximum number of transfer and or waived semester credit hours, is 44 semester credit hours.

• Doctoral Student Qualifying Examination

After satisfactory completion of a minimum of 36 semester credit hours of required coursework for the doctoral degree (or in the case of transfer or waived credits, 12 or more credit hours of doctoral course work and no sooner than completion of two academic semesters of course work), each student will participate in a qualifying examination of the student’s performance in core courses, methods, and cognate areas to that date. The written exam will be administered by the DDC (along with other faculty designated by the DDC) and will occur by the second week of June each year.

Failure of any portion of the written exam will require an oral examination administered by DDC supplemented with additional faculty at the direction of the DDC (e.g., the chair of the SAC and faculty members who participated in writing the exam questions). The results of the qualifying exam will be reported to the Associate Dean for Academic Affairs (e.g., pass; pass with proviso, requirements, or recommendations; or failure) with recommendations regarding student’s repeating the exam or dropping the program in the event the student did not pass the examination. The student may retake the one or more failed portions of the written exam within six months. Failure of any part of the written exam on re-take will result in dismissal from the doctoral program.

• Student Doctoral Committee Membership and Chair

A student’s committee shall be comprised of a minimum of four voting members (see Membership and Charge policies; I.H.8 and I.H.10, SRPH Policies & Procedures). Criteria for committee membership are as follows:

1. Voting members must either have a doctoral degree or a terminal doctoral degree with research training

2. The committee chair (see below) and at least one committee member must be principal faculty members within the relevant department(s)

3. One voting committee member must be a principal faculty member within SRPH but external to the relevant department(s)
4. All voting committee members must be members of the SGS graduate faculty for Ph.D. and M.S.P.H. students or SRPH faculty for Dr.P.H. students, and

5. Additional non-voting members may be added at the discretion of the student-doctoral committee and the department doctoral committee

Committee composition must be approved by the relevant department head(s) and the Departmental Doctoral Committee.

A student’s committee must have a designated chair. Criteria for being a committee chair (either for a Student Advising Committee or a Student Doctoral Committee) are as follows:

1. The committee chair must have a tenured or tenure-track appointment within SRPH
2. The committee chair must be a principal faculty member within the relevant department(s)
3. The committee chair must have been a voting member on a student doctoral committee within the past five years (through completion of the dissertation)
4. Committee chairs must be approved by the relevant department head(s) and the Departmental Doctoral committee

Exceptions to the criteria outlined above must be approved by the relevant department head(s) and the Associate Dean for Academic Affairs.

• Doctoral Program Capstone Proposal

The capstone proposal will be submitted to the student’s doctoral committee no earlier than successful completion of the qualifying exam and no later than one month prior to scheduled comprehensive exam. The capstone proposal will be either a dissertation proposal or a proposal for three professional papers of publishable quality (see attachment outlining options).

• Doctoral Student Comprehensive Examination

After satisfactory completion of all required doctoral program coursework (typically within 12 months of the qualifying exam, or after the end of the 6th semester for full time students) the student will take a comprehensive examination administered by the SDC. The written portion of the comprehensive exam is designed to assess mastery in the specialized field and related research methods. The oral portion of the comprehensive examination, scheduled within two weeks of student notification of the results of the written portion, will focus on knowledge and preparation related to the capstone proposal and on any failed portion of the written comprehensive examination.

• Doctoral Program Capstone Product(s)

In addition to the standard dissertation option, doctoral students may select a second option that includes the preparation and submission of three manuscripts of publishable quality. Each of these manuscripts must be completed following admission to the doctoral degree program. At least two of the three manuscripts must be based upon empirical research conducted by the student. The third manuscript may be either a journal article or a comparable book chapter that addresses other research content, e.g., a comprehensive literature review, a contribution to the theoretical literature, or a related scholarly effort. At least one of the three manuscripts must be submitted to a peer-reviewed journal prior to the capstone completion and final examination.
General Requirements for all doctoral students’ capstone project

1. Title page
2. Signature page indicating requisite approvals
3. Project Abstract
4. Dedication page (optional)
5. Acknowledgement page (optional)
6. Table of Contents
7. List of Figures
8. List of Tables

Option 1: Dissertation

Chpt One: Introduction (including a comprehensive review of the pertinent background literature for the project)

Chpt Two: Methods (including a detailed description of all methodologies, materials, and protocols used in the generation of the data)

Chpt Three thru n: Results (description of collected data and observations)

Chpt n + 1: Discussion (overall summary of conclusions and interpretation of the data with integration of new observations into the existing body of knowledge)

References: A single reference section consisting of all references cited in all chapters

Option 2: Three Publishable Papers

Chpt One: Introduction (a comprehensive review of the pertinent background literature for the major project content)

Chpt Two thru n: Results presented in manuscript form (each chapter would therefore have the typical manuscript format of an introduction/literature review, materials & methods, results, and discussion)

Chpt n + 1: Discussion (overall summary of conclusions and interpretation of the data with integration of new observations into the existing body of knowledge)

References: In this format, each chapter would have its own reference section rather than a composite reference section of the conclusion of the document.
• **Doctoral Program Capstone Completion and Final Exam**

The student will participate in a formal public oral presentation of either the content of the dissertation or at least one of the three completed and SDC-approved capstone papers. Following the presentation, a private oral examination over the capstone product(s) will be conducted by the SDC. Any student who fails this examination will be instructed by the SDC on the necessary preparations for a second required oral defense at a specified time. The SDC will report the examination results (along with evaluation ratings by members) to the DDC and Associate Dean for Academic Affairs.

• **Submission of the Final Doctoral Program Capstone Product**

The dissertation or other capstone product with SDC committee member signatures must be submitted to the appropriate office one month before the degree is conferred.
Student Organizations

• New Student Organization Approval Process (Pending Final Approval)

Overview

All student organizations wishing to be affiliated with the School of Rural Public Health, acknowledged as an official student organization, and a recipient of all rights and privileges afforded formal student organizations within the school must be reviewed and approved. All official student organizations affiliated with the School of Rural Public Health must demonstrate both in purpose and actions consistency with the mission and vision of the School of Rural Public Health. In addition, official student organizations affiliated with the School must not in any way engage in actions either inconsistent with the mission and vision of the School, nor in violation with any SRPH, TAMHSC, or A&M System regulations or codes of conduct. Finally, all official student organizations affiliated with the School must successfully proceed through the formal student organization recognition process through the TAMU Student Activities organization (or comparable process within the TAMHSC once available).

Student organizations that are not fully approved and recognized as official student organizations within SRPH may not use the School’s name or resources in any way in the execution of their organization’s business.

The Office of Student Affairs is responsible for providing additional information and assistance to anyone considering proposing a new official student group within SRPH.

Required Documentation for Proposal

Any group interested in being recognized as an official student organization within SRPH, must submit a proposal including information on the following:

1. the purpose, mission and objectives of the proposed organization
2. proposed activities of the organization
3. needs and interests among the student body the proposed organization will fulfill that are not currently being met by another official student organization within SRPH
4. estimated membership and membership criteria, and
5. signature of at least one SRPH faculty member willing to serve as the organization’s faculty advisor

Required Review and Approvals for a New Student Organization

All official student organizations within the school require not only approval within the school, but must also proceed successfully through the Texas A&M University Student Activities new student organization recognition process.

In order to secure the requisite approval and recognition as an official student organization within the School of Rural Public Health, the proposal (see above) must be reviewed (and documented) by the following entities (in the order indicated):

1. SRPH Student Affairs Committee (approval required to proceed through the review process)
2. SRPH Academic Council
3. SRPH Executive Committee (approval required to proceed through the review process)

4. SRPH Dean

Once reviewed (and approved as indicated) by these entities, the proposed student organization is free to proceed through the final stages of the TAMU Student Organizations recognition process.

Once approved by both the SRPH entities above, and fully recognized by the Office of Student Activities at TAMU, the organization must submit its constitution and bylaws to the Office of Student Affairs.

The two students elected to be members of the TAMHSC President’s Student Advisory Council will be members of the SRPH Student Leadership Council. The representatives to the President’s Advisory Council will have one vote. It will be the responsibility of these representatives to designate the voting member (or determine who will vote at any given meeting).

A representative from a specified entity (i.e., student organization, standing committee or President’s Council) must be present in order to vote on a given issue. A quorum must be present in order for a vote to be taken on a given issue.

Consistent with SRPH policy, all members of the Student Leadership Council must be in good academic standing.

**Terms of Office**

The term of office will be one year, with new members rotating onto the Leadership Council as of the beginning of each fall semester, or at the point of their election/selection (whichever comes first for any given academic year). Subsequent terms of office are permissible as long as consistent with term of office guidelines for the specified entities.

**Leadership**

At the first meeting of the fall semester, the members of the Student Leadership Council will elect a leader. The leader will be responsible for convening and facilitating Council meetings (see below), serving as a liaison to the Office of Recruitment and Student Relations for the purpose of assuring upcoming events are posted to the Community Calendar, and assisting in the coordination of any inter-organizational events.

Should the elected leader be put on academic probation during his/her term of office (thus no longer being in good academic standing), he/she will step down from the chair position and a special election will be held among the members to elect a new chairperson.

The Assistant Dean for Academic and Student Affairs will serve as the faculty advisor to the Student Leadership Council. Faculty Advisors for each student organization may serve as advisors or consultants as well.

**Functions**

The primary functions of the Student Leadership Council are as follows:

1. to coordinate school-wide student activities or inter-organization sponsored events
2. to facilitate the sharing of information across student organizations
3. to coordinate student organization events to minimize conflicts in scheduling
4. to approve new student organization proposals to minimize duplication of effort and focus
5. to assist in the distribution of information to the entire student body
6. to provide a forum to discuss school-wide or TAMHSC-wide student-related issues as warranted
7. to coordinate and approve all student organization fund-raising activities
**Responsibilities**

A brief summary of all student organization activities or inter-organization activities (including objective, location, date, and time) must be submitted to the Student Leadership Council prior to the event in order to facilitate the coordination and participation in the events.

All new student organization proposals must be reviewed and approved by the Student Leadership Council prior to being submitted to the Student Affairs Committee for review.

All student fund-raising activities must be reviewed and approved by the Student Leadership Council prior to initiation in order to facilitate coordination. A description of the fund-raising activity must be accompanied by proposed dates for beginning and ending the fund-raising activity.

The Student Leadership Council must submit proposed policies and operating procedures for the Student Leadership Council to the Office of Student Affairs for review and approval (to be subsequently reviewed by the members of the SRPH Student Affairs Committee and the Executive Committee).

**Meetings**

The Student Leadership Council will meet at least once a semester and additionally at the discretion of the Chair as deemed necessary. The first meeting of each fall semester will be convened by the Office of Student Affairs and facilitated by the Assistant Dean for Student Affairs until following the election of a chair for the Leadership Council.
CONTINUING EDUCATION

- **Continuing Education**

Continuing education is a vital service provided by schools of public health. Continuing education activities provide: (1) one mechanism for upgrading the training of the public health workforce; (2) strengthens ties between practitioners and academicians, and between public health service organizations and training programs; and (3) is a requirement for accreditation by the Council for Education in Public Health. Since continuing education is such an important function of schools of public health, it is essential that policies be established to assure coordination, appropriate infrastructure, resources, and quality assurance for continuing education activities. All continuing education under the sponsorship of the School of Rural Public Health, its departments, institutes, programs, and offices are subject to this policy. Continuing education activities are defined as all training or educational programs and services not directly related to degree programs.

1. Continuing education activities sponsored by third parties (Federal, state or local) must be reviewed and approved by the Office of academic Affairs and the Office of Business Affairs prior to the submission of grants or contracts to provide continuing education activities, or the signing of contracts of memorandum of understanding when formal grant mechanisms are not required.

2. Continuing education activities sponsored by the School as either a sole or co-sponsor require the submission, review, and approval of both academic and business proposals. The Office of Academic Affairs will review the academic proposal and the Office of Business Affairs will review business proposals.

   a) Academic proposals should include at least the following:

   i. Purpose
   ii. Sponsorship
   iii. Target audience - description and estimated size
   iv. Purpose/expected outcomes
   v. Format
   vi. Presenters/faculty/staff
   vii. Description of course materials
   viii. CEU issues
   ix. Evaluation

   b) Business proposals should include at least the following:

   i. Purpose (summary)
   ii. Sponsorship (summary)
   iii. Target audience - description, estimated size, and minimal size
   iv. Estimated cost by cost category, including staffing requirements
   v. Income sources by category, including fees charged to participants
   vi. Time period for the continuing education activities.
   vii. Proposed distribution of residuals

While continuing education in schools of public health may not generate funds to be used for other purposes, it is important to begin to develop a general fund to cover the costs of continuing education programs which fail to meet their actual costs. As a result, faculty or staff who are proposing continuing education activities are encouraged to: (1) budget activities in order to generate residual or surplus funds; and (2) budget actual staff, faculty, and other personnel costs, irrespective of whether they are included as cost items in the budget. Generally, surplus funds generated by continuing education activities will be distributed to a general continuing education fund and to a professional account for use by the Principal Investigator/department.
FACULTY AFFAIRS POLICIES

Faculty and Instructor Search & Appointment Policies

• **Joint and Adjunct Faculty Appointments (with no financial commitment on the part of SRPH)**

Please find attached modifications to the policy - Joint and Adjunct Faculty Appointments (with no financial commitment on the part of SRPH) (Approved EC, 22 Aug. ‘00). The changes reflect what is currently being done in regards to Adjunct/Joint Appointments. (Takes away formal pre-approval by the Associate Dean for Academic Affairs).

All faculty in the School of Rural Public Health - whether salaried or non-salaried, administratively located or not administratively located in the School, principal or non-principal faculty - will be administratively assigned to one or more departments within the School. SRPH principal faculty must be included in the initial review of candidates for new faculty appointments.

**Procedures**

1. A written request for consideration for a joint or adjunct appointment, including a copy of the individual’s curriculum vitae, is submitted to the Department Head. Such requests may be in the form of a nomination by a current SRPH faculty member, a request for consideration by an external source, or a request for consideration by the individual.

2. Departmental principal faculty members will be charged by the Department Head with reviewing the applicant’s curriculum vitae and making a recommendation to the Department Head regarding their degree of support for the request.

3. The Department Head will then be expected to likewise review the applicant’s curriculum vitae and forward his/her recommendation to the Associate Dean for Academic Affairs. The recommendation forwarded by the department head should include (1) an indication of the level of support (including the votes in support of vs. not in support of the applicant), (2) level of support for the appointment by the department head, and (3) a recommendation for appropriate rank.

4. In the event the departmental faculty disagree with the Head’s recommendation, they may submit a separate statement submitted directly to the Associate Dean for Academic Affairs.

5. Decisions regarding the granting of joint or adjunct appointments to the School of Rural Public Health will rest with the Dean in consultation with the Associate Dean for Academic Affairs. Most policies and procedures regarding the appointment of faculty members to SRPH are mandated by TAMHSC policy; the policies included in this section are in addition to the TAMHSC policies governing faculty hires and relate primarily to internal review processes.

• **Approving SRPH Non-Principal Faculty and SRPH Principal Non-tenure Track Faculty to Provide Instruction within SRPH**

All individuals who are not SRPH principal faculty members in a tenured or tenure-track appointment (i.e., individuals with adjunct, joint, or principal non-tenure track appointments) must be reviewed and approved to teach within the School. Specifically, any individual who is not a tenure track principal faculty member within the School must meet the following criteria in order to be an instructor within SRPH:
1. Hold a faculty appointment with the School
2. Be reviewed by the relevant department faculty, the SRPH Curriculum Committee, and the Office of Academic Affairs
3. Be approved by the Associate Dean for Academic Affairs

As described in more detail below, individuals who are non-tenure track principal faculty must be reviewed for general teaching privileges (i.e., approval to teach courses within the SRPH curriculum as deemed appropriate by the relevant department head) should they desire to teach within SRPH. Individuals who are non-principal faculty members must be reviewed for course-specific teaching privileges (i.e., approval to teach a specific course within the SRPH curriculum) should they desire to teach within SRPH. SRPH principal tenure-track faculty must be included in the review of potential instructors covered by this policy for SRPH courses.

**Procedures**

The review and approval of an individual to teach must be initiated and should be completed prior to the School entering into a contract with the individual. All requests for teaching privileges for individuals covered under the present policy should be initiated by the relevant department head, reviewed and approved by departmental tenure-track faculty members, and submitted to the Associate Dean for Academic Affairs for initial review and submission to the SRPH Curriculum Committee. Specifically:

1. All non-principal faculty members desiring (or recommended) to teach must be reviewed and approved for each course for which they will be responsible.
   a) To be considered for course specific teaching privileges, a letter of request from the relevant department head must be submitted to the Office of Academic Affairs.
   b) The request should include the individual’s academic vita, a statement of the specific course under consideration, information on substantive expertise (related to the specific course identified) as well as on teaching experience and/or teaching performance, either sample syllabi of similar courses taught by the individual or a brief outline of the content to be covered in the course under consideration, and verification of departmental faculty review of the supporting materials and support of the request.

2. Non-tenure track principal SRPH faculty members may be reviewed and granted general teaching privileges.
   a) Requests for general teaching privileges should include the same information as outlined above for non-SRPH faculty (excluding sample syllabi or outline for a specific course).
   b) Once general teaching privileges are granted, it is the responsibility of the individual’s home department to assign appropriate classes based on the individual’s qualifications and to monitor the individual’s teaching performance.

3. The Associate Dean for Academic Affairs will be responsible for submitting the request and the accompanying supporting materials to the SRPH Curriculum Committee for review.

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1 Individuals who hold faculty appointments within SRPH and who have more than 50% time with SRPH
2 Individuals who hold adjunct or joint appointments within SRPH and who have less than 50% time with SRPH
3 In order to expedite the process of hiring non-SRPH principal faculty to teach a specific course, it may be necessary to initiate the contract process prior to full approval as described here. In such an instance the contract should be provisional based on final approval of the specific course syllabus.
4. The SRPH Curriculum Committee will be responsible for (1) reviewing the credentials of any individual who is not an SRPH principal faculty with a tenure or tenure-track appointment under consideration to teach a core curriculum course, and (2) assuring due process for both those under consideration to teach core curriculum courses as well as the review of potential instructors of concentration courses. Specifically, the SRPH Curriculum Committee will:

   a) Review the request and accompanying materials with a focus on the fit between the individual’s expertise, evidence of past performance, and the course requirements (if warranted under this policy).

   b) Submit the distribution of votes from among the (voting) members of the SRPH Curriculum Committee and any relevant comments to the Associate Dean for Academic Affairs (copied to the relevant department head).

5. The Associate Dean for Academic Affairs will review the requisite materials and recommendations from the Curriculum Committee, approve or disapprove the request, and notify the department head and faculty member of the decision.

   a) In the event of disagreement between the Associate Dean for Academic Affairs, the SRPH Curriculum Committee and the relevant department, the relevant department head, the SRPH Curriculum Committee chair and the Dean will be notified of the Associate Dean’s decision and accompanying rationale.

   b) At the request of the Department Head a meeting may be convened with the Associate Dean for Academic Affairs, the head of the relevant department, and the Dean to discuss the grounds for the disagreement and to resolve the disagreement.

• Tenure-track Faculty Search Committee

The process of recruiting, reviewing, and recommending potential candidates for principal tenure-track faculty positions within the School is an important responsibility of the principal faculty within SRPH. Overall, faculty recruitment procedures for principal tenure-track faculty will be managed and coordinated by a faculty search committee. Within SRPH, faculty search committees are school committees with membership determined by the Dean. Each search committee for non-administrative faculty appointments will include at least the following:

1. a minimum of two faculty members from the department requesting the new faculty hire

2. one faculty member from a second SRPH department

3. one faculty member from outside SRPH but with related interests or experiences

4. one student representative

5. the Associate Dean for Academic Affairs as a non-voting member

The chair of the search committee will also be by Dean Appointment.
**Procedures**

This faculty search committee will be charged with the following:

1. Drafting the job description
2. Identifying sites for advertising the position(s) bearing in mind the importance of reaching a diverse audience
3. Reviewing applicant’s files
4. Identifying candidates to be interviewed
5. Coordinating site visits with the top 3-5 candidates (once approved in writing by the department head, Associate Dean for Academic Affairs, and the Dean)
6. Meeting with the top candidates
7. Prioritizing the candidates to be submitted to the Dean through the department head and Associate Dean for Academic Affairs, and
8. Preparing an end-of-the-process report summarizing the committee’s activities

**Required Forms**

There are a number of forms to be completed throughout the process to assure due process and non-discriminatory practices. All requisite forms to be provided to the search committee chair by the Office of Academic Affairs.

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**Expedited Hiring Process for New SRPH Tenure-track Faculty**

The School of Rural Public Health is, to the maximal extent possible, committed to building a high quality and diverse faculty through national searches for the most qualified candidates. However, there are occasions when opportunities necessitate an expedited hiring process outside of a national competitive faculty search.

**Procedures**

The process for expedited searches, by the Office of the Dean will include the following:

1. Relevant department head(s), departmental faculty, and other relevant faculty will be consulted prior to initiating a formal process to review and consider an individual for appointment.
2. As with any faculty appointment, expedited hires will be reviewed by the department with a formal vote to be recorded and forwarded to the Dean by the Department Head.
3. Consistent with any new hires, recommendations from department heads and faculty for rank will be elicited by the Dean. However, final recommendations to be forwarded to the TAMHSC Executive Vice President & CEO on both rank and salary are the purview of the Dean.
4. Tenure for all new faculty hires, including expedited hires, is granted by the Texas A&M University System Board of Regents based on recommendations of the SRPH Promotion & Tenure Committee, the
Dean of SRPH, the TAMHSC Promotion & Tenure Committee, and the Executive Vice President & CEO of the TAMHSC. Thus faculty input on the tenure status of an expedited hire will be elicited through the standard P&T process.

5. Expedited hires should be new faculty lines and thus should not replace a department faculty line/search process that is currently underway.
Monitoring and Evaluating Faculty Performance

• Monitoring First-time Instructors of SRPH Courses

It is the responsibility of department heads to monitor the teaching performance of all faculty within their department. Department heads are responsible for closely monitoring the teaching performance of individuals representing the following:

1. All instructors teaching for the first time within SRPH

2. All instructors granted course-specific teaching privileges [refer to Approving Non-SRPH Principal (Tenure-track) Faculty policy] and teaching a new course within SRPH (e.g., instructors who have taught other courses for the School but who are contracted to teach a new course)

Individuals teaching for the first time (or teaching under new course-specific teaching credentials) within the School must be evaluated a minimum of three times over the course of the semester. Specifically, department heads (or designee from among the principal departmental faculty) are responsible for the following:

1. Observing classroom teaching during the first 2-4 weeks of the semester

2. Eliciting mid-semester student evaluations of the instructor’s teaching and the course in general

3. Assuring the completion of student evaluation of teaching at the conclusion of the semester

In the event that the instructor’s performance is deemed marginal or unsatisfactory (either as a result of the observation or the student mid-course evaluations) the department head must notify the Associate Dean for Academic Affairs and the chair of the SRPH Curriculum Committee as soon as possible.

Procedures

1. Written summaries of the first two evaluations outlined above will be developed by the department head and provided to the instructor being reviewed within 7 business days of completion of the initial evaluation (or observation).

2. A final written evaluation of teaching performance (using each of the three evaluations conducted over the course of the semester as described above) will be developed by the department head at the conclusion of the semester, to be signed by the department head and faculty member in question.

3. Copies of the evaluation are to be included in the faculty member’s (SRPH) personnel file with a summary of the evaluation to be provided by the department head to the Associate Dean for Academic Affairs and the chair of the SRPH Curriculum Committee.

• Faculty Annual Review Process

The annual review of faculty provides valuable information to the department head, Associate Dean for Academic Affairs, and the Dean regarding the faculty member’s accomplishments and to the faculty member regarding the department head’s assessment of progress in the discipline and in meeting departmental and school goals. Annual reviews are to be conducted in the spirit of openness and collegiality, with an emphasis on constructive development of the individual faculty member as well as the institution. Annual review of the performance of faculty members accruing credit toward tenure is crucial in the development of an academic dossier for promotion consideration. Annual review of department heads will follow the same steps and dates as in the annual review of
faculty summarized below, except that department head reviews will be conducted by the Dean and will be based on both the department head’s annual review form summarizing personal accomplishments as well as the summary report of the departmental accomplishments for the year.

**Procedures**

1. Each faculty member will submit the annual review form by March 15 each year. Faculty members may also submit additional materials as they see fit.

2. Department heads will write an evaluation for the year in a memorandum or annual report to be transmitted to each faculty member no later than April 15 each year.

3. Upon reviewing the department head’s annual report the faculty member will acknowledge receipt by signing the document. The document will be entered into the faculty member’s departmental personnel file and forwarded to the Dean for review. Department heads may choose to conduct face-to-face individual meetings to review the contents of the report with faculty members.

4. Faculty members may choose to respond in writing to concerns raised in the department head’s report. This written response will be included in the faculty member’s personnel file and will be forwarded to the Dean for consideration.

5. Included in the department head’s report to the Dean will be a recommendation regarding merit. Each faculty member’s performance will be assigned a rating of “exceptional,” “good,” “satisfactory,” or “unsatisfactory.” The Dean will consider this recommendation when determining merit raises for faculty. The department head will also provide the Dean with a summary of departmental activities based on the collective faculty reports. This information will be submitted to the Dean no later than May 1 each year.

6. Following the review of the individual and departmental report, the Dean will meet with each department head to review the merit recommendations. Before the start of the next fiscal year the Dean will inform each department head about allocations for faculty pay increases.

**Required Form**  Faculty Annual Report form

- **Joint and Adjunct Faculty Annual Review Policy**

An individual granted either an adjunct or joint appointment with the School of Rural Public Health shall be reviewed annually to assess his/her contributions to the School.

**Procedures**

1. Each adjunct or joint appointed faculty member will submit an annual review document by March 15 each year.

2. Department heads will write an evaluation for the year in a memorandum or annual report to be transmitted to each faculty member no later than April 15 each year.

3. The department Head’s review will be forwarded to the Associate Dean for Academic Affairs by May 1 for recommendation to the Dean of an appointment renewal.
• **Post Tenure Review Policy**

**Overview**

The quality of a health science center’s teaching, research, service, and outreach can be no greater than the quality of mind and expertise that the faculty brings to those missions. Indeed, in the faculty lays the talent, commitment, wisdom, knowledge, and intellectual courage required to push forward the boundaries of knowledge, make important discoveries, bring them to classroom and laboratory, and apply them to the benefit of society. Consequently it is in the best interest of the TAMU Health Science Center to create an environment in which these academic pursuits can flourish, and to invest in faculty development activities that enhance the success of a faculty vitally engaged in teaching, research, and service.

In the academic community, tenure has traditionally meant that a faculty member has demonstrated, over a specified number of years and to the satisfaction of peers, a sufficiently high level of performance in teaching and scholarship to warrant the granting of a permanent position on the Health Science Center faculty. Tenure protects academic freedom, the right of faculty members to pursue original research, or study ideas that are new, unpopular, or misunderstood. Such freedom of thought benefits society. Tenure has developed over hundreds of years, and forms the foundation of the modern university in Western society. Its value in encouraging new generations of scholars and sustaining the quest for knowledge should not be taken lightly.

The faculty of the Texas A&M Health Science Center (TAMHSC) measures its performance against a high standard of excellence, which is established and maintained by hiring the best new doctoral graduates or established professionals, and by conducting annual reviews of faculty performance. The rigor of the hiring and review process, the demands of quality teaching and student advising, the necessity and value of research, and the obligations of outreach and service to the public are clearly understood within the health science center community.

Post-tenure review is in furtherance of these high standards, and is intended to promote continued professional development. A fundamental purpose supporting post-tenure review is to enable a faculty member who has fallen below performance norms to pursue a peer-coordinated professional development plan and return to expected productivity. The objective is to conserve the investment of TAMHSC in one of its great strengths: its dedicated faculty.

**Post-Tenure Review Policy & Procedures**

Post-tenure review within the School of Rural Public Health applies to tenured principle faculty members and is comprised of annual review of performance and, in case of unsatisfactory performance as delineated in this policy, the construction of, and subsequent review of, performance in a Professional Development Plan.

1. **Annual Review**

   Annual reviews of performance are to be conducted by department heads for all faculty; must result in a written evaluation of performance and documentation of future expectations, commensurate with his or her rank and seniority; must evaluate the individual’s performance in education/teaching activities, creative scholarship/research activities, professional service activities, institutional service/leadership activities, and other assigned responsibilities, as well as an overall evaluation; and must be made in writing, with copies provided to the faculty member and placed in the faculty member’s personnel file.

   An annual review resulting in an unsatisfactory performance rating in one or more areas, or in overall performance, must state the basis for the finding. A copy of the faculty member’s annual evaluation containing a written report of unsatisfactory performance will be provided to the Dean, and must include a written plan for improvement over the next 12 months.
2. Professional Development Plan

a) Professional Review. A professional review will be initiated when a tenured faculty member receives three unsatisfactory annual reviews during a five (contiguous) year period. The department head will inform the faculty member that he or she is subject to professional review and the nature and procedures of the review. In rare instances, a faculty member can be exempted from review, or a review can be delayed, upon recommendation of the department head and approval of the Dean when substantive mitigating circumstances (e.g. serious illness) exist. The faculty member may be aided by legal counsel or another representative at any stage during the professional review process.

The purposes of professional review are to: identify and officially acknowledge substantial or chronic deficits in performance; develop a specific Professional Development Plan by which to remedy deficiencies; and monitor progress toward achievement of the goals of the Professional Development Plan.

The professional review will be conducted by the School’s standing committee on Promotion and Tenure (P&T).

The faculty member to be reviewed will prepare a review dossier by providing all documents, materials, and statements he, she, or the P&T Committee deems relevant and necessary for the review within one month of notification of professional review. All materials submitted by the faculty member are to be included in the dossier. Although review dossiers will differ, the dossier will include at minimum a current curriculum vitae, a teaching portfolio, and a statement on current research, scholarship, or creative work.

The department head will add to the dossier any further materials he or she deems necessary or relevant. The faculty member has the right to review and respond in writing to any materials added by the department head with the written response included in the dossier. In addition, the faculty member has the right to add any materials at any time during the review process.

The professional review will be made in a timely fashion (normally less than three months after the faculty member under review submits the initial dossier). The professional review will result in one of three possible outcomes:

i. no deficiencies identified. The faculty member, department head, and the Dean are so informed in writing, and the outcome of the prior annual review is superseded by the P&T committee report. In the event of a finding of no deficiencies, a new five year post tenure review period will be initiated. Thus, previous negative reviews will not be subject to consideration in subsequent post-tenure review activities when there is a finding of no deficiency.

ii. some deficiencies are identified but are determined not to be substantial or chronic. The P&T committee must specify the deficiencies in writing and a copy is provided to the faculty member, the department head, and the Dean. In the event some deficiencies are identified but are not determined to be substantial or chronic, a new 5-year review period is not initiated; the review period simply continues.

iii. substantial or chronic deficiencies are identified. The Tenure and Promotions Committee will specify the deficiencies in writing and a copy is provided to the faculty member, department head, and the Dean. The faculty member, P&T committee, and department head shall then work together to draw up a Professional Development Plan acceptable to the Dean.

b) The Professional Development Plan. The professional development plan shall indicate how specific deficiencies in a faculty member’s performance will be remedied. The plan will be developed through collaboration between the faculty member, the T&P committee, the department head, and the Dean,
and should reflect the mutual aspirations of the faculty member, the department, and the school. The plan will be formulated with the assistance of, and in consultation with, the faculty member. It is the faculty member's obligation to assist in the development of a meaningful and effective plan and to make a good faith effort to implement the plan adopted. Final authority for approval of the Professional Development Plan rests with the Dean.

Although each Professional Development Plan is tailored to individual circumstances, the plan will:

i. identify specific deficiencies to be addressed
ii. define specific goals or outcomes necessary to remedy the deficiencies
iii. outline the activities to be undertaken to achieve the necessary outcomes
iv. set time lines for accomplishing the activities and achieving intermediate and ultimate outcomes
v. indicate the criteria for assessment in annual reviews of progress in the plan
vi. identify institutional resources to be committed in support of the plan

c) Assessment. The faculty member and department head will meet annually to review the faculty member's progress toward remedying deficiencies. A progress report will be forwarded to the Tenure and Promotions Committee and to the Dean. Further evaluation of the faculty member's performance within the regular faculty performance evaluation process (e.g. annual reviews) may draw upon the faculty member's progress in achieving the goals set out in the Professional Development Plan.

d) Completion of the Plan. When the objectives of the plan have been met, or in any case, no later than three years after the start of the development plan, the department head shall make a final report to the faculty member, P&T committee, and the Dean.

If the Tenure and Promotions Committee, the department head and the Dean agree that the faculty member has failed to meet the goals of the Professional Development Plan and that the deficiencies in the completion of the plan separately constitute good cause for dismissal under applicable tenure policies, dismissal proceedings may be initiated under applicable policies governing tenure, academic freedom, and academic responsibility. The P&T committee shall vote and provide a report in writing to the Dean which includes a statement of the number of committee members supporting and opposing the revocation of tenure. One year of continued employment at the TAMHSC will follow a formal dismissal decision.

Appeal

If at any point during the procedure the faculty member believes the provisions of this rule are being unfairly applied, a grievance can be filed. If the faculty member wishes to contest the Tenure and Promotions Committee's finding of substantial or chronic deficiencies, the faculty member may appeal the finding to the Dean. If the faculty member, department head, and Tenure and Promotions Committee fail to agree on the Professional Development Plan acceptable to the Dean, the plan will be determined through mediation by the TAMHSC Tenure and Promotions Committee.

Voluntary Post-Tenure Review

A tenured faculty member desirous of the counsel of a professional review committee in evaluating his or her career may request such counsel by making a request to the department head.
• Evaluation of Teaching Effectiveness

Overview

Teaching includes a wide range of activities, such as: classroom instruction, student advising, supervision, mentoring, and the development of innovative teaching techniques. As a result, a broad range of approaches are available to measure and strengthen teaching effectiveness and assess the quality of teaching as part of faculty development and evaluation processes.

Techniques to assess teaching effectiveness include:

1. Review of course syllabi including list of topics to be covered during the semester, specific course objectives, types of activities for the course, student evaluation procedures, and required reading assignments
2. adherence to TAMHSC, SRPH and departmental policies
3. peer observation of classroom performance
4. video-taping of classroom performance for review and analysis by faculty
5. portfolio assessment by departmental review committee
6. assessment of the integration of new technology into teaching
7. peer students, employers of graduates, and faculty in graduate and professional schools attended by graduates
8. rating of the quality of instruction, professor, and class by current students

Policy

At a minimum, each course taught by faculty of the SRPH must include student evaluations of the quality of the course and instructional materials and techniques. In addition, faculty are strongly encouraged to collect multiple sources of information, such as those listed above, that may be used to improve the quality of teaching, and to document teaching quality for annual performance reviews, merit, promotion, and/or tenure.

Copies of student ratings of teaching will be provided to the faculty member and the head of their department, and will be placed in the faculty member’s file located in the Office of Academic Affairs. However, information other than student ratings of teaching that are collected by faculty are the property of the faculty member, and are used at the faculty member’s discretion.

Department head’s may also collect other sources of information on teaching effectiveness in consultation with their faculty.

Each academic unit within the School will develop and follow departmental guidelines for evaluating teaching effectiveness of departmental members. Each department is encouraged to employ multiple indicators of teaching effectiveness (as enumerated above). Data collected regarding teaching effectiveness should be reviewed for merit increases as well as considerations for promotion and tenure.

Procedures

Student evaluations of teaching will be conducted on or before the last day of class.

1. Standardized questionnaires (delivered to the faculty member by the Office of Academic Affairs in collaboration with the Office of Student Affairs) will be administered by student assistants, collected in a sealed envelope, and delivered to the Office of Academic Affairs.

2. Responses to the questionnaires will be anonymous and students will be informed that teaching evaluation information will not be provided to the instructor until after grades have been submitted.
3. Following the submission of grades by the instructor, the instructor will be provided with the original forms and summary information on student responses to the questionnaire items.

4. The Chair of each department will receive a copy of the summary information only. If faculty collect narrative open-ended information from students, that information belongs to the faculty member.

- **Faculty Merit Program**

It is important for the School of Rural Public Health (SRPH) to establish procedures for recognizing outstanding faculty accomplishments in teaching, research, and/or service as well as increased duties and responsibilities. The School will participate in the TAMU Health Science Center Faculty Merit Payment Program (Rule 31.01.08.Z1.01). This program provides an additional mechanism whereby faculty members of the School may receive merit payments for outstanding achievements in teaching, research, and/or service as well as increased duties and responsibilities.

1. **Eligibility**

   Principal faculty members of the School at the level of assistant professor, associate professor, and professor are eligible. The faculty member must have been employed at the School for the twelve months immediately preceding the effective date of the merit payment.

2. **Administration of Compensation**

   The total annual compensation provided to faculty members of the School may be comprised of two components:

   **Base Salary:** The base salary is the annual salary that is provided to the faculty member for support of the teaching, research, and service missions of the School. The base salary represents that portion of compensation that is funded by the Texas A&M University Health Science Center from all appropriate sources. Merit raises may be granted based on established meritorious criteria that would increase the base salary.

   **Merit Payments:** The faculty merit payment is determined in recognition of outstanding performance that significantly advances the purpose of the School in the areas of teaching, research, and/or service as well as increased duties and responsibilities.

   The faculty merit payment may be granted once a fiscal year and is not guaranteed for subsequent years. Faculty merit payments are one-time, lump sum payments that do not increase base salary.

3. **Award of Merit Payments**

   Merit payments are in recognition of outstanding performance that significantly advances the mission/purpose of the School in the areas of teaching, research, and/or service as well as increased duties and responsibilities.

   The amount of merit payment and selection of the faculty member that will receive the merit payment will be determined by recommendations for the department heads and approved by the Dean.

   Merit payments may not exceed 25% of base salary and may not exceed a maximum of $37,500. Merit payments up to $10,000 must be approved by the Dean. Merit payments over $10,000 and up to $37,500 must be approved by the Dean and the TAMHSC Executive Vice President & CEO.

   Six months must have elapsed since the faculty member’s last merit payment.
Merit payments to faculty members shall be treated as payroll items subject to applicable current policies and laws.

The program’s expenditures may be funded from the School’s pool of salary savings, indirect funds, and other applicable funds as determined by the Dean.

• **Pre-Tenure Evaluation**

The TAMU System and the School of Rural Public Health currently require annual evaluations of all faculty by their immediate supervisor(s). Annual evaluations are signed by both the faculty member and the supervisor(s) and placed in faculty personnel files.

While annual reviews are an important part of preparing non-tenured, tenure track faculty for the promotion and tenure process, the process would be strengthened by providing faculty with periodic information from other, tenured faculty on their progress towards tenure and promotion. To accomplish this goal, the School is establishing two review processes: one at the departmental and one at the School level. As detailed below, the departmental reviews will be conducted annually. The School review will be conducted during the third year evaluation.

1. Each department will establish an annual review process for non-tenured, tenure track faculty that includes the following:

   a) Along with their annual evaluation reports, non-tenured, tenure track faculty will submit an up-to-date curriculum vitae.

   b) Within one month of submission of annual faculty reports, each department head will schedule a meeting of tenured faculty at rank or senior to the faculty member being reviewed. Copies of the faculty member’s annual report and up-to-date vitae will be made available to the tenured faculty one week prior to the scheduled meeting.

   c) Each department head will appoint a faculty member to lead the review discussion. Upon completion of the review, the faculty reviewers will meet with the department head and faculty member to discuss faculty’s recommendations. Results of the departmental faculty’s deliberations will not be included in the faculty member’s personnel file. The purpose of the review is advisory only, and is to provide faculty with feedback from their peers.

2. The School APT Committee will review each non-tenured, tenure track faculty member following their third annual review. Department Heads will provide the School APT Committee with copies of the faculty member’s up-to-date curriculum vitae and annual reports submitted by the faculty member from the preceding three years. The School APT Committee will provide a written summary and recommendations to the Department Head, the departmental review committee, and the faculty member under review. The School APT Committee report will summarize the faculty member’s performance in each of the areas of teaching, research, service, and outreach, and provide recommendations for improvement. The School’s APT Committee recommendations will not be included in the faculty member’s personnel file.

• **Adjunct Faculty Compensation**

The Texas A&M Health Science Center School of Rural Public Health employs adjunct faculty to deliver core courses as well as to increase the number of other course offerings. It is often the case that adjunct faculty bring a special expertise to the classroom that might not be available from the roster of permanent full-time faculty. Continued fiscal stringencies coupled with growing enrollment and increased demand for course offerings
requires the School of Rural Public Health to continue its reliance on adjunct faculty and to provide adequate compensation for their services.

Adjunct faculty selected by a department to provide instruction as instructor of record shall be paid at a base rate of $6,000.00 per course.

**Procedure**

For compensation above the base rate the following is required for review by the Executive Committee:

A written request to the Dean through the Associate Dean for Academic Affairs requesting the increase in compensation including a justification for the increase, the number of courses previously taught by the adjunct faculty member and the number of years the adjunct faculty member has participated in the academic program.
Miscellaneous Policies

• Faculty Office Hours

TAMUS Policy

“All personnel employed by the system who are paid on a full-time salary basis shall work a minimum of 40 hours a week. The working hours of certain members of the faculty or staff may vary, depending upon the position held. The normal office hours shall be from 8:00am to 5:00pm, Monday through Friday, with one hour off for lunch. These shall be the regular hours of work for full-time employees, except those employed by departments or units with functions which preclude an 8:00am to 5:00pm, Monday through Friday work schedule. The work schedule of such departments or units shall be prescribed by the responsible university president or agency director.”

SRPH Policy

The SRPH recognizes that faculty regularly work schedules outside of normal duty hours due to teaching, research, and service responsibilities. However, all full-time faculty are expected to inform SRPH when they anticipate being out of the office during regular business hours (including during the summer months for all faculty on 12-month appointments). Faculty members providing instruction to SRPH students are expected to post and hold regularly scheduled office hours for the purpose of student consultation. Faculty members should schedule a minimum of 3 hours/week as office hours. Adjunct or joint appointed faculty members must provide students the opportunity to meet with them outside of regularly scheduled class sessions as well. Any alterations to the specified hours should be posted in writing on the faculty member’s door and provided to the appropriate administrative assistants and receptionist.

Forms A specific Office Hours form or card may be required within departments.

• Faculty Academic Workload

1. Academic Teaching Workload

   This policy is established to provide specific guidelines to the Texas A&M Health Science Center School of Rural Public Health (TAMHSC-SRPH) regarding the minimum academic workload for faculty.

   a) Each full-time faculty member employed from instructional funds by TAMHSC-SRPH is expected to teach classes and to assume a reasonable workload of related activities that constitute a full-time load. Persons employed on a part-time basis from instructional funds are expected to assume a workload proportionate to the percentage of employment on these funds.

   b) The nature of full-time teaching load may vary within departments of the TAMHSC-SRPH because of differences in departmental missions, the nature of the instructional programs, clinical or professional service requirements, and research activities. In all departments, faculty members are expected to engage in those commonly accepted duties that will enhance the teaching/learning process and the quality of the institution’s programs. Recognized duties include classroom teaching, scholarly study, basic and applied research, clinical or professional service, professional development, student advising and counseling, course and curriculum development, continuing education, public service, assistance in the administration of the academic program, and similar academic activities. These duties are inherent in the life and work of a faculty member and are taken into account in consideration of promotion, tenure, and salary.
2. **Evaluation of Teaching Loads**

It is the responsibility of the Department Head in consultation with the SRPH Dean and the Associate Dean for Academic Affairs to evaluate academic workloads and to insure that administrative practices exist for making maximum use of the institution’s resources in the conduct of instructional duties. The Dean and department heads determine that each person employed for instructional purposes is carrying the minimum full-time equivalent load and that the academic duties within and among departments are assigned equitably.

3. **Teaching Load Standards**

Each TAMHSC component institution may establish standards for teaching loads to meet the instructional obligations of the system academic institution and its students, to operate efficiently within the range of resources available to the system academic institution, and to comply with the faculty workload guidelines and standard reports issued by the coordinating board. The following minimum teaching workload standards for the TAMHSC-SRPH will apply:

a) A normal teaching load for graduate courses shall be six semester credit hours of classroom teaching per year; a normal teaching load for undergraduate courses (if applicable) shall be nine semester credit hours of normal classroom teaching per year.

b) Faculty teaching load may be reduced for a faculty member serving as departmental head or in other SRPH administrative positions. For administrators: a minimum teaching load for graduate courses shall be three semester credit hours of normal classroom teaching per year or a minimum teaching load for undergraduate courses (if applicable) shall be of six semester credit hours of normal classroom teaching per year.

c) Adjustments of the amount of normal classroom teaching may be made with approval of the Dean to account for large class sizes; duplicate sections taught; laboratory, seminar, lecture, clinical, or field-type courses; availability of support services; situations where both graduate and undergraduate work (if applicable) are involved; courses which involve individualized instruction; and overload from the previous semester. In addition, adjustments may be made based on research and professional service activities. The teaching load for a faculty member may not exceed twelve semester credit hours per year for graduate programs and fifteen semester credit hours per year for undergraduate programs.

**OFFICE OF RESPONSIBILITY:**

SRPH Dean
SRPH Associate Dean for Academic Affairs

Also see:

Health Science Center Policy 12.03.Z1.01 - Faculty Academic Workload
Texas A&M University System Policy 12.03 - Faculty Academic Workload and Reporting Requirements
Standard Faculty Provisions

- **Standard New Faculty Start-up Packages**

The SRPH, or departments within the school, shall make a start-up package available for new tenure track assistant professors who are administratively located in the School of Rural Public Health. Start-up packages will be contingent upon the availability of funds in the school or appropriate department. To the extent possible, the availability of funds for start-up packages will be determined each fall prior to the initiation of faculty searches.

Start-up funds may be used to support professionally-related activities. Examples of appropriate expenditures include initiation of a research agenda (e.g. purchase of a dataset, analysis work on dissertation data), preparation for course work (e.g. purchase of books), or continued professional development (e.g. conference attendance, attendance at workshops or short courses).

Start-up funds are not intended to replace normal start-up packages currently available (e.g. moving allocation, a desktop computer, office furniture, and $1,500 in annual travel allocations). A total of $4,000 per year for two years will be made available to new hires. In the case of joint appointments with other departments not in the School of Rural Public Health, SRPH will request that the other department pay a proportional share (based on proportion of time in the other department). Unexpended dollars for individual faculty members from start-up packages may be carried over from year to year.

**Procedures**

See procedures and required forms for Expenditures of Salary Savings Funds Policy for using start-up funds as a new faculty member.

- **Standard Office Equipment & Operating Expenses Provided by SRPH to Principal Faculty**

All SRPH principal faculty will have provided for them the following items:

1. Desk and computer workstation
2. Desk chair
3. Guest chair (up to 2)
4. Computer with standard software and hardware (up to a $3000 value)
5. File cabinets (up to 2)
6. Bookcase
7. Laser printer
8. Printer stand
9. Standard desk accessories and telephone

Any office furniture or equipment beyond these standard items may be purchased through salary savings dollars (within the limits and regulations of the use of such funds) or through negotiation with the department head and approval of the Dean (refer to Expenditures of Salary Savings Funds Policy).

Computer software to be included have been broken into two categories – base and faculty. The base package includes software that should be available on all PCs within the School of Rural Public Health. The faculty package includes the base package plus two additional options.
**Base Package**

Microsoft Windows 7

1. Microsoft Office Professional
2. Word
3. Excel
4. PowerPoint
5. Access
6. Publisher
7. Outlook
8. Acrobat Reader
9. Norton Anti-Virus

**Faculty Package**

1. Analytical Software (one of the following)
   a) SAS
   b) SPSS
   c) Stata
2. Bibliographic Software (one of the following)
   a) EndNotes
   b) ProCite

These recommendations also apply to software license renewals.

The School will also cover normal operational costs, such as routine mailing expenses (including overnight mailing services when warranted) and telephone charges (i.e., items typically covered under indirect cost recovery). However, faculty need to be prudent in their operational expenditures due to the budgetary limitations of the School. At a minimum, department heads will be provided quarterly reports of operational expenditures of departmental members. Department heads will be notified individually in the case of excessive operational expenditures within their particular department.

**Procedures**

1. All office furniture, standard desk accessories and supplies, and computer equipment must be ordered by personnel within the SRPH Office of Business Affairs. Faculty members within the School should contact the Office of Business Affairs for assistance in securing items covered under this policy.

2. Monthly statements will be provided to all faculty members detailing long distance telephone charges. The statement is to be reviewed by the faculty member and signed verifying that all long distance calls were School-related or professional business. The signed statement should be returned within 48 hours of receipt.

*This includes instructional and statistical software as identified by the ad hoc research committee and recommended to the Dean for approval.
• Policy on Conflicts of Commitment and Interest

Conflict of Commitment

SRPH faculty and staff owe their professional allegiance to TAMHSC, and their primary commitment of time and intellectual energies should be to the education, research and scholarship programs of the institution. The specific responsibilities and professional activities that constitute that commitment will differ across components and departments, but they should be based on a general understanding between the faculty member, staff member or trainee and his or her department chair and component dean/director. Even with such understandings in place, however, attempts of faculty, staff and trainees to balance TAMHSC responsibilities with external activities - such as consulting, public service or pro bono work - can result in conflicts regarding allocation of time and energies. Conflicts of commitment usually involve issues of time allocation. Whenever an individual's outside consulting activities (as defined in Texas A&M University System Regulation 31.05.01 Faculty Consulting, External Employment and Conflicts of Interest) exceed the permitted limits, a potential conflict occurs. A conflict of commitment exists when too large a proportion of an individual’s professional activities are focused on tasks or goals that do not assist the TAMHSC in carrying out its mission.

Conflict of Interest

A conflict of interest occurs when there is a divergence between an individual's private interests and his or her obligations to TAMHSC such that an independent observer might reasonably question whether the individual's professional actions or decisions (e.g., research results or commentary on scientific matters) are determined by considerations of personal gain, financial or otherwise rather than a commitment to seeking and transmitting scientifically sound information.

Conflicts of interest are common and practically unavoidable in a modern research university. Therefore, it is paramount that policies and procedures be put in place to manage potential conflicts of interest. At TAMHSC, conflicts of interest can arise out of the fact that a mission of the TAMHSC is to promote public good by fostering the transfer of knowledge gained through TAMHSC research and scholarship to the private sector. Two important means of accomplishing this mission include consulting and the commercialization of technologies derived from research. It is appropriate that individuals be rewarded for their participation in these activities through consulting fees and sharing in royalties resulting from the commercialization of their work. It is wrong, however, for an individual's actions or decisions made in the course of his or her TAMHSC activities to be determined by considerations of personal financial gain. Such behavior calls into question the professional objectivity and ethics of the individual and it also reflects negatively on TAMHSC. TAMHSC is an institution of public trust; all members must respect that status and conduct their affairs in ways that will not compromise the integrity of TAMHSC.

Faculty, staff and trainees should conduct their affairs so as to appropriately manage conflicts of interest when they arise. To that end, the purposes of this internal policy and guidelines are to educate individuals about situations that generate conflicts of interest, to provide means to manage conflicts of interest, to promote the best interests of trainees and others whose work depends on faculty direction, and to describe situations that are prohibited. Every individual has an obligation to become familiar with, and abide by, the provisions of this internal policy. If a situation of potential conflict of commitment or interest arises, individuals are urged to discuss the situation with the department chair, component dean/director, or the Vice President for Academic Affairs (or Vice President for Research, where appropriate).

Procedures

Faculty, staff and trainees are urged to read the associated TAMHSC guidelines outlined in TAMHSC Policy 12.01.99.Z1.04 to fully understand the spirit of these provisions, the bona fide exceptions, and requirements for compliance.
The SRPH Office of the Dean will notify faculty and staff of the need to comply with this policy and guidelines on an annual basis.

All SRPH faculty and staff must certify in writing to the component deans/directors their compliance with the TAMHSC internal policy related to conflict of interest and commitment. Faculty members will do so at the time of initial faculty appointment; staff members will do so at the point of hire; and trainees will do so at matriculation.

Faculty and staff must also disclose information about their (and their immediate family members) financial relationships with outside organizations that are sponsors of their teaching or research programs or are otherwise involved in current, proposed or pending financial relationships with TAMHSC that involve the individual.

Department Heads will review disclosure forms of faculty for potential or apparent conflicts to ensure (in consultation with the SRPH Office of Academic Affairs, the SRPH Office of Research, the TAMHSC Office of the Vice President for Academic Affairs for education or training related conflicts, and the TAMHSC Office of the Vice President for Research and Graduate Studies for research related conflicts) the appropriate management of such conflicts.

The SRPH Office of Business Affairs will review disclosure forms of staff for potential or apparent conflicts to the appropriate management of such conflicts.

The Vice President for Academic Affairs (or Vice President for Research, where appropriate) shall hear appeals to decisions regarding conflict of commitment and interest.

Should an individual wish to appeal a decision made by the Vice President for Academic Affairs or Vice President for Research, he or she may present the appeal to the TAMHSC Executive Vice President & CEO only on the basis that the decision was made in violation of the academic freedom of the individual or for an illegal reason or for inadequate consideration of the faculty member’s record of professional accomplishment.
Faculty Accounts & Expenditures

• Indirect Cost Distribution Policy

The Texas A&M University Health Science Center (heretofore referred as TAMHSC) has an agreement to utilize the TAMU Research Foundation as the administrative organization for all TAMHSC research grants and contracts. This agreement provides for the return of all indirect costs generated less an administrative fee of 7.5% of direct cost expenditures. Half of the indirect costs returned to the TAMHSC will be in the form of State funds, and the other half will be designated funds.

The TAMHSC administration has established the policy of distributing 75% of funds received from the Research Foundation to the school, college, or institute that generated the indirect costs. The remaining 25% will reside in the Office of the Vice President for Research and will be allocated to support research activities in TAMHSC.

The transfer of the 75% of the returned indirect costs to each component will occur two ways. Half of each component’s quarterly distribution will be returned in the months of March, June, September and December. These quarterly transfers will be in the form of designated funds. These funds are less restrictive than state funds and can be used for food and drinks. The remaining 50% of the allocations, the state funds, will be distributed annually.

The Dean’s Office of the School of Rural Public Health (SRPH) will encumber all the indirect funds that are received from TAMHSC. The funds will be used to develop further the infrastructure of SRPH, including space costs; support for faculty instruction, research, and service; departmental development; and other needs of SRPH.

As SRPH proceeds with recruiting its critical core of faculty and decentralization of budgeting costs and expenditures to more fully developed departments in the near future, this policy will be reviewed and updated. Likewise, this policy will be reviewed and updated as collaborative Centers and programs are developed.

Indirect costs that are secured from grants that involve SRPH investigators and are administered through other entities than the Research Foundation will follow similar indirect cost distribution at the SRPH level as noted above.

• Expenditures of Salary Savings Funds

SRPH will provide each tenure-track faculty member with at least twenty percent of his/her salary savings as they are accrued throughout the year. These funds will be maintained in individual accounts, administered by the Office of Business Affairs. No charges against these accounts may be made without authorization from the faculty member. All purchase orders or requests for reimbursement, including purchases made with salary savings funds, must be accompanied by the specific account number and approval of the department head for expenditures equal to or great than $2000. In unusual circumstances, exceptions to this policy may be authorized by the Dean in consultation with the relevant department head, the specific faculty member, and the Office of Business Affairs. Funds may be used at the discretion of the faculty member for professionally-related expenses if they meet requirements for both state expenditures and SRPH policy and the conditions below are met:

1. Faculty must make a written (or email) request to expend a certain amount of funds for an explicitly identified service or purchase and the Office of Business Affairs must (a) approve the expenditure as consistent with state-expenditure policy as well as SRPH policy, and (b) determine that sufficient funds are present in the faculty members salary savings account to make the purchase. The Office of Business Affairs may make alternative suggestions where efficiency or costs are concerned, but the faculty member makes the final purchase decision if conditions “a” and “b” are met.
2. The Office of Business Affairs must make a written (or email) request of a faculty member to expend some of their salary savings money for some specific purchase and the faculty member must agree in writing (or email) to the expenditure of her or his salary savings funds.

At the end of each fiscal year, depending upon the overall fiscal health of the School, up to an additional twenty percent (for a maximum of 40% over a single fiscal year) of tenure track faculty members’ salary savings will be returned. The long-term goal is to routinely return forty percent of salary savings to faculty for use in professionally related activities. The remaining salary dollars will be used by the Dean’s Office for school-wide and departmental expenses. Appropriate uses of salary savings include the following:

**Faculty:**
- Graduate students, equipment, supplies, travel, publications, additional office furniture, professional memberships

**Department:**
- Graduate students, supplies, travel, equipment, and development and operations

**Dean:**
- Discretionary spending for School, departments, and faculty

The above list is not all inclusive; all expenses must meet TAMHSC and TAMUS guidelines for state dollars.

**Procedures** Refer to policy on Mandatory Purchase Order Numbers.

**• Mandatory Purchase Order Numbers for Reimbursement or Purchasing Requests**

It is policy of the State of Texas that purchase orders be obtained before purchasing goods and services. To the maximal extent possible, all employees (faculty, staff, and graduate students) should obtain a purchase order number from the SRPH Office of Business Affairs before purchasing any goods or service on their own behalf or on behalf of the department, program office or the School. Purchase order numbers are necessary for purchases intended for reimbursement through grant or contract funds, or from faculty salary savings accounts. In unusual circumstances—for example, unanticipated weekend purchases—when purchase order numbers cannot be obtained in advance, the purchaser should submit a brief note of explanation along with a receipt(s) to the Office of Business Affairs. However, failure to obtain purchase orders in advance may leave the purchaser liable for payment of the goods or services.

**Procedures**

1. Complete the Purchase Request Form, providing information related to the goods required and the specific account number to be used for the purchase.

2. Submit the completed form to the Office of Business Affairs for processing and ordering.

**If the purchaser requires purchasing the goods in person (thus requesting reimbursement), the purchaser should**

1. Complete the purchase request form, providing information on the items to be purchased, including approximate price, and the specific account to be billed.

2. Submit the form to the Office of Business Affairs in order to secure a PO number.

3. Provide the PO number to the vendor to be included on the receipt for the goods at the time of purchase. If appropriate provide the vendor with the SRPH tax exempt number (available through the Office of Business Affairs).

4. Submit the receipt to the Office of Business Affairs for reimbursement.
If the purchaser is out of town or at a location in need of a purchase order number the purchaser should

1. Call the SRPH Business Affairs Office representative to secure a PO number. The purchaser will be asked to provide information regarding the item(s) to be purchased and the specific account to be billed. The transaction should take approximately 5 minutes.

2. Provide the tax exempt number along with the PO number to the vendor. The PO number must be recorded on the receipt.

3. Submit the receipt for the item(s) purchased to the Office of Business Affairs.

Required Form  Purchase Request Form

• Contractual Agreements with Texas A&M University System Components

Administrators, faculty and staff of the School of Rural Public Health will not enter into discussions concerning the terms and conditions of a contractual agreement with any Texas A&M University System component without notification to the Dean and the Dean’s written acknowledgement. Administrators, faculty and staff of the School of Rural Public Health will also not enter into a contractual agreement with any Texas A&M University System component without written approval of the Dean, Associate Dean for Academic Affairs and the TAMHSC Vice President for Academic Affairs (if academic related), the Associate Dean for Research and the TAMHSC Vice President for Research (if research related), and the Assistant Dean for Finance and Administration. In addition, if deemed appropriate by the Dean approval of the TAMHSC Office of Finance and Administration (Contract Administration), and the Vice Chancellor and General Counsel for the Texas A&M University System will be obtained.
Faculty Private Consulting

• Faculty Consultations Outside of Professional Employment

This policy is subject to the provisions of System Policy 31.05, Outside Employment and Expert Witness, and System Policy 33.04 Use of System Property. Those policy statements should be treated as an integral part of the SRPH policy statement. It is the obligation of faculty to inform their department heads or other immediate supervisors of all new and continuing outside professional activities prior to entering into any agreement, including those dealing with intellectual property. Release time for faculty consultations should be no more than an average of 3 days per month over the fiscal year unless approved by the dean. Permission for consulting and employment on an ongoing basis will be for no more than one year in duration, and all authorizations will terminate on August 31 of each year.

Procedures

1. A faculty member desiring to enter into a contractual consulting agreement with an outside agency must request approval from his/her department head and the Dean of SRPH.

2. Requests for approval must be submitted to the department head and must certify that the requested release time for consulting/outside employment will not interfere with the performance of the faculty member’s assigned duties and responsibilities within the School.

3. One copy of the authorization will be placed in the faculty member’s personnel file. A separate file containing all authorizations granted will be maintained by the SRPH Office of Business Affairs.

4. The faculty member’s department head will keep a record of individual absences from the employee’s official place of duty for outside employment or consulting activities. Such absences requesting release time must be submitted for advance approval.

Required Forms

Faculty Consulting and Outside Employment Application and Approval Form; Leave Request Form for Consulting/Outside Employment.
OFFICE OF RESEARCH POLICIES AND PROCEDURES

Research Proposal Policies

• SRPH Research Proposal Routing Procedures

The following procedures should be followed when submitting grant or contract proposals to be routed through the A&M Research Foundation and the TAMHSC Office of the Vice President for Research.

During the development stage of a proposal:

1. Once a faculty member develops a proposal idea and identifies a potential funding source, a notification is sent to the SRPH Office of Research indicating the funding source (specific RFA/RFP number and web URL if one exists), the topic, the PI and participating colleagues, and a short paragraph that describes the proposed project.

2. The PI identifies and develops the proposal team. Notification of the Office of Research of impending proposals is intended to ensure that everyone is aware of colleagues’ research activities, avoid internal competition, and identify other faculty who may be able to support the proposed research effort and provide existing agency contacts. The Office of Research will send the proposal notification to the current list of faculty and research staff at SRPH.

3. If the indirect requested is less than the standard approved rate, the PI should submit a formal request for waiver to the Office of Research along with a justification for the waiver. The Office of Research submits the request to the Vice President for Research and Graduate Studies.

4. If cost sharing is requested, the PI should notify the Office of Research in advance of the routing. The Office of Research then requests permission for the cost share from the Office of Academic Affairs, carbon copying the appropriate Department Head at the same time. This mechanism is to ensure investigators do not exceed 100% effort.

5. In the event SRPH is a subordinate to another TAMHSC component in a proposal, upon award, the Office of Research should work with the Research Foundation to establish a separate subaccount with indirects for the SRPH portion of the award. Furthermore, the Office of Research should notify the Vice President of Research and Graduate Studies of the award and subordinate relationship to ensure indirect costs are distributed to the components proportionately.

Prior to submitting the proposal to the Research Foundation for review and approval

1. A draft of the proposed budget should be provided to the SRPH Office of Research for review either prior to (or simultaneously with) submitting the draft to the Research Foundation. The Research Foundation (if submitting through the Research Foundation) or The TAMHSC Office of the Vice President for Research (if submitting through the Health Science Center) must be notified by the P.I. as soon as possible regarding the development of a proposal, the due date for the proposal to the funding agency, and a tentative budget. If the proposal and the budget are to be circulated less than four days prior to the due date, the Office of the Vice President for Research must be given advanced notice.

2. Five days prior to the due date of the proposal, the PI should submit a routing copy of the full proposal to the Research Foundation. The routing copy may not be the final proposal, but it should include sufficient...
text on the nature of the project and the appropriateness of the budget to inform administrators who must provide the institutional signoffs on the proposal. The final copy of the proposal should be at the Research Foundation the day before it must be forwarded to the sponsor.

**Electronic Proposal Routing**

1. The proposal is routed electronically by the Research Foundation to the PI, co-investigators, department heads, Office of Business Affairs and Head of the Office of Research, with a carbon copy to the Office of Research. This process is automated and monitored by the Research Foundation. In the event a PI is unavailable, the Office of Research should request permission from the PI to skip them in the route and relay that message to the Research Foundation.

2. From time to time, a Research Foundation Proposal may be unable to route electronically. In that event, the following procedure is followed:

   - Notifying the Dean’s Office, the Office of Academic Affairs, and the Office of Business Affairs that the proposal is being routed internally
   - The proposal is hand delivered to the Office of Research which is responsible for routing to and securing the necessary signatures from the PI, co-investigators, Department Head, Office of Business Affairs, and Head of the Office of Research in a timely manner
   - Contacting the Research Foundation for pickup of the signed proposal
   - Maintaining a copy on file in the Office of Research

**Hard Copy Proposal Routing**

Proposals routed through the Health Science Center are in paper format. The Office of Research is responsible for the following:

- Preparing the routing documents
- Securing signatures from the PI, co-investigators, Department Head, Office of Business Affairs, and Head of the Office of Research or his/her designee
- Sending via courier the proposal to the Health Science Center’s Office of the Vice President for Research for final approval.

**Protection of Human Subjects in Research and Institutional Review Policy**

The School of Rural Public Health recognizes that persons involved in the conduct of human subjects research must be cognizant of the importance of protecting the rights and welfare of human subject research participants. All research conducted at the SRPH must comply with all Federal and Texas A&M University System, and Texas A&M University Health Science Center policies and regulations and policies concerning the protection of human subjects.

To further the recognition of this principle and in accordance with The Texas A&M University System Policy 15.99.01 [Use of Human Participants in Research] and to prevent any unnecessary delays in project initiation, account establishment, release of funds, and research expenditures the School has adopted the following procedures:
Procedures

Training

All principal and research faculty working on research projects or thesis/dissertation research committees, staff and students are required to complete the CITI protection of human subjects course. Implementation of this requirement is defined below:

1. Effective September 1, 2012, all new students must complete the CITI protection of human subjects course and submit a copy of the certificate of completion to the Office of Student Affairs prior to matriculation.

2. Any student, including non-SRPH students, engaged in human subjects research, including research related to a practicum experience, must complete the CITI protection of human subjects course prior to engaging in research involving human subjects.

3. If a student is engaged in research funded by the National Science Foundation, completion of the Responsible Conduct of Research (RCR) training is also required. A copy of the completion certificate should be sent to the Principal Investigator. CITI training in protection of human subjects must be renewed every two years; RCR training does not expire. Both trainings are available at https://www.citiprogram.org/Default.asp?

4. Effective September 1, 2012, all faculty are required to provide evidence of current certification in protection of human subjects will be presented at each faculty’s annual evaluation. If a SRPH faculty member fails to provide evidence of CITI training in the annual evaluation document or in the subsequent in-person review, the Department Head will indicate the omission in a cover note and notify the Associate Dean for Research, the Associate Dean for Academic Affairs and the Dean for follow-up.

Institutional Review Board Approval

In order to protect human subjects it is necessary for Principal Investigators to obtain Institutional Review Board approval for research involving human subjects in a timely fashion as defined below:

1. Principal Investigators shall obtain Institutional Review Board approval prior to initiating research projects involving human subjects and maintain current approval through project completion.

2. All investigators, research staff, and students working on such projects are required to complete the CITI protection of human subjects course (and the Responsible Conduct of Research Course [RCR] as required by the NSF or other funder) prior to engaging in the research. A copy of the current CITI certification should be attached to the IRB application submitted to the Office of Research Compliance. Project-specific files with documentation of current CITI training for each person engaged in the research are to be maintained by the PI.

3. The PI must also document providing human subjects protocol specific training to staff members engaged in research with human subjects. The CITI and protocol verification form is attached and should be provided to the human resources office upon hire and updated accordingly prior to employees’ involvement in new protocols involving human subjects.

4. Upon notice of award from the funder or the Office of Shared Research Services or a Just in Time (JIT) Request, the Principal Investigator shall submit an IRB application to the Texas A&M IRB Office.

5. For projects wherein the start-up and development phases are devoted to activities which do not involve human subjects (i.e., development of protocols and instruments), the Principal Investigator is required to submit an IRB packet and receive IRB approval prior to the project start date. In these instances, the
initial IRB application should include a statement that development of instruments, protocols, and any associated consent/assent forms is part of the project’s work plan and as these are developed, amendments will be submitted to the IRB office prior to the initiation of any data collection activities.

6. Continuations shall be submitted within the 60 day window allowed by the IRB office. While notices are sent electronically to the PI, it is the PI’s responsibility to monitor IRB renewals and respond upon receipt.

7. Amendments shall be submitted to the IRB office immediately upon changes in research protocol.

8. Project Completion: At the completion of the project, the Principal Investigator shall notify the IRB office via a project continuation/completion form. For student thesis or dissertation projects, the student is responsible for submitting the completion report prior to commencement or departure from SRPH. In the event the student is not available, the thesis/dissertation chair is responsible for submitting the completion report to the IRB office.

9. The PI shall copy the SRPH Office of Research with all IRB related submissions and share copy of the IRB approval documentation for retention in project files.

Resources: The IRB application forms, guidelines, and link to IRB training are available at http://rcb.tamu.edu/humansubjects
Human Subjects Training Verification Form

All Principal Investigators, Co-Investigators, and study personnel conducting research with human subjects must complete the on-line human subjects protection course (CITI training), responsible conduct of research [RCR] (as required for NSF funded projects) AND receive protocol specific training prior to engaging in research with human subjects.

The CITI and RCR course is available at http://rcb.tamu.edu/humansubjects/training. The CITI course must be updated via the refresher course every two years; RCR training does not expire.

Verification:

I verify that I have completed the on-line CITI training course (circle response below).  
**Yes**  **No**  **N/A-not engaged in research with human subjects**

* A copy of the completed certificate should be attached to this form.

I verify that I have completed the on-line RCR training course** (circle response below).  
**Yes**  **No**  **N/A-not engaged in NSF funded research with human subjects**

* A copy of the completed certificate should be attached to this form.

I verify that I have received protocol specific training for the research projects I am engaged in from the Principal Investigator/Supervisor/Designee (circle response below).  
**Yes**  **No**  **N/A-not engaged in research with human subjects**

Printed Name: ____________________________________________

Signature: ________________________________________________

Date: ____________________________________________________

Supervisor Printed Name: _________________________________

Supervisor Signature: ____________________________________

Date: ____________________________________________________

**Required for NSF funded projects.

Human Subjects Training_1st read approved, 2nd read approved 12/14/2011, EC_2nd read 12/20/2011; approved by EC 1/17/2012
• **Payroll Approval Process**

**Policy**

Principal Investigators and/or their authorized delegates are required to review and approve of all research project payroll approval reports on a monthly basis via the Research Foundation’s Electronic Payroll Certification System (EPCS) for grants administered through the Research Foundation and semi-annually for projects administered through the Texas A&M Health Science Center (TA-HSC).

**Definitions**

**Authorized Delegate:** A Principal Investigator may delegate approval authority to a delegate via completion of the delegation of authority form available at the Research Foundation website.

**Procedure**

1. Payroll verification notices are sent by the Research Foundation to the Principal Investigator and authorized delegates on a monthly basis via the electronic payroll verification system. TAMHSC provides the payroll reports semi-annually in paper format. It is the Principal Investigator’s responsibility and/or authorized delegate to review and approve of the payroll reports as soon as possible and denote any edits or corrections.

2. For projects administered through the Research Foundation, the Principal Investigator and/or delegate approve the reports electronically via the Research Foundation EPCS system. For projects administered through TAMHSC, the signed approval reports are submitted to TAMHSC VPRs office semi-annually.

3. Corrections. In the event a payroll approval report is incorrect, the Principal Investigator or authorized delegate shall indicate the requested change in the payroll verification system comments section (if through the Research Foundation) or the payroll approval form (if through TAMHSC). In the event of a payroll change or correction, the PI or delegate submits the request electronically to the SRPH Business Office to initiate the requested corrections. The SRPH Business Office works with the Research Foundation and TAMHSC payroll to coordinate the changes/corrections in a timely fashion.

   The Principal Investigator and/or authorized delegate are only allowed to make changes to their project accounts. Corrections involving multiple project accounts outside of the auspice of the Principal Investigator require advance approval from the additional projects’ responsible Principal Investigator.

   The TAMRF and/or TAMHSC Research Administrator will review the transfer request for allowability on the referenced projects and notify the Principal Investigator or authorized delegate and SRPH Business Office if the requested change cannot be completed.

4. The Principal Investigator and/or authorized delegate are required to maintain a copy of the signed approval forms in their work area.

Resources: Payroll Verification System is available at [https://rf-reports.tamu.edu/login.php](https://rf-reports.tamu.edu/login.php)

• **Research Related Travel Reimbursement**

All research related travel is subject to the Texas A&M University Health Science Center “Guidelines for Disbursement of Funds”, the Texas A&M University Health Science Center “Travel Voucher Preparation” procedures, and Texas A&M University Health Science Center rule 25.02.01.Z1 “Travel Expenditures”, and Texas A&M System Regulation 25.02.01 and System Policy 25.02.
Procedure

1. All faculty members authorized to travel on research projects must adhere to the above noted Health Science Center and Texas A&M System Policies, Rules and Regulations involving leave requests completed in advance, travel advance resources, and reimbursement procedures. In all instances, the PI will serve as the institutional validity check on travel leave requests and reimbursement requests.

2. In the event that the PI is traveling on her or his research project, the PI’s department head’s signature before it is forwarded to the Research Foundation or Health Science Center Office of Research and Graduate Studies for reimbursement.

3. In cases where the PI is also the department head, the SRPH Research Dean may co-sign for reimbursement requests.

Form: Authorization and Reimbursement forms at:
http://www.tamhsc.edu/departments/finance-admin/accounts-payable/travel-information.html

SRPH Indirect Rate Approvals

In accordance with TAMHSC System Policy TAMHSC Internal Policy 15.01.01.Z1.01, facilities and overhead costs (also termed indirect costs or overhead) are a necessary and integral element of the overall research project and a benefit to the Texas A&M University Health Science Center. These costs serve to support the project’s overhead and contribute substantively to research, education, and outreach efforts across The University System as a whole. Therefore, investigators are required to include the maximum indirect rate allowed in proposal budgets. The School of Rural Public Health recognizes there are occasions in which either the funder requires a lower indirect than the standard university approved full rate or the investigator may need to request a lower indirect due to certain extenuating circumstances. These requests for waivers of the maximum indirect must be submitted in advance of the proposal submission to the SRPH Office of Research. Each request is subject to final approval by the Health Science Center’s Office of the Vice President for Research and Graduate Studies.

Procedure

1. Projects with very low rates. Certain funders have established indirect rate allowances that are lower than the Texas A&M University’s full on-campus indirect rate. The funder’s rate is generally clearly prescribed in the program announcement, request for proposal, or request for application. In these instances, a copy of the indirect rate clause should be submitted to the SRPH Office of Research as soon as the investigator decides to submit a proposal. The SRPH Office of Research notifies the TAMHSC Office of the Vice President for Research and Graduate Studies who must approve of the rates.

2. Requested by Principal Investigator. From time to time, an investigator may request a lower than standard indirect rate approval. In these instances, a full justification for the request is submitted to the SRPH Office of Research as soon as possible. The justification should fully outline why the lower indirect is necessary. The Office of Research is then responsible for communicating the request with full justification to the Health Science Center’s Vice President for Research and Graduate Studies. Any request for reduced or waived indirects must be submitted two weeks in advance of the proposal due date.
Royalty Distribution Plan

IV.A.6 Royalty Distribution Plan (Approved EC 1/5/2010)

Royalty Distribution Plan: After expenses, 18.75% (if HSC pays patent fee) or 37.5% (if SRPH pays the patent fee) of the royalties are returned to the SRPH Technology and Commercialization fund (SRPH-TC fund) until this fund reaches $50,000 to support patents and commercialization activities within the School. Once the SRPH Technology and Commercialization fund reaches at least $50,000, then 9.375% (if HSC pays patent fee) or 18.75% (if SRPH pays patent fee) of the royalties are returned to the inventor’s department from which the technology originated and/or the investigator’s laboratory/Center/Program, percentages that will be negotiated between the inventor and department. The following diagrams outline the distribution plans:

Scenario 1: HSC pays patent fee (18.75% back to SRPH for allocation)

100% Royalties

Less 25% Expenses

Faculty 37.5%

HSC

HSC 18.75%

SRPH

SRPH Technology Commercialization Fund 18.75% first $50,000 then 9.375%

SRPH Investigator’s Lab/Department/Center/Program 9.376% after SRPH-TC fund ≥ $50,000*

Scenario 2: SRPH pays patent (37.5% back to SRPH for allocation)

100% Royalties

Less 25% Expenses

Faculty 37.5%

HSC

HSC 0%

SRPH

SRPH Technology Commercialization Fund 37.5% first $50,000 then 18.75%

SRPH Investigator’s Lab/Department/Center/Program 18.75% after SRPH-TC fund ≥ $50,000*

*As specified in the application
- **Patent Support Review and Evaluation**

In an effort to support continued growth in commercialization and technology endeavors by Principal Investigators, The School of Rural Public Health (SRPH) reviews patent investment requests to determine overall commercialization potential. SRPH utilizes a multi-step process to ensure input from faculty across all disciplines as well as administration to support those investments that have a high probability of a positive return on investment in the future.

**Procedure**

1. Investigators interested in pursuing a patent contact the Office of Technology and Commercialization at TAMU and complete required forms and disclosures.

2. **Provisional Patents:** Subject to non-disclosure and confidentiality requirements, investigator submits request for Provisional Patent to the SRPH Research Office for review. The SRPH Associate Dean and Academic Business Administrator shall forward the request and their recommendation for funding to the SRPH Dean and SRPH Assistant Dean for Finance and Administration who make the final decision for funding. Provisional patents are short term (12 months) and filed prior to filing for full Utility Patents. Provisional patents allow investigators to apply the term “patent pending” to the invention. The SRPH Research Office shall inform the SRPH Committee about requests for funding of Provisional Patents.

3. **Design Patent:** Subject to non-disclosure and confidentiality requirements, investigator submits request for Design Patent to the SRPH Research Office for review. The SRPH Associate Dean and Academic Business Administrator shall forward the request and their recommendation for funding to the SRPH Dean and SRPH Assistant Dean for Finance and Administration who make the final decision for funding. Design patents, if granted by the United States Patents and Trademark Office are for 20 years and are used specifically to identify unique and ornamental provisions of a characteristic or design element that is readily identified in the art. Filing a design patent allows investigators to apply the term “US Patent Pending” to the invention for marketing and licensing purposes. A minimum of 6 views and a perspective drawing are required for submission. The SRPH Research Office shall inform the SRPH Committee about requests for funding of Design Patents.

4. **Utility Patent:** SRPH Utility Patent investment requests are submitted by the investigator to the Research Committee for review, consideration, and recommendation:
   a. To the extent allowable under applicable non-disclosure requirements, investigators pursuing patent support are asked to provide a presentation to the Research Committee to include the criteria as outlined below.
   b. The Research Committee considers the following review criteria in determining the overall commercial potential of the technology.
      i. Investigator’s assessment
      ii. Financial
         1. Overall risk
         2. Potential return on investment
         3. Potential investors
         4. Product demand
         5. Anticipated costs
         6. Other resource requirements
         7. SRPH resource availability
iii. Legal Assessment
   1. Can product be patented?
   2. Ease/difficulty of patent protection/copyright/trademark

iv. Market Assessment
   1. Competition
   2. Market share/market growth
   3. Product attributes
   4. Selling price
   5. Market partners/allies
   6. Marketability
   7. Channels of distribution

v. Investigator
   1. Experience/Expertise
   2. Entrepreneurial experience (limited/extensive)
   3. Business network
   4. External support
   5. Collaborators

vi. Technology
   1. Strengths/weaknesses
   2. Complexity
   3. Stage of development (idea, prototype)
   4. Uniqueness of product, process, or technology

vii. Operations
   1. Skills required to produce
   2. Systems required to produce

viii. Timeline for commercialization (1-2 years; 3-5 years; 5-10 years; >10 years)

ix. OTC review/recommendations

5. The Research Committee recommendations are presented to the Executive Committee for review/consideration and recommendations regarding funding support.

1 This policy is pursuant to TAMHSC Policy 17.02.01.Z1.01. Management of Technology Commercialization through Patents and Licensure of Intellectual Properties and is not intended to contradict TAMHSC Policy 15.01.01.Z1.03 Freedom to Publish Research Results.

Procedure

6. Investigators interested in pursuing a patent contact the Office of Technology and Commercialization at TAMU and complete required forms and disclosures.

7. Provisional Patents: Subject to non-disclosure and confidentiality requirements, investigator submits request for Provisional Patent to the SRPH Research Office for review. The SRPH Associate Dean and Academic Business Administrator shall forward the request and their recommendation for funding to the SRPH Dean and SRPH Assistant Dean for Finance and Administration who make the final decision for funding. Provisional patents are short term (12 months) and filed prior to filing for full Utility Patents. Provisional patents allow investigators to apply the term “patent pending” to the invention. The SRPH Research Office shall inform the SRPH Committee about requests for funding of Provisional Patents.
8. Design Patent: Subject to non-disclosure and confidentiality requirements, investigator submits request for Design Patent to the SRPH Research Office for review. The SRPH Associate Dean and Academic Business Administrator shall forward the request and their recommendation for funding to the SRPH Dean and SRPH Assistant Dean for Finance and Administration who make the final decision for funding. Design patents, if granted by the United State Patents and Trademark Office are for 20 years and are used specifically to identify unique and ornamental provisions of a characteristic or design element that is readily identified in the art. Filing a design patent allows investigators to apply the term “US Patent Pending” to the invention for marketing and licensing purposes. A minimum of 6 views and a perspective drawing are required for submission. The SRPH Research Office shall inform the SRPH Committee about requests for funding of Design Patents.

9. Utility Patent: SRPH Utility Patent investment requests are submitted by the investigator to the Research Committee for review, consideration, and recommendation:

a. To the extent allowable under applicable non-disclosure requirements, investigators pursuing patent support are asked to provide a presentation to the Research Committee to include the criteria as outlined below.

b. The Research Committee considers the following review criteria in determining the overall commercial potential of the technology.

i. Investigator’s assessment

ii. Financial
   1. Overall risk
   2. Potential return on investment
   3. Potential investors
   4. Product demand
   5. Anticipated costs
   6. Other resource requirements
   7. SRPH resource availability

iii. Legal Assessment
   1. Can product be patented?
   2. Ease/difficulty of patent protection/copyright/trademark

iv. Market Assessment
   1. Competition
   2. Market share/market growth
   3. Product attributes
   4. Selling price
   5. Market partners/allies
   6. Marketability
   7. Channels of distribution

v. Investigator
   1. Experience/Expertise
   2. Entrepreneurial experience (limited/extensive)
   3. Business network
   4. External support
   5. Collaborators

vi. Technology
   1. Strengths/weaknesses
2. Complexity
3. Stage of development (idea, prototype)
4. Uniqueness of product, process, or technology

vi. Operations
1. Skills required to produce
2. Systems required to produce

vii. Timeline for commercialization (1-2 years; 3-5 years; 5-10 years; >10 years)

ix. OTC review/recommendations

10. The Research Committee recommendations are presented to the Executive Committee for review/consideration and recommendations regarding funding support.

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**Reporting Requirements for Centers and Programs**

**Policy**

Centers, Institutes, and Programs are reviewed on a regular basis to monitor progress toward stated goals and objectives and continued viability. The schedule of reviews is outlined in Table 1.

**Procedure for Center and Institute Review**

**Centers and Institutes:** Pursuant to TAMHSC Policy 11.02.99.Z1.01, each Center and Institute is reviewed every five years by the TAMHSC Vice President for Research. In addition, each Center and Institute must submit an annual report to the SRPH Office of Research which addresses the items listed in Table 2. Copies of Center/Institute annual reports to their respective funding agencies may be submitted to the Office of Research in lieu of a separate report. In the event reportable items that are listed in Table 2 are not included in the agency/funder specific report, those items should be provided to the Office of Research as an attachment.

**Procedure for Program Review**

**Programs:** Each program is required to submit an annual report to the SRPH Office of Research. The format of the annual report to the Office of Research is outlined in Table 2. Periodic reviews should be undertaken at least every five years to make recommendations concerning the continuation/discontinuation of approved SRPH Programs. In the event a Program fails to submit an annual report within 12 months of the completion of the prior calendar year, the Program Director and Department are contacted. If a report is subsequently not submitted in a timely basis thereafter, a review is undertaken.

Program periodic reviews will be organized by the SRPH Office of Research and conducted by the SRPH Research Committee.

The review will include an assessment of the following areas:

- Significance of the mission, goals, and objectives of the Program how it fits into the mission of SRPH and TAMHSC;
- Effectiveness of the Program in meeting the established Program goals and objectives;
- Appropriateness of the administrative structure, including the director, and the reporting line(s);
• Products (publications, presentations);
• Financial status;
• Strategic plan, including financial projections;
• Recommendation on continuation/discontinuation;
• Outcomes of the review process

Recommendations based on the reviews will be presented by the Research Dean to the Executive Council for further evaluation and action.

<table>
<thead>
<tr>
<th>Category</th>
<th>Type</th>
<th>Reporting Term</th>
<th>Report Due Date</th>
<th>Format</th>
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<td>Prior CY (Jan- Dec)</td>
<td>April</td>
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<td>5 year report review</td>
<td>Prior 5 CY</td>
<td>TBD</td>
<td>Compilation of prior 5 year reports</td>
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<td>Centers, Institutes</td>
<td>Yearly progress report</td>
<td>Prior CY (Jan-Dec)</td>
<td>April</td>
<td>Table 2 format or Funding Agency Format</td>
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<td>5 year report</td>
<td>Prior 5 CY</td>
<td>TBD</td>
<td>HSC 5 years report format/site visit</td>
<td>SRPH Office of Research and TAMHSC</td>
</tr>
</tbody>
</table>

Table 2: TAMHSC Program Report Template

1. Period Covered by report (CY/FY):
2. Center/Program Name:
3. Director:
4. Program/Center Overview:
5. Summary of Fiscal Year Activities (highlights, milestones):
6. Current Funding Sources:
7. Funding Prospects/Targets:
8. Policy Implications:
9. Population Implications:
10. Rural Implications:
11. Outreach Implications:
12. Community Involvement:
13. Instructional Implications:
14. Student Involvement:
15. Resource Needs/Concerns:
16. Products:
• **SRPH Award for Research Excellence**

Each year, the SRPH Research Committee, in collaboration with each SRPH department, selects one outstanding masters and doctoral level student to receive the School of Rural Public Health Award for Research Excellence. The award is presented during May commencement exercises. The purpose of this document is to outline the policy and procedure regarding the eligibility and selection process in identifying the award recipients.

**Procedure**

1. The Office of Research sends out electronic notice to faculty and students during the Fall semester regarding the upcoming award competition.

2. Students who are planning on competing for either the masters or doctoral research awards should submit a “Notice of Intent to Compete” to the SRPH Director of Research indicating that intent, copied to the relevant Department Head by December 31st of each year. This is a non-binding notice and students may compete without having submitted the notice. The purpose is to provide the SRPH Research Committee with some assessment of the volume of review packages to expect and alerts the relevant department to the list of potential applications to review.

3. Eligible students submit the completed Research Award applications to their respective Advisors and Department Heads by the first day of March. The award application is available on the SRPH Office of Research website.

4. Student eligibility for commencement should be verified by the Department Head and denoted on the research application.

5. Each Department reviews the pool of nominee applications and selects up to two masters and two doctoral nominee names to send forward to the Research Committee. The winning departmental nominee applications are due to The Research Office by close of business the 10th day of March.

6. The SRPH Research Advisory Committee reviews the applications and by means of vote, determines the masters and doctoral award recipients for the year. Notice of the recipients will be provided confidentially to the Office of Student Affairs for inclusion in the graduation program by the 20th day of March. Student affairs will then handle the presentation process as part of the annual spring graduation ceremony.

If any of the above dates fall on a weekend, the materials are due on the next business day.

**Eligibility**

With some exceptions as denoted below, all students who are eligible to participate in the graduation ceremonies are eligible to compete for the award. Students that become eligible to graduate later than spring semester will be eligible for consideration at the following spring graduation ceremony. Excluded from eligibility are SRPH students with a previous doctoral graduate research degree (Ph.D., Dr.P.H.) or students concurrently enrolled in an advanced research degree program. Exceptions to the eligibility will be reviewed on a case by case basis by the Research Dean in consultation with the Research Committee.

**Application Content**

The application may focus on a single project or a student’s research portfolio conducted as an enrolled masters or doctoral student. The student may work with advisors or thesis/dissertation committee members in preparing the application. The work does not necessarily have to be part of a thesis of dissertation project; however, the work must reflect the student’s own efforts.
**Criteria for Student Research Award Evaluation**

Criteria for selection include quality of the research design, scientific rigor throughout, importance of the question examined, and potential impact on relevant outcomes, either current or future.

**Attachment**  Student Research Award Application
Name of student:  
Date of Submission:  
Name of Advisor:  
Department:  
Commencement Verification: [Department Head should verify student’s eligibility]

☐ Eligible for commencement during Spring ceremonies

Project or Portfolio Title:  
Principal Investigator:  
Co-Investigators:  
Term of Project:  
Funder:  

Abstract: Provide a project abstract of no more than 350 words.

Issue: Describe the health/public health issue addressed by this research in 50 words.

Research Questions/Hypotheses: Identify the research/evaluation questions addressed by the project and/or research portfolio in 100 words.

Research Design/Approach: Describe the basic research protocol in 500 words.

Relevance to Policy/Practice/Basic Research: Describe the degree to which the project holds direct implications for policy, practice or the advancement of basic health sciences in 500 words.

Probability of Publishing or Future Funding: Describe the likelihood the work will lead to publication(s) and/or future project work/funding in 100 words.
Standard Operating Procedures for Ordering and Using Prescription Veterinary Drugs; Non-veterinary Controlled Substances, Controlled Substance Analogues and Chemical Precursors; and Controlled Glassware/Items

The effective date of this document is September 22, 2006.

I. The Federal Government and the State of Texas regulates the ordering and use of all federally controlled and non-controlled veterinary drugs that could be considered "dangerous" as defined in Chapter 483 of the Texas Health and Safety Code (see attached) and Code of Federal Regulations (see attached). The State of Texas also regulates non-veterinary controlled substances, controlled substance analogues and controlled chemical precursors; and controlled glassware/items that could be used to produce dangerous drugs (see attached). Therefore, in an effort to self-regulate, we will use the following guidelines for all veterinary drugs; non-veterinary controlled substances, controlled substance analogues and controlled chemical precursors; and controlled glassware/items.

II. If you are ordering prescription veterinary drugs off of a School of Rural Public Health account you must do the following:

A. The drug that you are ordering MUST be included in a protocol that was APPROVED by the Institutional Animal Care and Use Committee (IACUC).

B. The drug MUST be used in the manner specified in the approved protocol.

C. You may only order drugs from Butler Animal Health Supply, 5600 Blazer Pkwy Dublin, OH 43017 as they are the only veterinarian drug supplier that is authorized by our veterinarian to ship drugs to the College. If for some reason you need to use another supplier please contact the Office of Research and Graduate Studies.

III. Ordering Veterinary Drugs.

A. Ordering from a SRPH account.

1. Enter the order in FAMIS making a note of the Document Number.

2. All Veterinary Drugs should be delivered to Lab manager.

3. Deliver the completed and signed form to the Purchasing Department. Keep a copy for your records.

B. From a Texas A&M Research Foundation account.

1. Use same accounts as other orders.

2. When ordering Veterinary Drugs, you must have Dr. Thomas McDonald’s signature for the order to be completed.

3. Deliver the completed and signed form to the Research foundation, keep a copy for your records and provide a copy to Research Office.

D. Receiving Drug Shipments.

1. All drug orders received from vendors will be delivered to Lab Manager
2. Items delivered from Butler Animal Health which are not drugs may be delivered directly to the end user.

E. Legal Requirements

1. According to FEDERAL LAW the investigator must keep a DAILY RECORD of the use of any controlled substance (Scheduled I, II, III, IV and V). You must record the drug into your log book immediately upon receiving the drug. The investigator must keep a regular inventory of the acquisition and use of any controlled substance. The amount of drug consumed in an experiment should be noted in the inventory log at the time of use.

2. According to STATE LAW the investigator must keep a DAILY RECORD of any dangerous drug (see Attached). A dangerous drug is defined as a drug that requires a prescription from a Doctor of Veterinary Medicine, but is not a controlled substance.

3. The United States Department of Agriculture Animal Plant Health Inspection Service Veterinarian requires that drugs, used in animals, which are out-of-date be marked out of date, on the container, and kept separate from drugs that are in-date. Certain out of date drugs can be used in terminal studies, however when the drugs are two months out-of-date they must be destroyed or re-certified by the manufacturer that they are still usable. See the staff veterinarian to determine if an out of date drug can be used in a terminal study.

4. Out-of-date and unused drugs should be given to the Safety and Health Department for disposal.

F. The Federal and State drug enforcement agencies can make unannounced visits to inspect drug log books. Controlled and dangerous veterinary drugs that are received must be logged into the drug book on the day they are delivered to the investigator.

G. All drugs must be stored in an approved drug lock box. Access to rooms and locked storage areas containing controlled substances, controlled substance analogues, and chemical precursors must be restricted to authorized personnel.

H. All drug lock boxes and drug books will be inspected once a year by Lab Manager and department head. The inspection will take place with both inspectors present at the same time and they will determine that the drugs (opened or unopened) have not expired. Expired drugs will be disposed of as outlined in this policy. Drug books will be checked for accuracy and any discrepancies reported to the Research Office.

I. Upon the discovery of the loss of a drug the incident must be immediately reported to Dr. Thomas McDonald who will report the incident to the Associate Dean for Research, School of Rural Public Health and the Vice President for Research.

J. Positions having access to controlled substances, controlled substance analogues, and chemical precursors are designated as security sensitive and appropriate pre-employment criminal history checks must be performed.

K. The School of Rural Public Health is required to submit their controlled substance policy and their updated list of faculty and staff in possession of controlled substances, controlled substance analogues, or chemical precursors to the Office of the Vice President for Research annually. This report is to be sent every two years prior to April 15 of the current year.

L. Questions: call Dr. Thomas McDonald, 979-458-4267.
IV. Non-veterinary Controlled Substances Controlled Substance Analogues and Chemical Precursors

Any drug listed in the “Memorandum of Understanding between the Texas Department of Public Safety and the Texas Higher Education Coordinating Board” (see attached) is subject to the same ordering, storage and record keeping procedures as listed in I-IV. If the size of the drug container will not permit the dangerous drug/precursor it to be stored in the drug lock box then it must be stored in a locked cabinet.

V. Controlled glassware/items

A. Controlled Glassware is defined as condensers; distilling apparatus; single, two- and three-necked flasks; distilling flasks; Florence flasks; filter funnels; Buchner funnels; separatory funnels; Erlenmeyer flasks; round-bottom flasks; thermometer flasks; filtering flasks; Soxhlet extractors; and adapter tubes made of glass. Controlled items are defined as tabletting machines, encapsulating machines, flask heaters, heating mantles, transformer and vacuum dryers.

B. Investigators that currently contain the items listed in VI. A. must notify the Associate Dean for Research at SRPH stating what type and quantity of controlled glassware they have in their laboratory.

C. When controlled glassware is ordered the investigator must keep a copy of the purchase order so this glassware can be inventoried with current onsite glassware listed in V.A. above.

D. If any controlled glassware is stolen the investigator must immediately notify Dr. Thomas McDonald who will notify the Associate Dean of Research, The School of Rural Public Health and the Vice President for Research. No controlled glassware may be given to the general public.

* The State of Texas Health and Safety Code document can be found in the Appendix.

• Research Server

The SRPH Research Virtual Server provides secure storage space for certain project data stemming from externally funded research and other sponsored activities. Server space allocations and utilization are managed and monitored by The SRPH Office of Research, in collaboration with the TAMHSC Office of Institutional Technology (OIT), to ensure the efficient use of resources and limit excess unused capacity. Server maintenance and support is managed by OIT. SRPH Principal Faculty and staff needing virtual storage space must obtain advance approval from the SRPH Associate Dean for Research prior to volume assignment and allocation. Appeals regarding the allocation and assignment are sent to the SRPH Dean for review and final decision with a copy to the SRPH Office of Research.

Procedure

Requests

SRPH Principal Faculty and staff should contact the SRPH OIT representative and/or Associate Dean for Research regarding research server needs. Requests are handled on a case by case basis based on storage need considerations as described below and availability of resources. It is possible the specific data is not appropriate for storage on the virtual server and OIT and the Office of Research will work with the investigator to identify possible alternatives including storage on other secure servers or on a work computer with appropriate encryption and storage backup.
Data considerations in requesting storage space:

1. Data size and type (PDF, WORD, datasets, image files, videos, etc.)
2. Security requirements: Protection and encryption needs
3. Timing of allocation: Requester should consider if storage space can be phased in over the term of the project or is needed at a specific date or phase
4. Project Term: Requester should consider how long will the data reside on the server (project term)
5. Archival: The Project Principal Investigator or Director should be aware of any data retention requirements and plan to remove archived data as appropriate

Monitoring

The SRPH Office of Research monitors space allocation and usage on a monthly basis. The Office of Research will conduct an annual inventory of data storage needs and consult with each volume’s (project’s) assigned responsible party to reevaluate storage needs including usage, upcoming needs, archival of inactive/termed data, and refining of storage space based on yearly usage trends. The Office of Research will work with the Business Office to purchase additional storage as may be necessary in meeting data needs. The Office of Research may consider virtual server expansion when the total SRPH allocated storage space exceeds 130% of the available memory (or when usage exceeds 70%). In the event an investigator proposes a project that requires extensive storage needs during the project term (>50 GB/volume or project), investigators are encouraged to build the cost for additional storage space into proposals.

Data Retention and archiving

The virtual server is intended to provide secure storage space for active projects. Investigators storing data on the virtual server are required to review data storage on the shared server at least annually and archive inactive and termed project data in a timely fashion in accordance with any federal, state, or system regulations regarding data storage and retention.
OFFICE OF INFORMATION TECHNOLOGY POLICIES AND PROCEDURES

Computer Accounts and Security Compliance

- **State Regulations**

All TAMUS institutions are required to adhere to a set of regulations set forth by the State Department of Information Resources (DIR) that are meant to insure the security and confidentiality of all computing resources and that these resources are used for strictly “official” business. These regulations include requirements for which users are to be allowed access to these resources. The Texas A&M Health Science Center is in the process of creating policies that provide guidelines that each TAMHSC institution should use to insure that they are in compliance with the DIR regulations.

In accordance with these regulations, the SRPH has in place a set of computing guidelines to follow. The Director of Information Technology and his/her staff are charged with insuring these guidelines are followed. These guidelines were developed in order to provide a systematic and consistent method of protecting the integrity and confidentiality of all data maintained on SRPH computers and to insure recovery in the event of a disaster. The purpose is to insure that the SRPH remains in compliance and that every effort is made to prevent unqualified users and/or hackers from accessing SRPH resources and/or vital research data.

The core of these guidelines deal with the:

1. Creation and management of computer accounts; and
2. Management of computing resources, including research data and how these data are secured and protected.

**SRPH Guidelines**

These guidelines apply to employees and users accessing the computing and/or network resources at the SRPH regardless of equipment type (e.g. PCs, Mac’s, Workstations, Servers, etc).

1. Only employees, registered students or researchers/visiting professors sponsored by an SRPH faculty member are allowed to have an account on SRPH computers. For sponsored users, the sponsoring faculty member must take full responsibility for the actions of these users and notify the personnel of Department of Information Technology when the user no longer needs access to the account.

2. All users are required to complete and sign a computer account request form that certifies that the user meets the above requirement and that the user will abide by the policies set forth by the TAMUS system. For sponsored users, the sponsoring faculty member co-signs the application.

3. All computer accounts are to be created by personnel of Department of Information Technology for computers to be used within the SRPH network. This includes all workstations and servers regardless of operating systems or locations. To create your own accounts for research or other purposes is a strict violation of SRPH and TAMHSC policies and such procedures not only may jeopardize your research, but also places all research at the SRPH at an unnecessary risk. This includes all laptop computers connected to the SRPH network while at the SRPH or for dial-in access outside the SRPH.

4. Once an employee or student terminates their stay at the SRPH, their account will be deactivated and removed. All accounts are routinely verified with FAMIS/TAMHSC databases to insure that the requesting person meets the requirement of item 1. Any computer account found on any computer that has not been properly registered will be removed without notice and/or the computer will be removed from the network. Any workstations/server that has the administrator or root account password changed
thus preventing access by personnel of Department of Information Technology will be removed from the network until access is restored.

5. Computer accounts are not to be shared and every user is to take every precaution to insure that their password is protected, kept confidential, and is changed routinely. The recommended time for changing passwords is every 90 days or less. Passwords should be at least 8 characters with a mixture of letters, numbers and symbols.

6. Users should log off or password-protect computers whenever the computers are not in use.

7. Any computer, printer or device must be properly registered and connected by personnel of Department of Information Technology or it will be blocked from communicating until the user of that computer notifies personnel of Department of Information Technology of its location and it has been properly registered.

8. Any user creating a “Share” on their computer to provide access to files for other users should insure that these shares are assigned a password and that password is kept confidential between the users needing access to the share. Periodic checks will be made by Department of Information Technology personnel to identify any open shares and those users will be notified of the violation and assisted with establishing a confidential share.

9. All files containing confidential information such as names, social security numbers, etc. should not be saved on your personal computer. To do so may be a violation of HIPPA, FERPA and various other government regulations. Space for storing such files is available on the secured servers provided by the SRPH.
General IT Policies

• **Introduction**

The Texas A&M University Health Science Center School of Rural Public Health (SRPH) provides access to network, computing, telecommunications and other Information Technology (IT) resources in order to support its mission, vision and its responsibility for education, research and services. Access to these resources and services are not rights but privileges and any user using these resources must comply with all applicable laws and appropriate ethical standards. All School of Rural Public Health network and computer users are required to follow the Health Science Center Policies and Procedures that governs the use of IT resources. The purpose of this document is to supplement these policies as they relate to the SRPH and to provide guidelines to users that will facilitate compliance with IT rules, policies and regulations.

These guidelines and policies apply to all faculty, staff, students or any other person accessing and using the telecommunications, computing, network or other IT resources provided by the SRPH. These resources include but are not limited to all computing, networking, databases, hardware, software, support services, data communications systems and services and physical facilities. In addition, users are bound by federal, state and local laws that relate to security, licenses, copyrights or other statues relating to IT resources.

• **Acceptable Use**

**Purpose**

All computing and network resources purchased and used at the School of Rural Public Health are considered properties of the State of Texas and users using these resources must follows the rules and regulations that govern their use. Acceptable use policies are policies that govern how users are to use these resources to ensure that these resources are used properly and other user’s rights are respected.

**Policy guidelines**

All users are expected to:

1. Respect the integrity of computer resources and facilities.
2. Respect the rights of other users.
3. Comply with all relevant Federal, State and Local laws in regard to computing and network resource usage.
4. Comply with all Health Science Center Rules, Systems Regulations and contractual agreements.
5. Obey copyright laws and refrain from making unauthorized copies of software or any electronic media that are govern by copyright laws. Examples are unauthorized downloading of copyrighted software, music, videos or other media.
6. Refrain from any activities that may harass, threaten or abuse others.
7. Refrain from copying another user’s information unless permitted to do so by the owner or someone with the authority to give this permission.
8. Refrain from any attempt to monitor or tamper with another user’s electronic communications (e.g., e-mail or documents) unless requested by the owner or formally requested by the appropriate administrator.
9. Use resources responsibly, refrain from actions and conduct that waste the limited resources of the SRPH or prevent other users from accessing these resources. Examples include junk e-mail, chain letters, and development of applications such as worms or viruses or any other application that obstructs or disrupt the use of any system or network resource used by other users.

10. Use only those computer or network resources for which they are authorized.

11. Protect their password and not share it with others.

12. Report unauthorized use of their accounts to their instructor, supervisor, director, system administrator or other appropriate administrator.

13. Understand that each user is ultimately responsible for backing up his or her data own data.

14. Refrain from any attempt to modify or remove computer, software or other resource unless authorized to do so.

15. Refrain from using computer or network accounts and resources for purposes that were not intended.

16. Refrain from using SRPH resources for commercial or political purposes without authorization to do so.

17. Refrain from using SRPH resources for personal gain.

18. Refrain from disclosing or removing proprietary information, magnetic media, or software printer output without the permission of the owner.

• Account Management

**Purpose**

There are many resources that require accounts of various types. For the School of Rural Public Health, types of accounts include: computer accounts needed to access network resources such as file shares or printers, accounts required to share databases, accounts to access personnel and financial resources and many others. Management of these accounts varies in responsibility based upon the purpose of the accounts. It is the responsibility of the School of Rural Public Health IT department to ensure that all users with accounts to access resources from the SRPH network, whether internal or external, follow the policies and regulations that govern the use of these accounts. The purpose of this document is to provide guidelines for proper account management, particularly for accounts managed and created at the School of Rural Public Health.

**Policy guidelines**

1. Only School of Rural Public Health faculty, staff and students are provided accounts for access to computing and network resources within the School of Rural Public Health. To obtain an account, all users must complete and sign a computer application form certifying that they will agree to abide by the policies and procedures associated with the use of that account.

2. All accounts used for accessing the computing and network resources provided by the School of Rural Public Health are to be created and managed by the accounts administrators of the School of Rural Public Health Information Technology department. This includes any local and network accounts on any computer connected to the network managed by the IT department.

3. Users are prohibited from sharing their accounts with other users. Any special accounts required for shared access to network resources must be requested and created by the IT department and the appropriate administrator or supervisor must take full responsibility for usage of this account.
4. All SRPH accounts are to be used for University related activities for which they are assigned.

5. Users are required to change their password every 120 days using a combination of letters, numbers and symbols to increase the difficulty of guessing and to keep these passwords private.

6. Users should report any unauthorized access or attempted access of resources using their account to either their supervisors or to the IT administrators as quickly as possible.

7. Email accounts must be created by the IT department, and users using e-mail must follow all policies and procedures outlined in the appropriate e-mail policies of the School of Rural Public Health and TAMHSC.

8. All accounts for external resources such as access to NEO, FAMIS, and Library must be requested through the SRPH Business Affairs office and users with these accounts must follow the policies and procedures associated with the institutions providing these accounts.

• Administrative/Special Access

**Purpose**

Various computer and network resources require special security and administrative permissions above that assigned to a typical user. Resources include but are not limited to computing, network, database or any other resource used by administrative, educational and research users at School of Rural Public Health. Examples are permissions to manage specific web sites, permissions to access data resources such as student data or permissions to manage shared electronic calendars or room schedules. This policy covers the requirements that are to be adhered to by the users granted these permissions.

**Policy guidelines**

1. All precautions are to be taken by a user with special access privileges to ensure that their network password is not shared and is protected and changed in accordance with the School of Rural Public Health password policies found in section x.08.

2. Users with special access to resources should alert all users using these resources when changes are going to be made that might affect their access to these resources.

3. Users with special access must provide their administrators a document of all tasks that they are responsible for that require these special permissions prior to their termination. This document should include any resource that they may have protected with a password (e.g. database passwords) and the administrator or his/her designated representative must be provided full access to this resource to ensure that it can be managed after the user has left.

4. The School of Rural Public Health Information Technology Director or his/her delegated person must be notified when any user with special access privileges will be leaving employment at the SRPH and this user’s account will be deactivated and removed as quickly as possible.
• Change Management

**Purpose**

Computing and network resources require upgrades or other changes that may result from hardware failures, new installations, outages or other reasons. In addition, the environments that house these resources may require modifications or enhancements. This document outlines the guidelines for planning, notification and documenting these changes.

**Policy guidelines**

1. All changes to computing or network resources that affect users activities such as new installations, systems upgrades or hardware changes should be carefully planned and all affected users notified as much in advanced as possible.

2. All changes should be applied during times that will least effect user job functions whenever possible.

3. All changes that affect computing or network resources such as environmental changes to the air conditioning, water or electrical must be coordinated with the School of Rural Public Health IT department and scheduled during a time that minimizes the number of users affected.

• Disaster Recovery

**Purpose**

Disasters can occur for a variety of reason and includes damage by fire, wind or water. Resources needed for the daily functions of users activities should be protected from such damage whenever possible. The purpose of this document is to outline steps that should be followed to ensure that these resources can be recovered in a systematic and timely manner should a disaster occur.

**Policy guidelines**

The Disaster recovery plan for the computing resources of the School of Rural Public Health are detailed in the disaster recovery plan.

• Incident Management

**Purpose**

The computer resources of the School of Rural Public Health are connected to various networks and are exposed daily to security and other risk. Every effort is made to ensure that the risk to computers is minimized without sacrificing the ability to use these computers for their intended purpose. This document outlines the steps to be followed to document any breach or attempted breach of security and who is responsible for resolving problems associated with these attacks.

**Policy guidelines**

1. Any user who suspects or determines that a breach or attempted breach of security has occurred should notify the SRPH Information Technology department as quickly as possible. All information available such as date, time, source IP or any other information that might help in investigating the incident should be included in the report.
2. All computers used at the School of Rural Public Health are updated with virus protection to minimize infection. However, it is possible that a computer becomes infected or that anti-virus software detects an infected document that has been received. All users should report these incidents to the department of Information Services with the date, time and type of infection. The department will assist the user in removing the infection.

3. All server computer security logs will be monitored by IT administrators for security breaches or attempts and any information about any such attempt will be recorded and appropriate authorities notified.

- **Network Configuration**

  **Purpose**

  The network infrastructure is the vital backbone that allows users to work together as a unit and to communicate and access resources needed for their job responsibilities. Although to the end users, the network may appear simple, it works through a complex process of cabling, routers, switches and unique addresses. It is the responsibility of the Information Technology department to manage these resources for the School of Rural Public Health and to make sure that all users can communicate with minimal disruption to their job responsibilities. This document provides the guidelines that users should follow to ensure that their connection to the network does not create problems for other users.

  **Policy guidelines**

  1. All equipment that is to be connected to the network must be properly configured and coordinated by the IT Department of the School of Rural Public Health.

  2. Users are not to connect equipment to the network without that equipment being properly inspected and assigned the proper network configuration by the IT personnel.

  3. Users are not to connect unauthorized hubs, switches, wireless hubs, firewalls or routers to the network. Any such equipment must be connected by authorized personnel of the IT Department.

  4. Users are not allowed to alter the network configurations of any equipment connected to the network without the supervision of the IT departmental personnel.

  5. Users are not permitted to pull and install their own network cables or tamper with network ports without the supervision of the IT Department.

  6. Request for connections for external users such as vendor demonstrations must be arranged in advance of the event and this connection configured by the IT Department.

  7. Any unauthorized equipment detected on the network is subject to being disabled without notice by the IT Department and the appropriate administrators notified of this violation.

  8. Any equipment found connected to the network that is creating problems for other users may be disabled without notice. Examples are computers infected with virus or malfunctioning due to defective network hardware. If a connection is removed, the owner will be notified of the problem as soon as possible.
• **Password**

**Purpose**

Passwords are vital to not only protecting the resources that a user has access to but also to protecting the resources that other users have access to. Password policies are essential to ensure that users do not become careless with their passwords and to help ensure that the SRPH network remains as secure as possible. This is particularly important because the SRPH network is directly accessible by millions of users throughout the world and it is vital we make every effort to protect all data, particularly sensitive data used in research and in student and administration systems. Strict adherence to password policies can be a pain but it is also a necessity because it may take only one careless user to create major problems for everyone.

**Policy guidelines**

1. All users are required to change their password a minimum of every 120 days. Users are allowed to change their password at any time.

2. All users must use passwords that are not easy to guess. Passwords should include mixtures of numbers, symbols and upper and lower text characters. These passwords should also be a minimum of 6 characters in length.

3. All users should not share their passwords with anyone, avoid writing down their passwords and never email or give their password to anyone over the phone.

4. Users who forget their passwords must bring a Photo ID to the SRPH IT Department to have their password reset. Remote users must request passwords changes through a designated SRPH representative at the remote site. No passwords will be transmitted via email or provided over the phone.

5. For any user requesting that their password be reset, a temporary password will be given to the user by the appropriate IT Department staff and that user must connect to the network and change this password to one of their choosing as quickly as possible.

6. Any user who terminates their affiliation with the SRPH will have their accounts deactivated and removed and will lose access to all SRPH resources, including email. It is the user’s responsibility to notify all contacts that their email address or other resources such as personal web pages will be terminated and it is that user’s responsibility to provide these contacts any alternate address information.

• **Physical Security**

**Purpose**

All computing resources should be physically secured when not used in order to prevent theft of these devices and to protect the equipment from unauthorized access or tampering. All equipment that contains information and resources for shared access should be kept under a locked environment at all times to protect all resources contained on this equipment. This is particularly important since these devices may contain information about research, students and other information that is protected by various federal and state guidelines such as the FERPA, HIPPA or Patriot Act. This document provides the guidelines for protecting this equipment and any resources they contain.
Policy guidelines

1. All facilities that house components vital to the daily operations to the SRPH such as servers, switches, routers or other equipment must be maintained in a locked facility at all times. This facility should not have any windows and should have only one door for access and should meet state security and fire standards.

2. Any person needing access to this facility must be accompanied by an appropriate representative of the SRPH IT Department or an assigned representative of the Dean’s office.

3. All users should log off or power down their computers at night and lock all doors that allow access to these areas during time when they are not there.

4. All computers should have their screen savers enabled and password protected and set to activate in a reasonable short period of time.

5. All equipment should be tagged and inventoried with information such as location, type, value, ownership or any other information that can be used to identify the equipment should it ever be moved or stolen.

6. All keys, access cards or IDs that are missing or stolen that allow access to any area that contains SRPH resources should be reported to the appropriate supervisor as quickly as possible.

7. All facilities that have electronic entry systems should have these systems reviewed routinely to ensure that adequate information about access is being recorded.

8. Whenever possible, cameras should be used to monitor critical areas such as server rooms or computer labs. A log should be maintained of all users who enter restricted areas and with information about the nature of that visit.

9. All confidential data or data containing identifiers such as IDs used to identify patients in a research project should be maintained on secured servers and not on local computers. Any computer that has access to these data should be carefully monitored and protected at all times.

• Privacy

Purpose

All information contained on SRPH resources (including email) are considered the property of the State and are subject to inspection by appropriate supervisory personnel at any time. Although a reasonable and conscientious effort is made to provide a secure environment, there is no guarantee to absolute privacy. Every effort will be made to maintain a user’s information as private to that user unless there are adequate reasons why it should be accessed by others. Users must understand that some systems administrators have full access to all information in order to manage the systems that the information may be store on. However, these administrators will not purposely view any user’s information unless they are formally instructed to do so by the appropriate supervisor or administrator. In addition, if any information is viewed by these administrators whether purposely or accidental, the information will remain confidential unless there is evidence of illegal activity or abuse of the systems resources. The purpose of this document is to provide guidelines that are to be followed to ensure the privacy of information that the user can expect.

Policy guidelines

1. All information contained on SRPH computing facilities are to be protected from access by other users unless authorized by the owner or an appropriate supervisor.
2. A user’s information is considered private from accessed by other users. However, since the facilities are state owned, all information can be accessed by the appropriate personnel, but this should be done only when there is a valid reason to do so. Examples include but are not limited to security concerns, suspected illegal activity, and evidence of purposeful abuse of resources or the need for access to information needed on the user’s computers when the user is not available.

3. Any data maintained on a computer that is required for the operation of a research project, administrative or educational function may be accessed by the appropriate administrator if the data is needed and the individual is not available to provide access.

4. Every effort will be made to keep email as confidential as possible and no attempt will be made to monitor a user’s messages unless there is cause to do so. However, users should be aware that email messages are written records that are subject for review with just cause and this information is archived and maintained for an extensive period of time.

• Security Training

**Purpose**

Adequate security is vital to protecting the resources of the SRPH network. However, one cannot expect users to be aware of all the security issues. To ensure that users are made aware of security issues, users are expected to do security training reviews annually. Users are required to review the appropriate security measures and be familiar with the policies and guidelines related to protecting resources. The purpose of this document is to provide measures and guidelines that the user should follow to ensure that they are aware of the issues involving security.

**Policy guidelines**

1. All users are required to complete a web based security training procedure annually which is provided by the main TAMU campus.

2. All users are required to sign a computer account applications form that provides information related to security and instructions for accessing other information relating to security.

3. All users are expected to review all policies and procedures associated with using their account.

4. All users associated with research are required to complete a certification process routinely that instructs the user on proper measures for protecting research data and maintaining confidentiality.

• Software Licenses

**Purpose**

Commercial software products are protected by federal and state laws, license agreements and copyrights. This includes all software purchased using SRPH funds. All users of SRPH computing resources are required to adhere to laws, agreements and copyrights associated with any software acquired. This document provides guidelines for users to follow in regards to these requirements.
Policy guidelines

1. All users are required to follow all software copyright policies. This includes the unauthorized copying and sharing of software media unless specifically authorized to do so by the license agreements.

2. All licensed software purchased through SRPH software agreements such as the Microsoft, SAS or SPSS agreements must be installed by the SRPH IT Department to ensure that information about these installations are maintained.

3. Users may purchase and install software on their own computers, but these users must maintain a record of this purchase which can be produced in the event of a software audit.

4. Most software licenses allow the installation of a product on only one computer. Users are prohibited from installing products on multiple computers unless the license agreements permit such installation or they have purchase additional licenses for these other computers.

• Virus Protection

Purpose

All computers regardless of the operating system can be infected with viruses and worms. Computers connected to the network are particularly open to such attacks. There appears to be a constant barrage of new worms and viruses and to shield these computers from infection, it is essential that all computers are kept current on all updates and patches to applications and operating systems and to virus protection software. This document provides guidelines that users are to follow to ensure proper protection of their computers in order to minimize the possibility of infection.

Policy guidelines

1. All SRPH networked computers are configured to automatically have antivirus software and updates installed and updated each time new definitions become available. This software is installed and configured by the IT departmental personnel when the computer is configured for the network. Users are required to avoid any changes to these update policies.

2. Any user desiring a connection of a computer to the SRPH network, must notify the IT Department to do this installation so that all service packs are installed and that antivirus software is installed with all definitions brought up to date.

3. All users must not disable their antivirus software unless specifically instructed to do so by the appropriate IT staff member.

4. Users are prohibited from connecting external computers to the SRPH network without getting the authorization of the SRPH IT Department and that computer is up to date on its antivirus software definitions.

• Intrusion Detection

Information about intrusion detection can be found in the Incident Reporting Policy section.

• Network Access

Section x.06 about Network configurations covers the policies associated with network access.
• **Portable Computing**

Users using portable computers while accessing network resources should follow the Network configuration policies x.07.

• **Server Hardening**

**Purpose**

The SRPH maintains several servers that are vital to daily operations of user activities. Users expect that all resources managed through these servers are secure and access is reliable. To accomplish this assurance, these servers need to be installed, updated and managed in a manner that prevents unauthorized use or access and access to these servers is reliable at all times. This document details the steps taken to ensure that these needs are met.

1. All servers are monitored routinely for any evidence of unauthorized access and all security patches are applied as they are released.
2. All servers are maintained in a secure and restricted environment.
3. Whenever possible, new software updates and patches are applied to non-essential servers to ensure that no problems are introduced before the updates are applied to the main servers.
4. All servers are kept up to date on anti-virus updates.
5. Only software from approved sources will be applied to the main servers to ensure that no Trojans or unauthorized code is introduced that could cause security breaches.
6. All Access to the servers is restricted to only authorize administrators.

• **System Development**

The SRPH system development policies are included in section x.17 which relates to server hardening.

• **Vendor Access**

All School of Rural Public Health users are required to follow the Health Sciences Center Administrative and vendor access policies. This document supplements the TAMHSC’s vendor access policy as it relates to the Information Technology resources at the Texas A&M University Health Science Center School of Rural Public Health. The School of Rural Public administrators responsible for Information Technology reserves the rights to limit, restrict, deny and extend the network and computing resource privileges or access to all IT resources of the institution.

Information about vendor access can be found under the Network Connection policy V.B.07 and the Account Management policy V.B.02.

• **Computer Replacement Policy**

At the start of each fiscal year, the Office of Information Technology at SRPH will evaluate all state purchased computers and printers in our inventory which are at least 3 years of age or older to identify those that require replacement. If funding is available, out-of-date, state purchased computers and printers will be replaced with new ones. To the extent possible, out-of-date computers and printers purchased with research dollars will be
replaced using research funds. Faculty and researchers are requested to incorporate funds for new computer equipment into their research proposals whenever possible. State funded computer and printer replacements will be subject to the following guidelines.

1. Computers purchased with state funds that are older than 3 years of age will be replaced subject to usability and availability of funds. Printers will be replaced if the existing printer is no longer functioning properly and is deemed too costly to be repaired.

2. Computers purchased through state funds but which are not currently being used by a state supported employee will not be considered for replacement.

3. Computers replaced by new computers will be returned to the Office of Information Technology to be re-evaluated for usability. Any computer that is determined to still be useful will be reformatted with the most current operating system and office software. These computers will be placed in a pool and redistributed. The re-allocation process will be based on the following priorities. Additional requests will be handled on a first come first served basis.

   a. Any computer connected to the network which does not support operating system, virus or security updates will be replaced with a replacement computer.

   b. State supported employees with computers that are older or less functional than those in the replacement pool will have their computers replaced first unless the employee or supervisor request that the computer not be replaced.

   c) Faculty or Directors who desire a replacement computer for a state supported staff member or a graduate assistant without a reasonably functional computer can request a computer from the replacement pool through their department heads or supervisors.

   d) Faculty or researchers who desire replacement computers for research staff members without computers or research staff members who are using computers older than their placement computers can request one or more of the remaining computers through their department heads.

   e) Any remaining computers in the computer replacement pool will be stored for emergency or other use.

   f) All replaced computers and printers found not to be of usable value will be transferred to the TAMHSC Asset Management Department for surplus and removed from the schools inventory.

* Exceptions to this policy should be requested through the Department Head to the SRPH Office of IT. Conflicts with decisions by the Office of IT will be resolved through the Office of the Dean.
Data Access Policies

• Student Data Access Policy

General Guidelines

The School of Rural Public Health (SRPH) will adhere to the Family Educational Rights and Privacy Act (FERPA), as well as any policies set forth or adopted by the Texas A&M University System or TAMHSC, and the following guidelines regarding the storage and security of electronic student data:

Storage and Security

1. Electronic Records within the School are kept on a secure server, which is managed by the SRPH Office of Information Technology. Access to data on the server is controlled via personal logon IDs and passwords assigned by the Office of Information Technology. Data contained on the server is backed up every evening and a copy is kept at an off-site location. Electronic Student Data stored on the SRPH server is deemed the primary and official copy. This data must be kept current at all times.

2. Electronic copies of records maintained by individual users (compact discs, floppy discs, and tapes) must be kept in a locked location under the supervision of the user utilizing the electronic records.

3. Data should be recorded on new high quality media (diskettes or CD’s) that have been certified by the manufacturer as error free. Each tape or diskette should be labeled with contents and format.

4. All diskettes should be identified with labels that indicate their contents and the date when the records were created or last updated.

Parties Having Access to Student Data

Access to student data will be restricted to the SRPH personnel who have a legitimate need. SRPH has identified the following internal offices as having a need to examine all (or a portion of) available electronic student data:

1. Office of Academic Affairs
2. Office of Institutional Effectiveness
3. Office of Distance Education
4. Office of Student Affairs
5. Office of Information Technology (IT)
6. Individual Department Head Offices

Other personnel may be given temporary or permanent access in accordance with FERPA at the discretion of the Office of the Dean.

Limitations on Access

SRPH has defined the following levels of access to electronic student data:

1. Read Only access, which is defined as having the capability to view a data file, but not change it in anyway.

2. Read/Write access, which is defined as having the ability to view and manipulate all aspects of the data files.

3. Administrative access, which is defined as having the ability to grant and restrict access to the data files.
SRPH has defined the following levels of access and the purpose of that access for each office:

1. Only the Office of Student Affairs will have Read/Write access for the purpose of recording and analyzing student data. The Office of Student Affairs will be responsible for ensuring that all official student data is current and error free.

2. The Office of Academic Affairs will have Read Only access for the purpose of dealing with student appeals and grievances, as well as tracking school-wide student progress and retention.

3. The Office of Institutional Effectiveness will have Read Only access for the purpose of tracking school and department progress toward meeting objectives and goals.

4. The Office of Distance Education will have Read Only access only to education students’ records for the purpose of tracking the Distance Education students progress and retention.

5. Individual Department Head’s Offices will have Read Only access only to departmental students’ records for the purpose of tracking the departmental students’ progress and retention.

6. The Office of Information Technology will have Administrative access in order to assist the Office of Student Affairs with any technical problems that may arise with the manipulation of data, or the data itself. IT will perform backup and restoration (if needed) of the data and will administer access privileges to the data.
Web Policies

• Additions and Revisions to SRPH Intra-and Internet Pages

The SRPH office of Information Technology (IT) is responsible for overseeing information onto the SRPH intra- and internet pages. In order to assure that information on the web sites is accurate and up-to-date, each office and department of the School is responsible for periodically reviewing and providing recommended changes to IT for web information under their purview. Request may be by e-mail or hard copy. To assure that website changes are authorized, each office or department is to identify one or more persons with the authority to request changes to their office’s or department's website pages. The Office of IT will maintain a list of individuals authorized to request changes.

Additions to office or department web pages (including new linkages, text, or video) should be submitted to IT. It is strongly recommended that requests for the addition of new information or pages be discussed with IT before text is provided.
Classroom & Lab Facilities Policies

• Equipment Use Requests

Equipment Use Requests

Faculty, staff or student requests for equipment to be utilized in SRPH facilities must be made, in writing, at least 2 business days in advance of needing the equipment. Faculty standing requests for a semester long class shall be made, in writing, one week prior to the first day of the class. All requests for audiovisual equipment use will be submitted to the Office of Distance Education.

Procedures

1. The request form (SRPH Equipment Use Request) is to be completed and returned via email to SCHEDULER, SRPH DE (typed in exactly in this manner in GroupWise in TO line). The form is available on-line at http://www.srph.tamhsc.edu/de/equip_request.htm.

2. The SRPH Office of Distance Education will be responsible for having the requested equipment in place, and operational, at the requested time.

3. The SRPH Office of Distance Education is not responsible for operating the equipment for any meeting, class or program (unless arranged in advance and approved).

4. Should the person requesting the equipment be unfamiliar with the operation of the equipment, the individual is responsible for making arrangements with the SRPH Office of Distance Education, in advance, for instruction.

5. The requestor is responsible for notifying the SRPH Office of Distance Education in writing should any equipment malfunction or become inoperable the same day the problem is detected. Inoperable equipment forms are located on the door of each locale.

Required Forms  Equipment Use Request Form (available on-line)

• Student Computer Laboratory Use Policies

Students using the laboratory will be reminded that all equipment, materials, and software are state property. Use of the facility and its contents must conform to the use of state property policies, i.e., usage is for academic use only. The following are not permitted:

1. Downloading inappropriate material such as adult images, humor, or other offensive material

2. On-line access to inappropriate material, e.g., gaming sites, adult sites, on-line shopping

3. Using e-mail or web site to send letters to government officials for the purpose of lobbying

Access

All active students in the SRPH are free to use the facility during the times that the facility is open. Unless reserved for class use, the facility is open from 8 a.m. – 12 midnight Monday through Thursday, and from 8 a.m. - 5 p.m. Friday. Weekend hours to be posted soon.
The Computer Lab Monitor will monitor the equipment and space. This individual will also be available to provide access to the building during class times for late arrivers or guest speakers.

**Facilities**

1. **Neither food nor drink** permitted in the facility.

2. **No 3rd party software** is allowed without prior permission from SRPH computer support staff.

3. **Students are not permitted** to run streaming audio/video without prior permission of SRPH computer support staff.

4. **Students may print** work that is related to academic studies, but are requested to do so in a prudent manner.

5. **A CD writer is available** for use in the lab, but only with prior written permission of instructor/advisor who requests the work.

6. **Playing music CDs** is prohibited.

7. **Chat room activity** is permissible for academic purposes.

8. **Any notices to be posted** on the bulletin board must be reviewed by the Student Affairs.

**Procedures**

1. **All students must sign in and out** of the workstation.

2. In times of peak demand, it is requested that students limit use of a workstation to one hour if others are waiting to use a computer station. A sign-up sheet will be made available for sign-up as needed.

3. Any time a computer locks up or otherwise malfunctions, the user is asked to notify computer support staff in the Office of Information Services (Wells Fargo 300T) so we can take steps to rectify the situation as soon as possible. During non-working hours, students should contact the student worker assigned to be available in the lab. Students can also create a service request by completing the form located under http://www.srph.tamhsc.edu/help.

4. Students are asked to report any misuse or abuse of equipment to the Office of Information Technology.

5. Faculty or student groups that would like to reserve the laboratory may request the reservation through the Office of Information Technology.

**Scheduling of STCRPH Classroom and Staffing and Use of TTVN Equipment**

The primary purpose of the dedicated class room at STCRPH is the teaching of students enrolled in the Texas A&M Health Science Center School of Rural Public Health (SRPH). The TTVN equipment in the classroom has as its primary purpose facilitating instruction through distance education.
In descending order, priorities on the use of the classroom include:

1. Classroom instruction for SRPH classes.
2. Facilitate participation of STCRPH administration, faculty, students and staff in SRPH activities.
3. Facilitate participation of STCRPH students in SRPH student organizations.

The SRPH Office of Distance Education will schedule classroom and equipment use for all academic courses and class activities. The STC academic administrative secretary will be informed of such scheduling needs. For all activities beyond class instruction, the academic administrative secretary will routinely schedule the room and equipment based on the rank-ordered priorities listed above. Any possible conflicts will be brought to the attention of the academic coordinator for resolution.

Other acceptable uses of the classroom include:

5. Serving as a meeting room for community groups (without the need for TTVN equipment).

Requests for the use of the classroom for continuing education or as a meeting room for community groups requires the approval of the STC academic coordinator and the Acting Regional Assistant Dean. The process for requests from McAllen is to submit a written request to the STC academic coordinator who will forward them to the Assistant Dean for approval. Requests from College Station for the use of the classroom for continuing education must be submitted first to the Assistant Dean who will consult with the academic coordinator. The SRPH office of distance education must be consulted before arrangements involving tele-video connections are initiated.

- **Procedure for SRPH Room and Equipment Use Requests**

The SRPH Office of Distance Education will schedule classroom and equipment use for all academic courses and class activities. Faculty standing equipment requests for a semester-long class shall be submitted electronically at least 2 business days prior to the start of the semester. All requests for audiovisual equipment use will be submitted to the Office of Distance Education. SRPH standing committees may be scheduled on a semester basis. Other meetings and conferences will be scheduled on an individual basis. The personreserving the room is responsible for updating the schedule in GroupWise if changes occur. All requests will be scheduled using the following list of prioritization.

**Priorities**

In descending order, priorities on the use of SRPH conference and classrooms include:

1. Courses (scheduled by OSA only)
2. Meetings called expressly by the Dean
3. Inter-Departmental standing and Ad-Hoc committees
4. School required meetings called by administration
5. Departmental meetings
6. Faculty – individuals & groups
7. Program & Center meetings
8. TAMHSC component requests
9. SRPH Student Association meetings
10. Students – individuals & groups
11. TAMUS requests
12. Other non TAMUS requests

Procedure for scheduling a room for an event

1. On the TAMHSC main website under “Quick Links” is the “Classroom Reservations” link. Fill out the form with the required information and submit.

2. An email will sent to the requester verifying details of the event.

In the event of a scheduling conflict, the individuals involved in scheduling both times will attempt an amicable resolution by contacting the person(s) responsible for scheduling the first meeting to see if an alternate day, time, or location can accommodate either party. If a scheduling conflict is not resolved after all parties involved have communicated and considered alternatives, the Office of Distance Education may be contacted for assistance in resolving the scheduling conflict. Each case will be reviewed on an individual basis. All attempts at resolving scheduling conflicts will be made with consideration of scheduling priority and meeting reasonable needs of all requesting parties. Unresolved conflicts will proceed to the Associate Dean for Academic Affairs for final resolution.

The SRPH Office of Distance Education will be responsible for having the requested equipment in place and operational at the requested time. Should the person requesting the equipment be unfamiliar with the operation of the equipment, the individual is responsible for making arrangements in advance with the SRPH Office of Distance Education for instruction. The requestor is responsible for notifying the SRPH Office of Distance Education should any equipment malfunction or become inoperable the same day the problem is detected in order to maintain optimal capacity and functionality.

• SRPH Domain Name Support Policy

1. Any user wishing to establish their own domain (URL) that references School of Rural Public Health (SRPH) resources which is to be supported by the SRPH must submit in writing to the SRPH Director of Information Technology a detailed statement describing the need for this URL. This request must then be approved by the SRPH Research and the Executive Committee before the domain will be supported.

2. Any research project requesting domain names that require dedicated fixed IP addresses must be considered as a major project by the SRPH Research Committee and must have funding for at least three years from the time the domain is registered before an address will be allocated to this project.

3. All requests for using non-SRPH domain names (URLs) to access SRPH resources must provide the SRPH Office of Information Technology with the following before the web sites will be supported:
   a) The name of the person who registered the domain.
   b) The name of the person who the domain name was registered to.
e) The email address that the user entered as the recipient for notifications about the domain when the site was registered.

d) The user account and password required to log into the domain registry to make modifications or diagnose problems if required.

e) The date the domain was registered and the length of time that it was registered for.

f) The payment method that was used for acquiring the domain name.

4. Any SRPH Researcher or user who uses an external web provider for developing and maintaining a web site must take full responsibility for the contents maintained on this site. If the research is funded through the SRPH, the site must properly identify the SRPH and adhere to the web policies and procedures of the SRPH and the TAMHSC. Any site found to not adhere to these polices will be reported to the SRPH Office of Research and the Executive Committee for appropriate actions. If the site is for a research or other project funded through the SRPH, the SRPH Office of Information Technology will work with the researcher or user to relocate the site to SRPH resources if desired. Researchers who choose to maintain a site on an external server are encouraged to mirror their site on the SRPH server.
Substantive Changes/New Programs

- Approval of Substantive Changes including the Establishing of New Academic Programs (2011)

Overview

This policy covers the review and approval process for substantive changes, including but not limited to establishing the creation of a new academic programs (i.e., academic degree or certificate) within the School of Rural Public Health and the Texas A&M University Health Science Center. A “substantive change” refers to any significant alteration to existing, or the addition of new, academic programs, departments, colleges/schools or institutions. Substantive changes within institutions of higher education must be approved by governing authorities (e.g., accrediting agencies, the Texas A&M University System, the Texas Higher Education Coordinating Board, the Southern Association of Colleges and Schools) prior to implementation. TAMHSC policy 3.02.02.99.Z2 Approval of Substantive Changes including the Establishment of a New Academic Program provides information related to elements of a substantive change or new program proposal, the TAMHSC proposal review process, and preliminary notification of pending substantive changes.

SRPH Procedure

Any substantive change or new academic program relating to the SRPH curriculum will require the submission of a proposal for approval as outlined in TAMHSC policy 3.02.02.99.Z2 Approval of Substantive Changes including the Establishment of a New Academic Program. Prior to submission of the proposal to the TAMHSC, the proposal must be approved by the SRPH Department, the SRPH Curriculum Committee (if applicable) or the Doctoral and Research Degrees Committee (if applicable), the Executive Committee, the Administrative Council and the Dean.
STUDENT HEALTH AND IMMUNIZATIONS

• Student Health Insurance Plan

This policy exists to ensure that a student health insurance plan approved by The Texas A&M University System (system) is made available to all students and to ensure that all international students are covered either through one of these plans or an alternative equivalent plan. SRPH students are encouraged to purchase health insurance.

Rule

Students that are citizens or permanent residents of the United States will be offered a Texas A&M System approved group health insurance plan to supplement the health services that is under the group hospital and medical services fee. The plan includes optional coverage for students’ dependents.

All international students (students who are not citizens or permanent residents of the United States) are required to be covered under the System Student Health Insurance Plan (SSHIP) or have equivalent insurance coverage as described below. This includes such persons who are attending intensive English language programs.

3.1 International students who are not employed in graduate assistant positions entitling them to coverage under the system employee group health insurance program must be enrolled in SSHIP. This requirement will be waived for international students who can produce evidence that they hold equivalent insurance coverage from other sources or international students whose government or agency sponsor requires a special type of coverage. Equivalent coverage can be loosely described as coverage similar to the SSHIP or other nationally recognized programs. However, there may still be federal regulations governing specific visa types that must be met.

3.2 International students who are employed in graduate assistant positions are entitled to employee group coverage. If they enroll under the system employee group health insurance program, they are not required to enroll in SSHIP. Those enrolling in the graduate student plan option will have coverage for medical evacuation and repatriation under that plan. Those who choose an alternate employee group plan are required to enroll in a stand-alone policy option under the SSHIP that provides medical evacuation and repatriation coverage, or they must produce evidence that they hold equivalent coverage from other sources.

3.3 International students are required to provide proof of coverage, via the designated procedures, for each semester in which they are enrolled. Those who are not covered under SSHIP by virtue of the waiver provisions described above shall notify the system member CEO or designee of any lapse in alternative coverage.

Also see: TAMU System Policy 26.99.01 Student Health Insurance
TAMHSC Student Business Services http://tamhsc.edu/education/student/index.html

STUDENT IMMUNIZATIONS

The Texas A&M Health Science Center School of Rural Public Health does not require the submission of immunization records as a requirement for class registration. However, the School strongly recommends that every student, and their family members, review the updated list of immunizations most appropriate for the university student (see: http://www.srph.tamhsc.edu/prospective-students/immunization.html). This list of recommended vaccines was compiled by the American College Health Association (ACHA) with assistance from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

Students that provide are involved in and some international students will be an exception to this
recommendation. International students should review the recommended immunizations below as well as the TB Screening information at the bottom on the page.

Health science majors are required by state law to be compliant with certain immunization requirements prior to the beginning of their clinical rotations. Assuring that health science students comply with state laws regarding required immunizations is the responsibility of the health science department or college.

All of the recommended vaccines are available to students at Student Health Services (Beutel Health Center on the main A&M campus). If you have any questions regarding recommended vaccines, please contact Student Health Services at 979-458-8345.

Practicum student participant students please note some practicum locations may require updated shots. Please check with your practicum choice to ensure you are up to date on required shots for relevant facility you may be working in and/or around.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE INDICATED</th>
<th>MAJOR INDICATIONS</th>
<th>MAJOR PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>Two doses of MMR at least 28 days apart after 12 months of age.</td>
<td>All college students born after 1956 without lab evidence of disease or physician diagnosed disease.</td>
<td>Pregnancy; history of hypersensitivity or anaphylaxis to any of the components in the vaccine. Guidelines exist for vaccination of persons with altered immunocompetence</td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis</td>
<td>Primary series with DT, DTap DTP or Td; booster at age 11-64 years with Tdap.</td>
<td>For adolescents age 11-18, at least 5 years should have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine, prior to receiving Tdap. For adults 19-64 years, Tdap to replace a single dose of Td for booster immunization against tetanus, diphtheria, and pertussis if they received their last dose of Td &gt; 10 years earlier.</td>
<td>History of hypersensitivity to any of the components in the vaccine. There is a theoretical risk of increased rates of local or systemic reactions when two diphtheria toxoid containing vaccines are administered within a short interval (i.e., on different days). Efforts should be made to administer Tdap and tetravalent meningococcal conjugate (MCV4) vaccines simultaneously if both are indicated. If simultaneous vaccination is not feasible, Tdap and MCV4 vaccines (which contain diphtheria toxoid) can be administered in any sequence.</td>
</tr>
</tbody>
</table>

Tdap for the decennial booster dose for all college students.

Any student in the setting of: pertussis outbreaks, close contact with infants less than 12 months of age, or wound management, as appropriate.
preparation of tetanus toxoid, diphtheria, and acellular pertussis. years since the last Td may be used to protect against pertussis. Particularly in settings with increased risk from pertussis or its complications or for those who have or who anticipate having close contact with an infant < 12 months of age (parents, childcare providers, healthcare providers), a single dose of Tdap should be administered. The benefits of using a single dose of Tdap at a shorter interval to protect against pertussis generally outweighs the risk of local and systemic reactions after vaccination. The safety of intervals as short as 2 years between Td and Tdap are supported by studies from Canada. Routine booster dose intervals: Adults should receive decennial Td boosters, beginning 10 years after receiving Tdap, until guidance on subsequent Tdap booster doses is available.

<table>
<thead>
<tr>
<th>Polio Vaccine</th>
<th>Primary series in childhood with IPV alone, OPV alone, or IPV/OPV sequentially; booster only if needed for travel after age 18 years</th>
<th>IPV for certain international travelers.</th>
<th>History of hypersensitivity to any of the components of the vaccine.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella (Chickenpox)</td>
<td>Childhood, adolescence, young adulthood (two doses at least one month apart, if 13 years of age or older).</td>
<td>All entering college students without history of the disease or without age appropriate immunization or with a negative antibody titer (two doses at least one month apart, if over age 13 years).</td>
<td>Pregnancy, history of hypersensitivity or anaphylaxis to any of the components in the vaccine. Guidelines exist for vaccination of persons with altered immunocompetence.</td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td>Series of 3 doses (given at 0, 1-2 mo., and 6-12 mo.) prior to college entry. A series of 2 adult doses may be given to adolescents 11-15 years of age (given at 0 and 4-6mo). Combined hepatitis A and B vaccines</td>
<td>All college students</td>
<td>History of hypersensitivity to any of the components in the vaccine.</td>
</tr>
<tr>
<td>Vaccine Type</td>
<td>Recommended Population</td>
<td>Administration Schedule</td>
<td>Adverse Effects/Precautions</td>
</tr>
<tr>
<td>--------------</td>
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</tr>
<tr>
<td>Hepatitis A Vaccine</td>
<td>Adolescents through the age of 18 in some states and regions and for certain high risk groups (i.e., persons traveling to countries where hepatitis A is moderately or highly endemic, men who have sex with men, users of injectable and noninjectable drugs, persons who have clotting-factor disorders, persons working with nonhuman primates, and persons with chronic liver disease).</td>
<td>Series of 2 doses (given at 0, 6-12 mo.) prior to college entry. Combined hepatitis A and B vaccines may be given as a series of 3 doses (given at 0, 1-2 mo., and 6-12 mo.). Over 2 years, repeat every 3-5 yrs.</td>
<td>History of hypersensitivity to any of the components in the vaccine.</td>
</tr>
<tr>
<td>Pneumococcal Polysaccharide Vaccine-23 valent</td>
<td>Young adults with diabetes, heart disease, chronic pulmonary or liver disease. Revaccinate every 5 years for immunodeficiency states, renal failure, recipients of clotting factor concentrates, asplenia, terminal complement component deficiencies, and HIV infection.</td>
<td>Childhood, adolescence, adulthood</td>
<td>History of hypersensitivity to any of the components in the vaccine.</td>
</tr>
<tr>
<td>Meningococcal quadrivalent Conjugate (Preferred) Polysaccharide (Acceptable alternative if conjugate not available)</td>
<td>Certain high-risk groups including persons with terminal complement deficiencies or those with asplenia. Research or laboratory personnel who may be exposed to aerosolized meningococci. Travelers to hyperendemic or endemic areas of the world. College freshmen living in dormitories are at modestly increased risk for disease and may wish to consider vaccination.</td>
<td>11-55 years (data for revaccination pending) Over 2 years of age, repeat every 3-5 years</td>
<td>History of hypersensitivity to any of the components in the vaccine. Avoid vaccinating persons who are known to have experienced Guillain-Barre (GBS) syndrome. There is a theoretical risk of increased rates of local or systemic reactions when two diphtheria toxoid-containing vaccines are administered within a short interval (i.e., on different days). Efforts should be made to administer Tdap and tetravalent meningococcal conjugate (MCV4) vaccines.</td>
</tr>
<tr>
<td>Influenza Vaccine</td>
<td>Annually</td>
<td>All college students particularly those at high risk of complications from the flu such as diabetics or asthmatics or patients with certain immunodeficiencies, and any student who wants to minimize disruption of routine activities during epidemics)</td>
<td>History of hypersensitivity to any of the components in the vaccine.</td>
</tr>
</tbody>
</table>

**Tuberculosis Screening**

Tuberculosis (TB) skin testing, utilizing the Mantoux test, is required for all incoming, high-risk students, domestic or international, who have arrived from countries where TB is endemic. As it is easier to identify countries of low, rather than high TB prevalence, please review the following list of exceptions. Students should undergo TB screening if they have arrived from *any country EXCEPT* those on the following list:

**EXCEPTION LIST (countries where TB is not endemic):**

<table>
<thead>
<tr>
<th>American Region:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>Jamaica</td>
<td>Saint Lucia</td>
<td>Saint Kitts and Nevis</td>
</tr>
<tr>
<td>USA</td>
<td>Virgin Islands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>European Region:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgium</td>
<td>Greece</td>
<td>Luxembourg</td>
<td>San Marino</td>
</tr>
<tr>
<td>Denmark</td>
<td>Iceland</td>
<td>Malta</td>
<td>Sweden</td>
</tr>
<tr>
<td>Finland</td>
<td>Ireland</td>
<td>Monaco</td>
<td>Switzerland</td>
</tr>
<tr>
<td>France</td>
<td>Italy</td>
<td>Netherlands</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Germany</td>
<td>Liechtenstein</td>
<td>Norway</td>
<td></td>
</tr>
<tr>
<td>Western Pacific Region:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Samoa</td>
<td>Australia</td>
<td>New Zealand</td>
<td></td>
</tr>
</tbody>
</table>

*In addition, other categories of individuals who may be at increased risk for TB infection or disease, and should consider TB screening include:*

- Persons who have been close contacts of a person with infectious TB
- Persons with signs or symptoms of active TB
- Persons with HIV infection
• Persons who inject drugs
• Persons who have resided in, have been employed by, or volunteered in the following high-risk congregate settings: prisons and jails, nursing homes and other long-term facilities for the elderly, hospitals and other health care facilities, residential facilities for patients with acquired immunodeficiency syndrome (AIDS), and homeless shelters
• Persons with the following clinical conditions that place them at high risk: silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders (e.g. leukemias and lymphomas), other specific malignancies (e.g. carcinoma of the head or neck and lung), low body weight (10% or more below the ideal), gastrectomy and jejunooileal bypass, prolonged corticosteroid therapy (e.g. prednisone 15 mg/d for 1 month), other immunosuppressive therapy, pulmonary fibrotic lesions seen on chest radiographs (presumed to be from prior, untreated TB)

Please note that all countries in the African Region, Eastern Mediterranean Region, and Southeast Asia Region as well as Russia are considered high risk.

Detailed information about screening and treatment for tuberculosis can be found at the following website: http://www.cdc.gov/nchstp/tb/pubs/corecurr/
STATE OF TEXAS
HEALTH & SAFETY CODE
CHAPTER 483. DANGEROUS DRUGS
SUBCHAPTER A. GENERAL PROVISIONS

§ 483.0001. SHORT TITLE. This Act may be cited as the Texas Dangerous Drug Act.


§ 483.001. DEFINITIONS. In this chapter:

(1) "Board" means the Texas State Board of Pharmacy.

(2) "Dangerous drug" means a device or a drug that is unsafe for self-medication and that is not included in Schedules I through V or Penalty Groups I through 4 of Chapter 481 (Texas Controlled Substances Act). The term includes a device or a drug that bears or is required to bear the legend:

(A) "Caution: federal law prohibits dispensing without prescription" or "Rx only" or another legend that complies with federal law; or

(B) "Caution: federal law restricts this drug to use by or on the order of a licensed veterinarian."

(3) "Deliver" means to sell, dispense, give away, or supply in any other manner.

(4) "Designated agent" means:

(A) a licensed nurse, physician assistant, pharmacist, or other individual designated by a practitioner to communicate prescription drug orders to a pharmacist;

(B) a licensed nurse, physician assistant, or pharmacist employed in a health care facility to whom the practitioner communicates a prescription drug order; or

(C) a registered nurse or physician assistant authorized by a practitioner to carry out a prescription drug order for dangerous drugs under Subchapter B, Chapter 157, Occupations Code.

(5) "Dispense" means to prepare, package, compound, or label a dangerous drug in the course of professional practice for delivery under the lawful order of a practitioner to an ultimate user or the user's agent.

(6) "Manufacturer" means a person, other than a pharmacist, who manufactures dangerous drugs. The term includes a person who prepares dangerous drugs in dosage form by mixing, compounding, encapsulating, entableting, or any other process.

(7) "Patient" means:

(A) An individual for whom a dangerous drug is prescribed or to whom a dangerous drug is administered; or

(B) An owner or the agent of an owner of an animal for which a dangerous drug is prescribed or to which a dangerous drug is administered.

(8) "Person" includes an individual, corporation, partnership, and association.

(9) "Pharmacist" means a person licensed by the Texas State Board of Pharmacy to practice pharmacy.

(10) "Pharmacy" means a facility where prescription drug or medication orders are received, processed, dispensed, or distributed under this chapter, Chapter 481 of this code, and Subtitle J, Title 3, Occupations Code. The term does not include a narcotic drug treatment program that is regulated by Chapter 466, Health and Safety Code.

(11) "Practice of pharmacy" means:

(A) Provision of those acts or services necessary to provide pharmaceutical care;

(B) Interpretation and evaluation of prescription drug orders or medication orders;
(C) Participation in drug and device selection as authorized by law, drug administration, drug regimen review, or drug or drug-related research;
(D) Provision of patient counseling;
(E) Responsibility for:
   (i) Dispensing of prescription drug orders or distribution of medication orders in the patient's best interest;
   (ii) Compounding and labeling of drugs and devices, except labeling by a manufacturer, repackager, or distributor of nonprescription drugs and commercially packaged prescription drugs and devices;
   (iii) Proper and safe storage of drugs and devices; or
   (iv) Maintenance of proper records for drugs and devices. In this subdivision, "device" has the meaning assigned by Subtitle J, Title 3, Occupations Code; or
(F) Performance of a specific act of drug therapy management for a patient delegated to a pharmacist by a written protocol from a physician licensed by the state under Subtitle B, Title 3, Occupations Code.

(12) "Practitioner" means a person licensed:
   (A) by the Texas State Board of Medical Examiners, State Board of Dental Examiners, Texas State Board of Podiatric Medical Examiners, Texas Optometry Board, or State Board of Veterinary Medical Examiners to prescribe and administer dangerous drugs;
   (B) by another state in a health field in which, under the laws of this state, a licensee may legally prescribe dangerous drugs;
   (C) in Canada or Mexico in a health field in which, under the laws of this state, a licensee may legally prescribe dangerous drugs; or
   (D) an advanced practice nurse or physician assistant to whom a physician has delegated the authority to carry out or sign prescription drug orders under Section 157.0511, 157.052, 157.053, 157.054, 157.0541, or 157.0542, Occupations Code.

(13) "Prescription" means an order from a practitioner, or an agent of the practitioner designated in writing as authorized to communicate prescriptions, or an order made in accordance with Subchapter B, Chapter 157, Occupations Code, or Section 203.353, Occupations Code, to a pharmacist for a dangerous drug to be dispensed that states:
   (A) The date of the order's issue;
   (B) The name and address of the patient;
   (C) If the drug is prescribed for an animal, the species of the animal;
   (D) The name and quantity of the drug prescribed;
   (E) The directions for the use of the drug;
   (F) The intended use of the drug unless the practitioner determines the furnishing of this information is not in the best interest of the patient;
   (G) The name, address, and telephone number of the practitioner at the practitioner's usual place of business, legibly printed or stamped; and
   (H) The name, address, and telephone number of the documented midwife, registered nurse, or physician assistant, legibly printed or stamped, if signed by a documented midwife, registered nurse, or physician assistant.

(14) "Warehouseman" means a person who stores dangerous drugs for others and who has no control over the disposition of the drugs except for the purpose of storage.

§ 483.002. RULES.

The board may adopt rules for the proper administration and enforcement of this chapter.


§ 483.003. BOARD OF HEALTH HEARINGS REGARDING CERTAIN DANGEROUS DRUGS.

(a) The Texas Board of Health may hold public hearings in accordance with Chapter 2001, Government Code to determine whether there is compelling evidence that a dangerous drug has been abused, either by being prescribed for nontherapeutic purposes or by the ultimate user.

(b) On making that finding, the Texas Board of Health may limit the availability of the abused drug by permitting its dispensing only on the prescription of a practitioner described by Section 483.001(12) (A), (B), or (D).


§ 483.004. COMMISSIONER OF HEALTH EMERGENCY AUTHORITY RELATING TO DANGEROUS DRUGS.

If the commissioner of health has compelling evidence that an immediate danger to the public health exists as a result of the prescription of a dangerous drug by practitioners described by Section 483.001(12)(C), the commissioner may use the commissioner's existing emergency authority to limit the availability of the drug by permitting its prescription only by practitioners described by Section 483.001(12)(A), (B), or (D).


SUBCHAPTER B. DUTIES OF PHARMACISTS, PRACTITIONERS, AND OTHER PERSONS

§ 483.021. DETERMINATION BY PHARMACIST ON REQUEST TO DISPENSE DRUG.

(a) A pharmacist who is requested to dispense a dangerous drug under a prescription issued by a practitioner shall determine, in the exercise of the pharmacist's professional judgment, that the prescription is a valid prescription. A pharmacist may not dispense a dangerous drug if the pharmacist knows or should have known that the prescription was issued without a valid patient-practitioner relationship.

(b) A pharmacist who is requested to dispense a dangerous drug under a prescription issued by a therapeutic optometrist shall determine, in the exercise of the pharmacist's professional judgment, whether the prescription is for a dangerous drug that a therapeutic optometrist is authorized to prescribe under Section 351.358, Occupations Code.

§ 483.022. PRACTITIONER'S DESIGNATED AGENT; PRACTITIONER'S RESPONSIBILITIES.

(a) A practitioner shall provide in writing the name of each designated agent as defined by Section 483.001(4)(A) and (C), and the name of each healthcare facility which employs persons defined by Section 483.001(4)(B).

(b) The practitioner shall maintain at the practitioner's usual place of business a list of the designated agents or healthcare facilities as defined by Section 483.001(4).

(c) The practitioner shall provide a pharmacist with a copy of the practitioner's written authorization for a designated agent as defined by Section 483.001(4) on the pharmacist's request.

(d) This section does not relieve a practitioner or the practitioner's designated agent from the requirements of Subchapter A, Chapter 562, Occupations Code.

(e) A practitioner remains personally responsible for the actions of a designated agent who communicates a prescription to a pharmacist.

(f) A practitioner may designate a person who is a licensed vocational nurse or has an education equivalent to or greater than that required for a licensed vocational nurse to communicate prescriptions of an advanced practice nurse or physician assistant authorized by the practitioner to sign prescription drug orders under Subchapter B, Chapter 157, Occupations Code.


§ 483.023. RETENTION OF PRESCRIPTIONS.

A pharmacy shall retain a prescription for a dangerous drug dispensed by the pharmacy for two years after the date of the initial dispensing or the last refilling of the prescription, whichever date is later.


§ 483.024. RECORDS OF ACQUISITION OR DISPOSAL.

The following persons shall maintain a record of each acquisition and each disposal of a dangerous drug for two years after the date of the acquisition or disposal:

1. a pharmacy;
2. a practitioner;
3. A person who obtains a dangerous drug for lawful research, teaching, or testing purposes, but not for resale;
4. A hospital that obtains a dangerous drug for lawful administration by a practitioner; and
5. A manufacturer or wholesaler registered with the commissioner of health under Chapter 431 (Texas Food, Drug, and Cosmetic Act).


§ 483.025. INSPECTIONS; INVENTORIES.

A person required to keep records relating to dangerous drugs shall:

1. make the records available for inspection and copying at all reasonable hours by any public official or employee engaged in enforcing this chapter; and
2. Allow the official or employee to inventory all stocks of dangerous drugs on hand.

SUBCHAPTER C. CRIMINAL PENALTIES

483.041. POSSESSION OF DANGEROUS DRUG.

(a) A person commits an offense if the person possesses a dangerous drug unless the person obtains the drug from a pharmacist acting in the manner described by Section 483.042(a)(1) or a practitioner acting in the manner described by Section 483.042(a)(2).

(b) Except as permitted by this chapter, a person commits an offense if the person possesses a dangerous drug for the purpose of selling the drug.

(c) Subsection (a) does not apply to the possession of a dangerous drug in the usual course of business or practice or in the performance of official duties by the following persons or an agent or employee of the person:
   (1) a pharmacy licensed by the board;
   (2) a practitioner;
   (3) a person who obtains a dangerous drug for lawful research, teaching, or testing, but not for resale;
   (4) a hospital that obtains a dangerous drug for lawful administration by a practitioner;
   (5) an officer or employee of the federal, state, or local government;
   (6) a manufacturer or wholesaler licensed by the commissioner of health under Chapter 431 (Texas Food, Drug, and Cosmetic Act);
   (7) a carrier or warehouseman;
   (8) a home and community support services agency licensed under and acting in accordance with Chapter 142;
   (9) a documented midwife who obtains oxygen for administration to a mother or newborn or who obtains a dangerous drug for the administration of prophylaxis to a newborn for the prevention of ophthalmia neonatorum in accordance with Section 203.353, Occupations Code; or
   (10) A salvage broker or salvage operator licensed under Chapter 432.

(d) An offense under this section is a Class A misdemeanor.


§ 483.042. DELIVERY OR OFFER OF DELIVERY OF DANGEROUS DRUGS.

(a) A person commits an offense if the person delivers or offers to deliver a dangerous drug:
   (1) unless:
      (A) the dangerous drug is delivered or offered for delivery by a pharmacist under:
         (i) a prescription issued by a practitioner described by Section 483.001(12) (A) or (B);
         (ii) a prescription signed by a registered nurse or physician assistant in accordance with Subchapter B, Chapter 157, Occupations Code; or
         (iii) An original written prescription issued by a practitioner described by Section 483.001(12) (C); and
      (B) A label is attached to the immediate container in which the drug is delivered or offered to be delivered and the label contains the following information:
         (i) The name and address of the pharmacy from which the drug is delivered or offered for delivery;
         (ii) The date the prescription for the drug is dispensed;
         (iii) The number of the prescription as filed in the prescription files of the pharmacy from which the prescription is dispensed;

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(iv) The name of the practitioner who prescribed the drug and, if applicable, the name of the registered nurse or physician assistant who signed the prescription; 
(v) The name of the patient and, if the drug is prescribed for an animal, a statement of the species of the animal; and 
(vi) Directions for the use of the drug as contained in the prescription; or

(2) unless:
(A) The dangerous drug is delivered or offered for delivery by:
   (i) A practitioner in the course of practice; or
   (ii) A registered nurse or physician assistant in the course of practice in accordance with Subchapter B, Chapter 157, Occupations Code; and
(B) A label is attached to the immediate container in which the drug is delivered or offered to be delivered and the label contains the following information:
   (i) The name and address of the practitioner who prescribed the drug, and if applicable, the name and address of the registered nurse or physician assistant;
   (ii) The date the drug is delivered;
   (iii) The name of the patient and, if the drug is prescribed for an animal, a statement of the species of the animal; and
   (iv) The name of the drug, the strength of the drug, and directions for the use of the drug.

(b) Subsection (a) does not apply to the delivery or offer for delivery of a dangerous drug to a person listed in Section 483.041(c) for use in the usual course of business or practice or in the performance of official duties by the person.
(c) Proof of an offer to sell a dangerous drug must be corroborated by a person other than the offeree or by evidence other than a statement by the offeree.
(d) An offense under this section is a state jail felony.
(e) The labeling provisions of Subsection (a) do not apply to a dangerous drug prescribed or dispensed for administration to a patient who is institutionalized. The board shall adopt rules for the labeling of such a drug.
(f) Provided all federal requirements are met, the labeling provisions of Subsection (a) do not apply to a dangerous drug prescribed or dispensed for administration to food production animals in an agricultural operation under a written medical directive or treatment guideline from a veterinarian licensed under Chapter 801, Occupations Code.


§ 483.043. MANUFACTURE OF DANGEROUS DRUGS.

(a) A person commits an offense if the person manufactures a dangerous drug and the person is not authorized by law to manufacture the drug.
(b) An offense under this section is a state jail felony.


§ 483.045. FORGING OR ALTERING PRESCRIPTION.

(a) A person commits an offense if the person:
   (1) forges a prescription or increases the prescribed quantity of a dangerous drug in a prescription;
   (2) Issues a prescription bearing a forged or fictitious signature;
   (3) Obtains or attempts to obtain a dangerous drug by using a forged, fictitious, or altered prescription;
(4) Obtains or attempts to obtain a dangerous drug by means of a fictitious or fraudulent telephone call; or
(5) Possesses a dangerous drug obtained by a forged, fictitious, or altered prescription or by means of a fictitious or fraudulent telephone call.

(b) An offense under this section is a Class B misdemeanor unless it is shown on the trial of the defendant that the defendant has previously been convicted of an offense under this chapter, in which event the offense is a Class A misdemeanor.


§ 483.046. FAILURE TO RETAIN PRESCRIPTION.

(a) A pharmacist commits an offense if the pharmacist:
   (1) delivers a dangerous drug under a prescription; and
   (2) Fails to retain the prescription as required by Section 483.023.

(b) An offense under this section is a Class B misdemeanor unless it is shown on the trial of the defendant that the defendant has previously been convicted of an offense under this chapter, in which event the offense is a Class A misdemeanor.


§ 483.047. REFILLING PRESCRIPTION WITHOUT AUTHORIZATION.

(a) Except as authorized by Subsection (b), a pharmacist commits an offense if the pharmacist refills a prescription unless:
   (1) The prescription contains an authorization by the practitioner for the refilling of the prescription, and the pharmacist refills the prescription in the manner provided by the authorization; or
   (2) At the time of refilling the prescription, the pharmacist is authorized to do so by the practitioner who issued the prescription.

(b) A pharmacist may exercise his professional judgment in refilling a prescription for a dangerous drug without the authorization of the prescribing practitioner provided:
   (1) failure to refill the prescription might result in an interruption of a therapeutic regimen or create patient suffering;
   (2) Either:
      (A) A natural or manmade disaster has occurred which prohibits the pharmacist from being able to contact the practitioner; or
      (B) The pharmacist is unable to contact the practitioner after reasonable effort;
   (3) The quantity of drug dispensed does not exceed a 72-hour supply;
   (4) the pharmacist informs the patient or the patient's agent at the time of dispensing that the refill is being provided without such authorization and that authorization of the practitioner is required for future refills; and
   (5) The pharmacist informs the practitioner of the emergency refill at the earliest reasonable time.

(c) An offense under this section is a Class B misdemeanor unless it is shown on the trial of the defendant that the defendant has previously been convicted under this chapter, in which event the offense is a Class A misdemeanor.


§ 483.048. UNAUTHORIZED COMMUNICATION OF PRESCRIPTION.

(a) An agent of a practitioner commits an offense if the agent communicates by telephone a prescription unless the agent is designated in writing under Section 483.022 as authorized by the practitioner to communicate prescriptions by telephone.
(b) An offense under this section is a Class B misdemeanor unless it is shown on the trial of the defendant that the defendant has previously been convicted of an offense under this chapter, in which event the offense is a Class A misdemeanor.


§ 483.049. FAILURE TO MAINTAIN RECORDS.

(a) A person commits an offense if the person is required to maintain a record under Section 483.023 or 483.024 and the person fails to maintain the record in the manner required by those sections.
(b) An offense under this section is a Class B misdemeanor unless it is shown on the trial of the defendant that the defendant has previously been convicted of an offense under this chapter, in which event the offense is a Class A misdemeanor.


§ 483.050. REFUSAL TO PERMIT INSPECTION.

(a) A person commits an offense if the person is required to permit an inspection authorized by Section 483.025 and fails to permit the inspection in the manner required by that section.
(b) An offense under this section is a Class B misdemeanor unless it is shown on the trial of the defendant that the defendant has previously been convicted of an offense under this chapter, in which event the offense is a Class A misdemeanor.


§ 483.051. USING OR REVEALING TRADE SECRET.

(a) A person commits an offense if the person uses for the person's advantage or reveals to another person, other than to an officer or employee of the board or to a court in a judicial proceeding relevant to this chapter, information relating to dangerous drugs required to be kept under this chapter, if that information concerns a method or process subject to protection as a trade secret.
(b) An offense under this section is a Class B misdemeanor unless it is shown on the trial of the defendant that the defendant has previously been convicted of an offense under this chapter, in which event the offense is a Class A misdemeanor.


§ 483.052. VIOLATION OF OTHER PROVISION.

(a) A person commits an offense if the person violates a provision of this chapter other than a provision for which a specific offense is otherwise described by this chapter.
(b) An offense under this section is a Class B misdemeanor, unless it is shown on the trial of the defendant that the defendant has previously been convicted of an offense under this chapter, in which event the offense is a Class A misdemeanor.


§ 483.053. PREPARATORY OFFENSES.

Title 4, Penal Code, applies to an offense under this subchapter.

SUBCHAPTER D. CRIMINAL AND CIVIL PROCEDURE

§ 483.071. EXCEPTIONS; BURDEN OF PROOF.

(a) In a complaint, information, indictment, or other action or proceeding brought for the enforcement of this chapter, the state is not required to negate an exception, excuse, proviso, or exemption contained in this chapter.
(b) The defendant has the burden of proving the exception, excuse, proviso, or exemption.


§ 483.072. UNCORROBORATED TESTIMONY.

A conviction under this chapter may be obtained on the uncorroborated testimony of a party to the offense.


§ 483.073. SEARCH WARRANT.

A peace officer may apply for a search warrant to search for dangerous drugs possessed in violation of this chapter. The peace officer must apply for and execute the search warrant in the manner prescribed by the Code of Criminal Procedure.


§ 483.074. SEIZURE AND DESTRUCTION.

(a) A dangerous drug that is manufactured, sold, or possessed in violation of this chapter is contraband and may be seized by an employee of the board or by a peace officer authorized to enforce this chapter and charged with that duty.
(b) If a dangerous drug is seized under Subsection (a), the board may direct an employee of the board or an authorized peace officer to destroy the drug. The employee or authorized peace officer directed to destroy the drug must act in the presence of another employee of the board or authorized peace officer and shall destroy the drug in any manner designated as appropriate by the board.
(c) Before the dangerous drug is destroyed, an inventory of the drug must be prepared. The inventory must be accompanied by a statement that the dangerous drug is being destroyed at the direction of the board, by an employee of the board or an authorized peace officer, and in the presence of another employee of the board or authorized peace officer. The statement must also contain the names of the persons in attendance at the time of destruction, state the capacity in which each of those persons acts, be signed by those persons, and be sworn to by those persons that the statement is correct. The statement shall be filed with the board.


§ 483.075. INJUNCTION.

The board may institute an action in its own name to enjoin a violation of this chapter.

§ 483.076. LEGAL REPRESENTATION OF BOARD.

(a) If the board institutes a legal proceeding under this chapter, the board may be represented only by a county attorney, a district attorney, or the attorney general.

(b) The board may not employ private counsel in any legal proceeding instituted by or against the board under this chapter.

Section 1310.02 Substances covered.

The following chemicals have been specifically designated by the Administrator of the Drug Enforcement Administration as the listed chemicals subject to the provisions of this part and parts 1309 and 1313 of this chapter. Each chemical has been assigned the DEA Chemical Code Number set forth opposite it.

(a) List I chemicals

<table>
<thead>
<tr>
<th>Chemical Description</th>
<th>DEA Chemical Code Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthranilic acid, its esters, and its salts</td>
<td>8530</td>
</tr>
<tr>
<td>Benzyl cyanide</td>
<td>8735</td>
</tr>
<tr>
<td>Ephedrine, its salts, optical isomers, and salts of optical isomers</td>
<td>8113</td>
</tr>
<tr>
<td>Ergonovine and its salts</td>
<td>8675</td>
</tr>
<tr>
<td>Ergotamine and its salts</td>
<td>8676</td>
</tr>
<tr>
<td>N-Acetylanthranilic acid, its esters, and its salts</td>
<td>8522</td>
</tr>
<tr>
<td>Norpseudoephedrine, its salts, optical isomers, and salts of optical isomers</td>
<td>8317</td>
</tr>
<tr>
<td>Phenylacetic acid, its esters, and its salts</td>
<td>8791</td>
</tr>
<tr>
<td>Phenylpropanolamine, its salts, optical isomers, and salts of optical isomers</td>
<td>1225</td>
</tr>
<tr>
<td>Piperidine and its salts</td>
<td>2704</td>
</tr>
<tr>
<td>Pseudoephedrine, its salts, optical isomers, and salts of optical isomers</td>
<td>8112</td>
</tr>
<tr>
<td>3,4-Methylenedioxyphenyl-2-propanone</td>
<td>8502</td>
</tr>
<tr>
<td>Methylamine and its salts</td>
<td>8520</td>
</tr>
<tr>
<td>Ethylamine and its salts</td>
<td>8678</td>
</tr>
<tr>
<td>Propionic anhydride</td>
<td>8328</td>
</tr>
<tr>
<td>Isosafrole</td>
<td>8704</td>
</tr>
<tr>
<td>Safrole</td>
<td>8323</td>
</tr>
<tr>
<td>Piperonal</td>
<td>8750</td>
</tr>
<tr>
<td>N-Methylephedrine, its salts, optical isomers, and salts of optical isomers (N-Methylephedrine)</td>
<td>8115</td>
</tr>
<tr>
<td>N-Methylpseudoephedrine, its salts, optical isomers, and salts of optical isomers</td>
<td>8119</td>
</tr>
<tr>
<td>Hydriodic Acid</td>
<td>6695</td>
</tr>
<tr>
<td>Benzaldehyde</td>
<td>8256</td>
</tr>
<tr>
<td>Nitroethane</td>
<td>6724</td>
</tr>
<tr>
<td>Gamma-Butyrolactone (Other names include: GBL; Dihydro-2 (3H)-furanone; 1,2-Butanolid; 1,4-Butanolid; 4-Hydroxybutanoic acid lactone; gamma-hydroxybutyric acid lactone)</td>
<td>2011</td>
</tr>
</tbody>
</table>
(25) Red Phosphorus

(26) White phosphorus (Other names: Yellow Phosphorus)

(27) Hypophosphorous acid and its salts (including ammonium hypophosphite, calcium hypophosphite, iron hypophosphite, potassium hypophosphite, manganese hypophosphite, magnesium hypophosphite and sodium hypophosphite)

(b) List II chemicals:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Acetic anhydride</td>
<td>8519</td>
</tr>
<tr>
<td>(2) Acetone</td>
<td>6532</td>
</tr>
<tr>
<td>(3) Benzyl chloride</td>
<td>8570</td>
</tr>
<tr>
<td>(4) Ethyl ether</td>
<td>6584</td>
</tr>
<tr>
<td>(5) Potassium permanganate</td>
<td>6579</td>
</tr>
<tr>
<td>(6) 2-Butanone (or Methyl Ethyl Ketone or MEK)</td>
<td>6714</td>
</tr>
<tr>
<td>(7) Toluene</td>
<td>6594</td>
</tr>
<tr>
<td>(8) Hydrochloric acid (including anhydrous hydrogen chloride)</td>
<td>6545</td>
</tr>
<tr>
<td>(9) Sulfuric acid</td>
<td>6552</td>
</tr>
<tr>
<td>(10) Methyl Isobutyl Ketone (MIBK)</td>
<td>6715</td>
</tr>
<tr>
<td>(11) Iodine</td>
<td>6699</td>
</tr>
</tbody>
</table>

(c) The Administrator may add or delete a substance as a listed chemical by publishing a final rule in the Federal Register following a proposal which shall be published at least 30 days prior to the final rule.

(d) Any person may petition the Administrator to have any substance added or deleted from paragraphs (a) or (b) of this section.

(e) Any petition under this section shall contain the following information:

1. The name and address of the petitioner;
2. The name of the chemical to which the petition pertains;
3. The name and address of the manufacturer(s) of the chemical (if known);
4. A complete statement of the facts which the petitioner believes justifies the addition or deletion of the substance from paragraphs (a) or (b) of this section;
5. The date of the petition.

(f) The Administrator may require the petitioner to submit such documents or written statements of fact relevant to the petition as he deems necessary in making a determination.

(g) Within a reasonable period of time after the receipt of the petition, the Administrator shall notify the petitioner of his decision and the reason therefore. The Administrator need not accept a petition if any of the requirements prescribed in paragraph (e) of this section or requested pursuant to paragraph (f) of this section are lacking or are not clearly set forth as to be readily understood. If the petitioner desires, he may amend and resubmit the petition to meet the requirements of paragraphs (e) and (f) of this section.
(h) If a petition is granted or the Administrator, upon his own motion, proposes to add or delete substances as listed chemicals as set forth in paragraph (c) of this section, he shall issue and publish in the Federal Register a proposal to add or delete a substance as a listed chemical. The Administrator shall permit any interested person to file written comments regarding the proposal within 30 days of the date of publication of his order in the Federal Register. The Administrator will consider any comments filed by interested persons and publish a final rule in accordance with his decision in the matter.

Memorandum of Understanding
between the
Texas Department of Public Safety
and the
Texas Higher Education Coordinating Board

Pursuant to Texas Health and Safety Code, Section 481.0621 (b), the Texas Department of Public Safety (DPS) and the Texas Higher Education Coordinating Board (THECB) enter into this memorandum of understanding in order to establish the responsibilities of the DPS, the THECB, and the public or private institutions of higher education for implementing and maintaining a program for reporting information concerning controlled substances, controlled substance analogues, chemical precursors, and chemical laboratory apparatus used in education or research activities of institutions of higher education.

1-DEFINITIONS

(a) Agent - any peace officer or other person who is authorized by law to enforce or administer state or federal drug laws.

(b) Central Location - location within an institution of higher education where records are maintained.

(c) 21 CFR, Part 1301 - 21 Code of Federal Regulations, Part 1301 to End, providing for the Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances and any amendments to these regulations hereafter adopted.

(d) Client - any person or entity to which DPS has issued a permit authorizing the purchase, sale, transfer or furnishing of a controlled item.

(e) Controlled Glassware - condensers; distilling apparatus; vacuum dryers; single, two- and three-necked flasks; distilling flasks; Florence flasks; filter funnels; Buchner funnels; separatory funnels; Erlenmeyer flasks; round-bottom flasks; thermometer flasks; filtering flasks; Soxhlet extractors; and adapter tubes made of glass.

(f) Controlled Item - precursor chemicals and laboratory apparatus listed in Texas Health and Safety Code Section 481.002 (51) and 481.002 (53) and as named by rule by the Director of the Department of Public Safety pursuant to the Texas Health and Safety Code Section 481.077(b) and 481.08O(c).
The table below lists the controlled items as of September 1, 2005.

<table>
<thead>
<tr>
<th>I Precursor Chemicals I</th>
<th>Laboratory Apparatus I</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Methylamine</td>
<td>A. Condensers</td>
</tr>
<tr>
<td>2 Ethylamine</td>
<td>B. Distilling apparatus</td>
</tr>
<tr>
<td>3 D-lysergic acid</td>
<td>C. Vacuum dryers</td>
</tr>
<tr>
<td>4 Ergotamine tartrate</td>
<td>D. Three-necked flasks</td>
</tr>
<tr>
<td>5 Diethyl malonate</td>
<td>E. Distilling flasks</td>
</tr>
<tr>
<td>6 Malonic acid</td>
<td>F. Tableting machines</td>
</tr>
<tr>
<td>7 Ethyl malonate</td>
<td>G. Encapsulating machines</td>
</tr>
<tr>
<td>8 Barbituric acid</td>
<td>H. Filter funnels, buchner funnels, and</td>
</tr>
<tr>
<td>9 Piperidine</td>
<td>I. Erlenmyer flasks, two-necked flasks, single</td>
</tr>
<tr>
<td>10 N-acetylanthranilic acid</td>
<td>J. Soxhlet extractors</td>
</tr>
<tr>
<td>11 Pyrrolidine</td>
<td>K. Transformers</td>
</tr>
<tr>
<td>12 Phenylacetic acid</td>
<td>L. Flask heaters</td>
</tr>
<tr>
<td>13 Anthranilic acid</td>
<td>M. Heating mantles</td>
</tr>
<tr>
<td>14 Hypophosphorus acid</td>
<td>N. Adapter tubes</td>
</tr>
<tr>
<td>15 Ephedrine</td>
<td></td>
</tr>
<tr>
<td>16 Pseudoephedrine</td>
<td></td>
</tr>
<tr>
<td>17 Norpseudoephedrine</td>
<td></td>
</tr>
<tr>
<td>18 Phenylpropanolamine</td>
<td></td>
</tr>
<tr>
<td>19 Red phosphorus</td>
<td></td>
</tr>
</tbody>
</table>

(g) Controlled Substance -a substance, including a drug, an adulterant and a dilutant as defined by the Health and Safety Code, Chapter 481, the Texas Controlled Substances Act.

(h) Controlled Substance Analogue -(1) a substance with a chemical structure substantially similar to the chemical structure of a controlled substance in Schedule I or II or Penalty Group 1, 1-A, or 2 of the Texas Health and Safety Code, Chapter 481, Texas Controlled Substances Act; and (2) a substance specifically designed to produce an effect substantially similar to, or greater than, the effect of a controlled substance in Schedule I or I1 or Penalty Group 1, 14, or 2 of the Texas Health and Safety Code, Chapter 481, Texas Controlled Substances Act.

(i) DPS -Department of Public Safety Narcotics Service Regulatory Program that is charged with the regulation of controlled substances and items listed in this MOU

(j) Institution of Higher Education or Institution -this term includes an institution of higher education, as defined in Texas Education Code, Section 61.003(8), a private or independent institution of higher education, as defined in Texas Education Code, Section 61.003(15). and a private postsecondary educational institution. as defined in Texas Education Code, Section 61.302(2).

(k) MOU -memorandum of understanding as required by the Texas Health and Safety Code, Section 481.0621 (b).

(l) Nar-22 -form prepared and issued by DPS Narcotics Service to clients to report sale, transfer, or furnishing of a controlled substance or item.

(m) Site -a specific location at an institution where controlled items are utilized and/or stored.
(n) THECB - Texas Higher Education Coordinating Board.

(o) Unacceptable Discrepancy - any difference in the amount on hand and the amount documented that cannot reasonably be explained by accidental or normal loss.

2 - PROCEDURES

Institutions of higher education in Texas shall adopt procedures in compliance with this MOU. When requested, the DPS shall provide technical advice to the institution or site, and educational materials or presentations if funds and personnel are available.

3 - RECORDS AND REPORTS

(a) The site shall maintain all purchase order records, in accordance with the minimum retention requirements established by the Texas State Library and Archives Commission, of the incoming controlled substances, controlled substance analogues, precursor chemicals and laboratory apparatus (including controlled glassware) covered in this MOU that have been purchased or received by the site or central location.

(b) An institution or site that discovers a readily unacceptable discrepancy, loss, pilferage or theft of a controlled substance, controlled substance analogue, precursor chemical or laboratory apparatus (including controlled glassware) shall submit a written report of the incident to the appropriate law enforcement agency no later than 5 business days after the date of discovery of the discrepancy, loss, pilferage or theft. The institution shall forward the report to DPS within 5 additional business days after the report is submitted to the appropriate law enforcement agency.

(c) Upon request, the DPS shall assist the law enforcement agency conducting an investigation regarding the pilferage or theft of the controlled substance, precursor chemical, or laboratory apparatus named in this MOU.

(d) The DPS may request that an institution or site provide a duplicate of any record(s) covered by this MOU and the institution or site shall provide such record(s) within 10 business days of the request. The record(s) may be provided in electronic or hard copy form.

4 - SALE, TRANSFER OR FURNISHING OF CONTROLLED ITEMS

(a) The institution or site shall prohibit the sale, furnishing, or transfer of controlled items, including glassware, covered by this MOU to any person or entity not holding a DPS permit, unless the recipient is specifically exempted by law or rule.

(b) The institution shall report to the DPS on a Nar-22 form or any form mutually agreed upon by all parties, every sale, furnishing or transfer of a controlled item leaving the institution. The site shall submit these reports to the DPS within 30 days of the furnishing or transfer of the controlled items. This report shall include the name, address, telephone number, permit number (if applicable), driver license number, and date of birth of the client receiving the controlled items.
5-CONTROLLED SUBSTANCES AND CONTROLLED SUBSTANCE ANALOGUES

(a) The institution or site is responsible for complying with the established procedures as required in 21 CFR. Part 1301 to End and as required by any amendments to 21 CFR Part 1301.

(b) Upon request, the DPS shall provide technical advice to the institution or site regarding the inventories required in 21 CFR, Part 1301 to End.

(c) Upon request, the DPS shall assist the law enforcement agency conducting any investigation regarding any significant loss, pilferage or theft of the controlled substances or controlled items contained in this MOU.

6-AUDITS AND INSPECTIONS

The institution or site shall permit any DPS agent to conduct audits and inspections of all records made in accordance with the MOU at any reasonable time and shall not interfere with the discharge of the agent's duties.

7-SECURITY AND STORAGE

The institution or site shall ensure the security of the controlled items by cost-effective means that afford a reasonable sense of safety and accountability, such as electronic records keeping and physical security. In addition, the institution or site shall require that the controlled substances and precursor chemicals are stored in accordance with recommendations of the manufacturer, the Texas Commission on Environmental Quality and the Federal Environmental Protection Agency.

8-CONTACT PERSON(S)

Each institution or site shall appoint one or more individuals, as needed, to be responsible for implementing the security measures established by the institution or site. The institution shall annually provide a list of these individuals to the DPS and shall ensure that these individuals serve as the contact between the institution and the DPS. The initial list of contact persons shall be provided within ninety (90) days after the effective date of this Memorandum of Understanding. The general provisions of this Memorandum of Understanding shall be effective on the date of signature by representatives of both parties. This agreement, upon review of both parties, may be amended by written agreement whenever such action is necessary.

Date: 6 13 06
Thomas A Davis, Jr.
Director
Texas Department of Public Safety

Date 5 24 06
Teri Flack
Deputy Commissioner
Texas Higher Education Coordinating Board
Suggestions for Implementing MOU Procedures

1. Notify all personnel involved with environmental and safety issues about the MOU.

2. Notify all science and health laboratory personnel about the MOU.

3. Provide information to appropriate personnel regarding the potential problem of diversion of laboratory chemicals and apparatus to illegal drug operations.

4. Notify the Department of Public Safety (DPS) of the person designated to act as the liaison between the institution and the DPS.

5. Notify all personnel involved in the sale or transfer of surplus equipment that none of the precursor chemicals or laboratory apparatus, including glassware, listed as controlled items in the MOU should be sold or otherwise transferred to anyone who does not have the proper permit or the specific authority to purchase or accept the controlled items. Personnel involved in the transfer or sale of these items should be provided with copies of the Nar-22 form, which should be used to report the sale, transfer, or furnishing of the listed precursor chemicals or laboratory apparatus. Any party involved in an auction of surplus equipment should be informed of the MOU.

6. Establish procedures to assure an appropriate level of security for controlled items in educational and research laboratories and storerooms. Designate an individual to be responsible for establishing security measures.

7. Encourage all personnel to be alert and attentive to the disappearance of any of the controlled items and to report losses to the institution's contact person for controlled substances.