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1. Schedules and Hours

1.1 Class and Faculty Schedules Approved September 27, 1995

The class day is from 8:00 AM to 10:00 PM, Monday through Friday. Some classes may be held on Saturdays to accommodate certain groups of students.

There is no separate administrative division of late afternoon and evening offerings or for part-time students; these are administered as integral parts of the total program in the same manner as day offerings. The same faculty teach day, late afternoon, evening and Saturday courses. The same faculty teach on-campus, off-campus, and technology-based classes. All types of classes are taught as components of one's regular teaching load.

It is the faculty member's responsibility to see that the expected amount of instructional time is devoted to each course. If, for good academic reasons a final exam is not given in a course, time scheduled for the exam will be devoted to instruction.

Faculty members are expected to be in their offices and available to students for counseling at least 5 hours per week; additional office hours should be scheduled to accommodate students in self-paced courses. Office hours should be spread over at least three days of the week and at different times of the day. Office hours should be posted at the beginning of each semester.

1.2 Credit Hours

Approved November 13, 2015

1.2.1 Definition

In accordance with 34 CFR 600.2, a semester credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than:

- (1) One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit or the equivalent amount of work over a different amount of time; or
- (2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

The Texas Administrative Code (TAC) Title 19, Chapter 4, Subchapter A, Rule 4.6 stipulates that a traditionally three-semester-credit hour course meets for three hours per week for 15 weeks of instruction exclusive of the final examination and includes a significant amount of non-contact hour time for out-of-class student learning and reflection. For purposes of calculating semester credit hours one credit hour equates to a class meeting for 1 hour (50 minutes) per week for a semester (15 weeks) or the

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equivalent of 750 semester minutes, excluding final examinations

1.2.2 Lecture or Seminar

A semester credit hour is an academic unit earned for fifteen 50 minute sessions of organized classroom instruction (750 minutes of instruction per credit hour, excluding final exams or 12.5 clock hours) with a normal expectation of two hours of outside study for each class session. Typically, a three-semester credit hour course meets three 50-minute sessions per week for fifteen weeks for a total of 45 sessions (2250 minutes of instruction or 37.5 clock hours). Requirements for three credit hour courses apply proportionally to courses with other credit hour values.

1.2.3 Study Abroad and Study Away Courses

Study abroad courses are taught in locations outside of the United States and its territories. Study Away courses are taught at single or multiple locations within the United States and its territories, but away from the campus. Study abroad and study away courses have the same requirement for formal instructional time per credit hour as traditional courses. Formal instruction includes instructional time per credit hour as traditional courses. Formal instruction includes traditional classroom instruction lead by the instructor and formal lecture/discussion on site at the foreign location lead by the faculty member or a resident academic authority. Assigned educational experiences not conducted by the instructor such as visits to monuments; museums; historical, cultural, or scientifically significant sites; and assigned observations of local cultural or scientific phenomena earn credit hours at the same rate as field trips or laboratory work (2 hours of lab or field trip = 1 instructional hour). Informal time during the trip such as travel time, meals, socializing, and independent touring while it may be part of the study abroad or study away experience does not count toward credit-earning hours.

1.2.4 Other Courses with Different Formats, Modes of Delivery or Time Periods

Credit for other kinds of academic requirements or offerings that are in different formats, use different modes of delivery or are structured to take a different amount of time is computed using the credit hour as defined by a traditional lecture course as the basis. Credit hours earned are proportional to a Carnegie unit in terms of the levels of knowledge, competence and understanding expected of students during the fall or spring semester. In all cases, faculty contact must be sufficient to ensure the development of knowledge and skills required by each course. For courses in shortened formats refer to II, 5 "Administration of Courses Offered in Shortened Format".

1.2.5 Appeal and Review

The appropriateness of credit hour assignments is decided by the Faculty Senate upon recommendation of the University Curriculum Committee for all new courses and

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course changes. Disciplines may appeal the decision of the Faculty Senate by presenting educational justification for departures from these policy provisions to the President who is responsible for their final interpretation.

2. Setting of University Calendar (Holidays)

2.1 Holidays

Members of the faculty are entitled to all holidays for students listed annually in the official catalogue.

Non-teaching personnel are entitled to such holidays as are provided by the Legislature in the then-current appropriation act and as are approved annually by the Chancellor and the Board of Regents.

2.2 Religious - Holy Days

Regarding observance of religious holy days by students and faculty, Section 51.911(b) of the *Texas Education Code* states:

An institution of higher education shall excuse a student from attending classes or other required activities, including examinations, for the observance of a religious holy day, including travel for that purpose. A student whose absence is excused under this subsection may not be penalized for that absence and shall be allowed to take an examination or complete an assignment from which the student is excused within a reasonable time after the absence.

A student who misses an examination, work assignment, or other project due to the observance of a religious holy day must be given an opportunity to complete the work missed within a reasonable time after the absence, provided that he or she has properly notified each instructor. To meet the proper notification requirements, the student must notify each instructor, in writing, of classes scheduled on dates he or she will be absent to observe a religious holy day. Notification must be made within the first fifteen class days and either personally delivered, acknowledged and dated by the instructor or sent certified mail, return receipt requested. The student may not be penalized for these excused absences but the instructor may appropriately respond if the student fails to satisfactorily complete the missed assignment or examination within a reasonable time after the excused absence.

The Act also prohibits The University from discriminating against or penalizing an instructor who is absent from class for the observance of a religious holy day. Proper notice must be given to the department chairman and the instructor is responsible for finding a substitute instructor of his or her class(es). Prior to the beginning of classes each semester, the instructor must provide to students at the beginning of the semester a listing of class dates on which he or she will not be present in the classroom due to the observance of religious holy days.

3. Scholastic Dishonesty Violation Procedures

3.1 The Responsibility of the Faculty

Under the authority delegated by the Associate Dean of Students, a faculty member who has reason to suspect that a student has violated an institutional rule or an administrative rule concerning scholastic dishonesty is advised to take action as recommended by the following guidelines. During the disposition of the case, the student must be allowed to attend all classes and complete all assignments until the procedures herein are complete unless the Associate Dean of Students has taken interim disciplinary action pursuant to Series 50101, Section 4.1 of the Regents *Rules and Regulations*.

3.2 Guidelines

When there is reason to believe that scholastic dishonesty has occurred, the faculty member should gather all pertinent evidence (such as tests, reports, computer programs, and other academic assignments) and identify any possible witnesses. Accusations that a student has cheated should be made in private and the investigation of a cheating incident should be handled as a confidential matter. If the incident occurs during an exam, the faculty member may ask a student suspected of cheating to move to another desk, but the student should be allowed to complete the exam in question. After conferring with the student, the faculty member may dismiss the allegation or proceed with disciplinary action. The faculty member shall meet with the student to discuss the allegations and the evidence that supports the charge. At this meeting the student should be informed that he/she has a right to a hearing. In this meeting every effort should be made to preserve the basic teacher/student relationship. The student should be given the opportunity to respond to the allegations but may not be forced to comment. As a result of this meeting, the faculty member may dismiss the charges or, proceed under subsection 3.21 or 3.22 below.

3.21 In any case in which the student accused of scholastic dishonesty does not dispute the facts upon which the charges are based and executes a written waiver of hearing, the faculty member may recommend an academic penalty as specified below and must report the recommended disposition of the incident to the Associate Dean of Students. A Faculty Disposition form will be provided for that purpose by the Associate Dean of Students. The Associate Dean of Students will review each form and, if circumstances warrant, may impose additional penalties. (Circumstances including certain types of scholastic dishonesty, such as substituting for someone on an exam or having someone substitute for the student, or altering academic records, may require

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a more severe penalty). After the Associate Dean of Student's review, if the Associate Dean of Students approves the disposition the Associate Dean will inform the student of the final decision via US mail.

3.22 In a case in which the student accused of scholastic dishonesty disputes the facts upon which the charges are based, or chooses not to waive the right to a hearing, the faculty member shall refer the matter to the Associate Dean of Students who shall proceed under section 201.1. Relevant documents (or copies) should be forwarded with the referral. If the student in is possession of any relevant documents, the faculty member may request those documents. If the student refuses to relinquish these documents, the faculty member should note the request and the student's refusal on the referral form. During the disposition of the case, the student must be allowed to attend all classes and complete all assignments until the due process procedures are complete unless the Associate Dean of Students has taken interim disciplinary action under section 201.3.

A student may appeal in accordance with the Student Conduct Policy.

3.3 Scholastic Dishonesty Sanctions

A student who is in violation of a University regulation concerning scholastic dishonesty may be subject to one or more of the sanctions above. Sanctions specific to scholastic dishonesty, recommended by the faculty member and imposed by the Associate Dean of Students include:

3.31 Written warning that further scholastic violations may result in more sever sanction.

3.32 Educational program to enhance the student's understanding of scholastic dishonesty.

3.33 Resubmit assignment, paper or program. (Specify requirements and due date)

3.34 Retake exam.

3.35 Reduced credit or zero on assignment, paper or program.

3.36 Reduced credit or zero on exam (Specify grade).

3.37 Reduced final grade for the course.

3.38 Failing grade for the course. (Specify grade).

4. *Research and Sponsored Projects*

The University encourages faculty and staff to seek external funding for projects related to teaching, research, and public service. Individual faculty are responsible for the origination of proposals and the management of funded projects. Numerous University resources are available to assist in locating funding opportunities and in the preparation of a proposal. Information and support can be obtained from the Office of Graduate Studies and Research.

Proposals for external funding must be formally approved before being submitted to a funding agency. Any proposal not formally approved by the University may not be delivered or submitted to a funding agency. Faculty and staff are expected to consult closely with the Office of Graduate Studies and Research when preparing a contract or grant proposal. Grant development funding may be available internally and is also processed through the Office of Graduate Studies and Research. Funding for certain private foundations must be submitted through the Office of Institutional Advancement and faculty and staff should check with this office if funding falls in this category.

4.1 *General Policies*

1. A grant or contract proposal shall be approved by appropriate administrators, which may include the department chair, dean, and the Assistant Vice President of Information Resources. Signatures must include Business Affairs, the Assistant Vice President for Graduate Studies, the Provost and Vice President of Academic Affairs, and the President of the University.
2. All proposals shall be accompanied by the Sponsored Projects Review Form located on the Office of Graduate Studies and Research website (<http://www.utpb.edu/academic-programs/graduate-studies/forms/>).
3. Documentation must accompany the Sponsored Projects Review Form if cost sharing is proposed or if a waiver of indirect costs is requested.
4. Proposals to private foundations shall be approved by the Office of Institutional Advancement and shall include the approval form along with proposal documentation. All proposals requiring matching funds, regardless of source, shall be accompanied by the Sponsored Project Review Form.

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5. The University maintains a negotiated indirect cost rate with the federal government which identifies allowable general and administrative costs which can be applied to externally funded projects. The University will apply this rate to every project proposal unless stipulated otherwise by the funding agency.
6. All research involving human subject research requires a careful and comprehensive review mandated by federal regulations. All such projects must be submitted to the University's Institutional Review Board (IRB) prior to grant or contract award acceptance and/or commencement of the project.
7. Animal research requires a review mandated by federal regulations. All research involving animals must be submitted to the University's Institutional Animal Care and Use Committee (IACUC).
8. Other disclosures required by federal regulations include a review of biohazards, hazardous chemicals, controlled substances, radioisotopes, etc. All proposals/contracts must identify such use in the Authorization form.

4.2 Principal Investigator and Project Director

The principal investigator (PI) or project director (PD) directs the project and is designated by the institution as responsible for the completion of the project and manages the externally funded project in accordance with the requirements of the sponsoring agency and university procedures. The PI or PD shall notify and forward the original document to the Office of Graduate Studies and Research of all awards funded and unfunded.

4.3 Human Research Subjects

The University of Texas of the Permian Basin hereby gives Federalwide Assurance that it will comply with the U. S. Department of Health and Human Services Office for Human Research Protections (OHRP) regulations for the Protection of Human Research Subjects (45 CFR 46) as specified below.

4.31 Institutional Policy

4.311 UT Permian Basin acknowledges and accepts its responsibilities for protecting the rights and welfare of human subjects of research covered by this assurance. It is the policy of this institution that, except for those categories specifically exempted by 45 CFR 46, Sec. 4.2115, all research covered by this assurance will be reviewed and

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approved by the Institutional Review Board (IRB) which has been established under an assurance of compliance negotiated with the U. S. Department of Health and Human Services (HHS) . The involvement of human subjects in research covered by this policy will not be permitted until the IRB has reviewed and approved the research protocol and the informed consent has been obtained in accord with and to the extent required by 45 CFR 46.116-117. Certification of the IRB's review and approval for all HHS-funded research involving human subjects will be submitted to HHS within 60 days of the submission of the application or proposal for funding. Furthermore, the IRB's review of research on a continuing basis will be conducted at appropriate intervals but not less than once per year.

4.4 Responsibilities of Researchers and Research Assistants

- 4.41 Protection of human subjects.
- 4.42 Ensuring that all protocols approved by the Institutional Review Board (IRB) are carried out for all research involving human subjects.
- 4.43 Notifying the IRB if human subject involved in research projects are harmed.
- 4.44 Submission of evidence of training in human subject protection
- 4.45 Compliance with Family Educational Rights and Privacy Act (FERPA)
- 4.46 Complying with Health Insurance Portability and Accountability Act (HIPAA).

4.5 Responsibilities of Principal Investigators

In addition to applicable research responsibilities, responsibilities include the following:

- 4.51 Accurate protocols describing human subject research.
- 4.52 Identifying proposals which need IRB approval.
- 4.53 Obtaining IRB approval for initial and altered protocols.
- 4.54 Obtaining continuing reviews and approval of protocols prior to expiration

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4.55 Knowledge and compliance concerning international, federal, and state laws relative to proposed research.

4.56 Compliance with IRB policies.

4.57 Retention of consent forms and research data for a minimum of 3 years

4.6 Ethical Principles

4.61 This institution is guided by the ethical principles regarding all research involving humans as subjects as set forth in the report of the National Commission of the Protection of Human Subjects of Biomedical and Behavioral Research entitled Ethical Principles and Guidelines for the Protection of Human Subjects of Research (the "Belmont Report").

4.62 In addition, the requirements set forth in Title 45; Part 46 of the Code of Federal Regulations (45 CFR 46) will be met for all applicable HHS-funded research and, except for the requirements for reporting information to HHS, all other research without regard to source of funding.

4.7 Statement of Applicability, Principles and General Policies

Unless otherwise required by department or agency heads within the Department of Health and Human Services, research activities will be exempt from this policy (45 CFR 46.101) when the only involvement of human subjects is in one or more of the following categories as stated in the code as follows:

4.71 Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

4.72 Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:

(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at

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risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation; (iii) the research involves survey of children, interviews of children, or observation of public behavior of children where the investigator(s) participate in the activities being observed; (iv) the research is not FDA regulated.

4.73 Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under the common rule, if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter; the research is not FDA regulated.

4.74 Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. The reviewed materials already exist at the time the research is proposed and are not prospectively collected. The Research is not FDA regulated.

4.75 Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

4.76 Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

4.8 Institutional IRB

4.81 The IRB is established to review behavioral, social science and life sciences research. The IRB membership is appointed by the President of The University. Of the original members, one third of the members are appointed for

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one year, one third for two years and one third for three years. All future appointments and reappointments will be for terms of three years.

4.82 The IRB shall be comprised of members from diverse backgrounds to promote complete and adequate review of research activities covered by this assurance, and has the professional competence necessary to review the specific research activities which will be assigned to it.

4.83 The IRB shall be sufficiently qualified through the experience and expertise of its members, and the diversity of the members' backgrounds including consideration of the racial and cultural backgrounds of members and sensitivity to such issues as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects.

4.84 When research is reviewed involving a category of vulnerable subjects (e.g., prisoners, children, individuals institutionalized as mentally disabled), the IRB shall include in its reviewing body one or more individuals who have as a primary concern the welfare of these subjects.

4.85 The IRB shall include both male and female members.

4.86 The IRB shall include members representing a variety of professions.

4.87 The IRB shall include at least one member whose primary expertise is in a non-scientific area.

4.88 The IRB includes at least one member who is not otherwise affiliated with the institution and who is not a part of the immediate family of a person affiliated with the institution.

4.89 The Assistant Vice President for Graduate Studies and Research at the institution serves, ex officio, as a member of the IRB.

4.810 The names and qualifications of the members of the IRB shall be registered with HHS in accordance with 45 CFR 46.103 (b)(3), and updated

4.811 Review of Human Subject Research by the IRB

4.8111 Informed Consent

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It is the policy of this institution that unless informed consent has been specifically waived by the IRB in accordance with 45 CFR 46.116, no research investigator shall involve any human being as a subject in research unless the research investigator has obtained the legally effective informed consent of the subject or the subject's legally authorized representative.

4.8112 The IRB is responsible for reviewing all human subject research conducted by faculty, staff, or students in connection with their University role. In addition, the IRB is responsible for reviewing any research conducted by non-affiliated researchers if it involves faculty, staff, or students of the University as human subjects. The IRB is authorized to:

4.81121 approve, disapprove, or require modification to protocols to provide protection for human subjects;

4.81122 conduct reviews for continuation;

4.81123 suspend or terminate approval;

4.81124 observe research procedures and consent process;

4.81125 determine whether research can be considered exempt from the Code of Federal Regulations Title 45 Part 46(45CFR46) based on established exemption categories, or whether it falls in a category eligible for expedited review

4.812 Compliance

4.8121 This institution has provided and will continue to provide both meeting space for the IRB and sufficient staff to support the IRB's review and recordkeeping duties.

4.8122 This institution encourages and promotes constructive communication among the research administrators, department heads, research investigators, IRB, and other institutional officials and human subjects as a means of maintaining a high level of awareness regarding the safeguarding of the rights and welfare of the subjects.

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4.8123 This institution will maintain documentation of IRB activities as prescribed by 45 CFR 46.115.

4.8124 This institution will exercise appropriate administrative overview carried out at least annually to insure that its practices and procedures designed for the protection of the rights and welfare of human subjects are being effectively applied and are in compliance with the requirements of 45 CFR 46 and this assurance.

4.8125 This institution will comply with the policies set forth in 45 CFR 46 Subpart B, which provide additional protections pertaining to research, development, and related activities involving fetuses, pregnant women, and in vitro fertilization of human ova.

4.8126 This institution will comply with the policies set forth in CFR 46 Subpart C, which provide additional protections for prisoners involved in research.

4.8127 This institution, in addition to complying with the requirements of 45 CFR 46, will consider additional safeguards in research when that research involves children, individuals institutionalized as mentally disabled and other potentially vulnerable groups. This includes Subpart D which provides additional protections for children involved as subject in research.

4.8128 This institution will comply with the requirements set forth in 45 CFR 46.114 regarding cooperative research projects. When research covered by this assurance is conducted at or in cooperation with another entity, all provisions of this assurance remain in effect for that research. This institution may accept, for the purpose of meeting the IRB review requirements, the review of an IRB established under another assurance of compliance with HHS. Such acceptance must be in writing, approved and signed by correlative officials of each of the other cooperating institutions. A copy of the signed agreement must be forwarded to OHRP, HHS.

4.8129 This institution shall provide each individual at the institution conducting or reviewing human subject research (e.g., PI's, department heads, research administrators, IRB members) with a copy of this institutional assurance of compliance and copies of any future modifications which may be made to this assurance, with the exception of changes in IRB membership.

4.813 IRB records

4.8131 The IRB shall prepare and maintain adequate documentation of IRB activities, including the following:

4.8132 Copies of all research proposals reviewed; scientific evaluation, if any, that accompany the proposals; approved sample consent documents; progress reports submitted by research investigators; and reports of injuries to subjects and any unanticipated problems.

4.8133 Minutes of IRB meetings, which shall be in sufficient detail to show the names of attendees at the meetings; actions taken by the IRB; the vote on these actions including the number of members voting for, against, and abstaining; the basis for requiring changes in or disapproving research; a written summary of the discussion of controverted issues and their resolution; and dissenting reports and opinions. If a member in attendance has a conflicting interest regarding any project, minutes shall show that this member did not participate in the review, except to provide information requested by the IRB.

4.8134 Records of continuing review activities.

4.8135 Copies of all correspondence between the IRB and the research investigators.

4.8136 A list of IRB members as required by 45 CFR 46.103(b)(3).

4.8137 Written procedures for the IRB as required by 45 CFR 46.103(b)(4).

4.8138 Statements of significant new findings provided to subjects, as required by 45 CFR 46.116(b)(5).

4.8139 Each IRB shall provide for the maintenance of records relating to a specific research activity for at least 3 years after termination or closure of the last IRB annual approval period for the protocol.

4.81310 IRB records shall be maintained in the IRB section of Graduate Studies and Research and shall be accessible for inspection and copying by an authorized representative of HHS at reasonable times and in a reasonable manner, or shall be copied and forwarded to HHS when requested by authorized HHS representatives.

4.814 Expedited review

4.8141 The eligibility of some research for review through the expedited procedure is in no way intended to negate or modify the policies of this institution or the other requirements of 45 CFR 46.

4.8142 An IRB may use the expedited review procedure to review minor changes in previously approved research during the period for which approval is authorized.

4.8143 Research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, may be reviewed by the IRB through the expedited review procedure authorized by [45CFR46.110](#) and 21 CFR 56.110. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.

4.8144 The categories in this list apply regardless of the age of subjects, except as noted.

4.8145 The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects= financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

4.8146 The expedited review procedure may not be used for classified research involving human subjects.

4.8147 IRBs are reminded that the standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review--expedited or convened--utilized by the IRB.

4.8148 Categories one (1) through seven (7) pertain to both initial and continuing IRB review.

4.81481 Clinical studies of drugs and medical devices only when condition (a) or (b) is met.

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4.814811 Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)

4.814812 Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

4.814813 Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:

4.8148131 from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or

4.8148132 from other adults and children², considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.

4.814814 Prospective collection of biological specimens for research purposes by noninvasive means.

4.814815 Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)

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4.814816 Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45CFR 46.101\(b\)\(4\)](#). This listing refers only to research that is not exempt.)

4.814817 Collection of data from voice, video, digital, or image recordings made for research purposes.

4.814818 Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45CFR 46.101\(b\)\(2\)](#) and (b)(3). This listing refers only to research that is not exempt.)

4.81482 Expedited review shall be conducted by the IRB chairperson or by one or more of the experienced IRB members designated by the chairperson to conduct the review.

4.81483 The IRB member(s) conducting the expedited review may exercise all of the authorities of the IRB except that the reviewer(s) may not disapprove the research. The reviewer(s) shall refer any research protocol which the reviewer(s) would have disapproved to the full committee for review. The reviewer(s) may also refer other research protocols to the full committee whenever the reviewer(s) believes that full committee review is warranted.

4.81484 When the expedited review procedure is used, the IRB chairperson or member(s) conducting the review shall inform IRB members of research protocols which have been approved under the procedure.

4.81485 At the convened IRB meeting, any member may request that an activity which has been approved under the expedited procedure be reviewed by the IRB

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in accordance with non-expedited procedures. A vote of the members shall be taken concerning the request and the majority shall decide the issue.

4.9 Full committee review

4.91 Research protocols scheduled for full review shall be distributed to all members of the IRB prior to the meeting.

4.92 When it is determined that consultants or experts will be required to advise the IRB in its review of a protocol, the research protocols shall also be distributed to the consultants or experts prior to the meeting.

4.93 A quorum is determined as one member beyond fifty percent of the formal number of primary committee members and is required in order to convene a meeting for the review of research protocols. The vote for each agenda item shall be recorded in the minutes, showing abstentions and those members declaring a potential conflict of interest.

4.10 General Policy Guidelines for Research Involving Animals

It is the policy of The University of Texas of the Permian Basin to assure that the care and use of animals for all research or teaching activities will be done in accordance with applicable federal and state laws or regulations. Failure to comply may result in disciplinary action and/or a suspension of privileges to use animals in teaching and/or research activities.

4.101 Scope and Purpose

This policy applies to all faculty, staff, visiting scholars, and students that utilize animals for biomedical and behavioral research or teaching. It is applicable to activities that occur in campus facilities as well as other locations whenever projects involve University funding, faculty scholarship, or staff/student effort as part of University activities. The establishment of this policy enables the University to comply with all relevant laws and regulations governing the humane care and use of research animals.

4.102 Definitions

An animal is defined as any live or dead vertebrate animal used or intended for use in biomedical or behavioral research, research training, teaching, or testing.

4.103 Authority and Responsibility for Ensuring Compliance

4.1031 Institutional Official

The Provost and Vice President for Academic Affairs, working with the Assistant Vice President for Graduate Studies and Research, is the Institutional Official responsible for ensuring that activities using research animals at the University are humane and in compliance with all applicable external regulations. To achieve that end, he or she is responsible for establishing and enforcing relevant University policies and procedures.

4.104 Institutional Animal Care and Use Committee (IACUC)

The Institutional Animal Care and Use Committee (IACUC) reports to the Provost and Vice President for Academic Affairs. The IACUC is charged with reviewing and approving all teaching and research activities involving animals. A protocol application form ("Animal Utilization Form") must be submitted to the IACUC for review and approval before a project is initiated and/or animals are obtained. The IACUC is responsible for the general oversight, evaluation, and assurance of compliance of the institution's animal care and use program. In addition to protocol review, the Committee has additional authority in these areas:

1. Semi-annual inspections of animal care and use facilities and evaluation of animal care and use programs.
2. Providing recommendations to the Institutional Official for any corrections or modifications needed in program or facilities.
3. Suspending animal use activities that are not in compliance with applicable standards.
4. Reviewing concerns involving the care and use of animals at the University.
5. Keeping records and maintaining the confidentiality of committee proceedings and activities.
6. Submission of reports to the Institutional Official.

4.105 Attending Veterinarian

The Attending Veterinarian has specific oversight authority for all activities involving research animals at the University. He or she serves as a voting member of the IACUC. Investigators

are encouraged to call upon the Attending Veterinarian or other ARC staff for guidance in protocol development and consultation on experimental procedures.

4.106 *Animal Resource Centers*

Housing, equipment, and care for research animals are located in the Mesa Building and the Founder's Building.

4.107 *Principal Investigator Responsibilities*

Although institutional policies are designed to provide the IACUC and the Institutional Official the necessary resources to assure compliance, a significant burden of responsibility also rests with the Principal Investigator. Not only is the Principal Investigator charged with completing the proposal for funding in accordance with the requirements of the funding agency, but he or she must also assure the project is performed in accordance with the funded proposal and the IACUC-approved animal use protocol. It is also the Principal Investigator's responsibility to ensure that IACUC approvals have been obtained, annual renewal updates to the IACUC Chair have been submitted, and any significant changes to the protocol have been approved by the IACUC in advance.

Investigators using research animals must comply with the following:

1. Investigators must file a protocol application form with the IACUC for prospective review and approval of all activities involving the use of research animals (see <http://www.utexas.edu/research/rsc/iacuc/forms.html>). Such uses include pilot projects and preliminary studies, whether or not they are part of a sponsored project. Approval is granted for a maximum of one year, and protocols must be updated at least annually or whenever a significant change occurs.

2. Proposals for funding that include vertebrate animal use must be prepared in accordance with the requirements of the funding agency, and funded projects must be performed in accordance with both the funded proposal and the associated IACUC-approved animal use protocol.

3. All locations used to hold, house, or perform research studies on research animals must be reported to the IACUC.

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4. No research animals can be purchased or otherwise acquired without having an IACUC-approved protocol.
5. No research animals can be sold, transferred, donated, or otherwise removed from the University without notification and approval of the IACUC or the Attending Veterinarian.
6. Principal Investigators must take responsibility for the appropriate training of their research staff in the humane care and use of animals, ensuring that they are qualified to perform their duties, and that they understand their obligations to comply with all relevant regulations and the specifics of the approved protocol. Documentation of this training may be requested by regulatory and accrediting agencies or by the IACUC.
7. Principal Investigators must be aware that federal regulatory agencies including the Public Health Service (PHS) and the U. S. Department of Agriculture (USDA) have specific requirements for animal research and when animal use takes place off campus as a consequence of a subgrant or subcontract (including the use of animals in antibody production). Proof of PHS Assurance of Compliance must be provided to the IACUC whenever PHS-supported animal use activities are performed on campus or by an off-campus entity. In addition, when certain species are utilized at an off-campus site, that entity must be registered with the USDA and proof of that registration must be provided to the IACUC.

4.108 Use of Animals in Teaching

It is the policy of the University that the use of either live or dead vertebrate animals for solely instructional purposes is permitted when:

1. The responsible instructor judges that the educational goals of the program or course will be best achieved by such usage.
2. The IACUC evaluates the animal use protocol and determines that such usage is humane, proper, appropriate, and consistent with government principles and regulations for the utilization and care of vertebrate animals used in teaching and research. Only the minimum number of animals essential to instructional objectives should be used. Instructors should be encouraged to use alternatives to animals whenever possible.

The University of Texas of the Permian Basin (UTPB) maintains an animal research facility that is registered with the U. S. Department of Agriculture (USDA). Federal regulations, policies of granting agencies, and institutional policies regarding animal use and care require review and

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approval by the Institutional Animal Care and Use Committee (IACUC) of all research, teaching, and testing proposals using invertebrate animals conducted by any member of the UTPB academic community. It is the responsibility of the Investigator to submit a completed Use of Animal Subjects Form for any of the following:

1. Each new proposal, competitive renewal, modification of an ongoing grant, grant supplement, or noncompetitive continuation involving animals regardless of funding source.
2. Any pilot project and modifications in approves animal use protocols.
3. Any educational project in which vertebrate animals are used.
4. All protocols that have continued for three years expire at the end of the three-year period. A new protocol form must be submitted for approval at that time.

The Animal Care and Use Committee may establish guidelines and procedures for approving the use of animals in research or instruction in keeping with Federal, state, and UT System regulations regarding the use of animals in research.

4.11 Conflicts of Interest, Conflicts of Commitment, and Outside Activities

4.111 Definitions

4.111.1 Conflict of Commitment. A state in which a UT Permian Basin employee's activities on behalf of an outside association, or an activity, that could directly or significantly interfere with the employee's fulfillment of their institutional responsibilities.

4.111.2 Conflict of Interest. A significant outside interest of a UT Permian Basin employee or one of employee's immediate family members that reasonably appears to be related to the employee's institutional responsibilities and that could directly or indirectly significantly affect the employee's performance of those responsibilities.

4.111.3 Immediate Family Members. Include:

- (a) a spouse;
- (b) a dependent child or stepchild or other dependent, for purposes of determining federal income tax liability during the period covered by the disclosure statement; and
- (c) a related or non-related, unmarried adult who resides in the same household as the individual and with whom the individual is financially interdependent as evidenced, for example, by the maintenance of a joint bank account, mortgage, or investments.

4.111.4 Nature and Extent. Shall include a description of the activity, the time commitment, and the anticipated length of time the commitment is expected to continue.

4.111.5 Range of Compensation. Includes a range of outside compensation as follows:

- (1) \$0 - \$4,999;
- (2) \$5,000 - \$9,999;
- (3) \$10,000 - \$19,999;
- (4) amounts between \$20,000 and \$100,000, by increments of \$20,000; or

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- (5) amounts above \$100,000, by increments of \$50,000; and
- (6) if equity, _____equaling ____% of the fully diluted value of the company at time of grant

4.111.6 Substantial Interest in a Business Entity. For purposes of this policy, means:

- (1) a controlling interest;
- (2) ownership of more than 10 percent of the voting interest;
- (3) ownership of more than \$15,000 of the fair market value;
- (4) a direct or indirect participating interest by shares, stock, or otherwise, regardless of whether voting rights are included, in more than 10 percent of the profits, proceeds, or capital gains; or
- (5) service as an officer.

Does not include investments in mutual funds or retirement accounts, so long as the individual does not directly control the investment decisions made in those vehicles.

4.112 Grants and Cooperative Agreements

4.1121 The Public Health Service ("PHS") and the National Science Foundation ("NSF") have regulations promoting objectivity in research by requiring that a university applying for grants or cooperative agreements for research insure that there is no reasonable expectation that the design, conduct and reporting of the research to be funded pursuant to the application will be biased by any significant financial interest of an Investigator responsible therefore. For purposes of complying with these regulations, and to maintain a research environment that promotes faithful attention to high ethical standards, The University promulgated a policy relating to conflicts of interest to be administered in conjunction with Texas laws setting forth standards of conduct (Texas Government Code, Chapter 572) and the Code of Ethics of The University of Texas System (Series 30104 of the Regents' Rules and Regulations). <http://aa.utpb.edu/media/files/2-2%5B7%5D.pdf>

4.12 Effort Certification

The University will comply with all federal guidelines and regulations regarding Effort Certification. Detailed procedures shall be in place to ensure that salaries and wages charged to sponsored projects are allocable, allowable, and reasonable.

4.121 Definitions:

1. **Cost Sharing or Matching** is the mandatory or voluntary commitment of resources from the university contained in the application of a proposal receiving an award.
2. **Effort** is the amount of time spent on any activity which is expressed as a percentage of total university time commitment for which an individual is paid and includes: (i)

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contracts and grants/sponsored projects, (ii) instruction and non-sponsored research, (iii) administrative duties, (iv) other activities or responsibilities.

Effort certification does not include: (i) outside consulting, (2) stipend payments, and is not calculated on a 40-hour workweek or any other standard workweek, and total effort must equal 100%.

3. **Effort Certification** is a means to verify the allocation of an individual's time expressed as a percentage of total University activities.
4. **Committed Effort** is the amount of Effort in a proposal accepted by the funding agency regardless of whether salary support is requested in the support of Effort.
5. **Primary Individual** is a person listed as principal investigator, project director, co-investigator, co-project director, or those with comparable responsibilities on a sponsored project application.
6. **Supporting Individual** is an employee other than a primary individual who has expended effort on a sponsored program. The supporting individual may or may not have been identified on the funded application and typically does not have committed effort greater than the amount paid on a specific sponsored program.
7. **Sponsored Programs** involve a specific commitment of time and can be either: 1) externally funded activities in which a formal written agreement, such as a cooperative agreement, contract, or grant is entered into by a UT institution and by a sponsor for research, training, and other public service activities; or 2) internally funded for which the activities are separately budgeted and accounted for by the UT institution as a result of a formal application and approval process within a UT institution. For externally funded programs, the commitment of time can either be paid or unpaid by the sponsor. A sponsored program may be thought of as a transaction in which there is a specified statement of work with a related, reciprocal transfer of something of value.

4.122 Policy Statement

Effort certification policy is prescribed by The University of Texas System in the UT System Policy Library – Policy #UTS163, *Guidance on Effort Reporting Policies*, adopted by the UT System Board of Regents July 1, 2006. It establishes guidelines in compliance with the Federal Office of Management and Budget (OMB) Circular A-21, *Cost Principles for Educational Institutions*. General requirements and provisions of UTS163 are located at <http://www.utsystem.edu/policy/ov/ut163.htm>.

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The policy applies to the following University personnel:

4.1221 All administrators, faculty, and staff whose compensation is charged in whole to or in part to an externally or internally sponsored project of any type, including non-federal sponsors, and/or who provide cost-shared effort to a sponsored project.

4.1222 All administrators, such as chairs, deans, or directors, responsible for reviewing and approving effort commitments and certifications.

4.123 Effort Commitment

Effort commitment by university personnel to sponsored projects shall be actively managed through the ECRT management system so that these effort commitments not only accurately reflect the time devoted to each one but also allow the personnel to fulfill other institutional obligations. Commitments of effort made to the sponsor in the funding proposal must be approved in advance. Charges to sponsored projects must be based on the institutional base salary and should not exceed salary caps or other limitations imposed by sponsors.

4.1231 Personnel with effort commitment to sponsored projects shall receive educational training to be provided by the institution.

4.1232 Personnel shall certify the accuracy of the percentage of effort that is charged to sponsored projects. For these purposes effort is measured in terms of percentages and not in terms of hours worked. An individual's total effort must equal and may not exceed 100%.

4.1233 Reasonable effort commitments for primary individuals shall be predicted on project proposals. They are to be approved by the appropriate administrator responsible for the commitment, such as chair, dean, or director, prior to submission of the proposal to the Office of Graduate Studies and Research and subsequently to the sponsoring agency. These commitments are to be approved again by the same parties at the time awards are accepted by the University or changes are made in primary individuals. The primary individuals must complete the institution's educational training on effort commitment before undertaking the responsibilities of externally or internally funded projects.

4.1234 The minimum acceptable effort that primary individuals must commit is 5% effort on each sponsored project in which they are involved over the period in which effort is devoted. Exceptions may be requested for certain types of grants, such as for

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equipment, instrumentation, or doctoral dissertation grants, and for some job categories, such as department heads. Effort must be measured in whole numbers and generally in increments of 5%. The objective is to determine realistic and reasonable commitments of effort.

4.1235 Commitment of the maximum of 100% effort on a sponsored project is rare and permissible only for an individual whose institutional effort relates exclusively to that project. Primary individuals are likely to be performing other institutional activities whose costs are not allowable for that project. Examples of such not directly related activities may include teaching and advising duties, conducting other research, seeking additional grants, serving in the department or on committees, and attending other professional meetings. Therefore, nearly all primary individuals and most support staff on a sponsored project will ultimately certify levels of project-related effort at something less than 100%. Some institutions limit maximum effort of primary individuals to 95% and restrict individuals with administrative duties not to exceed 80% effort.

4.1236 A primary individual with a nine-month appointment for the fiscal year and who has committed effort on a sponsored program may be allowed a 100% appointment during the summer; however, care should be exercised to ensure the primary individual does not perform other activities during the period whose costs are not allowable

4.1237 Grant funds may not replace UTPB funds to increase an individual's institutional base salary (IBS). As defined by the NIH and generally used throughout the Federal system, IBS is the guaranteed annual compensation paid by an organization for an employee's appointment, whether the time is spent on research, teaching, patient care, or other activities. IBS excludes income that an organization permits to be earned by outside duties, fringe benefit payments, reimbursed expenses, temporary supplemental pay for incidental work, and any portion of compensation deemed to be at risk. Replacing organizational salary funds with grant funds may not increase IBS. Salaries for nine-month appointment periods are annualized to twelve months to determine institutional base salary. The Office of Human Resources is responsible for the processing of salary and wages.

4.124 Cost Sharing

Cost sharing establishes the responsibilities and procedures for compliance in effort commitment and certification as required by OMB Circulars A-21 A-110 and UT System UTS 163.

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4.1241 Cost sharing, often used synonymous with matching, is the mandatory or volunteer commitment of institutional resources contained in the proposal or award. When it is mandatory, it becomes a binding commitment on the institution. Any employee's effort expended on this commitment must be accounted for. A salary-cap cost share results when an individual's institutional base salary exceeds the sponsor's limits, and it must be funded by an appropriate and allowable amount. Every mandatory cost share must be included in the facilities and administrative (indirect cost) rate proposal.

4.1242 Volunteer committed cost sharing is effort proposed that was not required by but was in excess of effort paid by the sponsor. It becomes mandatory when the grant is awarded. This situation should be avoided. Voluntary uncommitted cost sharing is effort expended beyond what the grant required. It does not become mandatory and is not required to be considered in indirect cost. Cost sharing commitments may not be met from any other federally assisted project, except under limited conditions. Management of cost sharing requires designated accounts that track and pay specific commitment in effort and costs.

4.1243 Effort commitments used as mandatory or voluntary committed cost sharing must only be used once and not be used against multiple sponsored programs.

4.1244 Mandatory and voluntary committed cost sharing contained in proposals are part of the review and approval process by the primary individual's supervisor in the management of effort commitments. The president may approve an alternative oversight mechanism that adequately and effectively monitors the approval process.

4.1245 A pre-award process in place through the Office of Graduate Studies and Research to review cost sharing proposals. The Office of Accounting has a post-award process in place to identify, monitor, and track all mandatory and voluntary committed cost sharing covered by this policy. This verifies that cost sharing amounts remain available and are appropriate, especially when an awarded budget is less than the proposed budget.

4.1246 An annual report shall be completed by the Office of Accounting for use by the University's administration and to provide the information necessary to reclassify cost sharing to the appropriate direct cost base in the facilities and administrative (indirect costs) rate proposal.

4.125 Cost Transfers

The purpose of this policy concerning cost transfers in is to establish responsibilities and procedures for compliance in effort commitment and certification as required by OMB Circulars A-21 and A-110 and UT System UTS 163. All transfers must conform to the terms of the grant and the granting agency regulations.

4.1251 Cost transfers related to effort commitment are transfers to or from a sponsored account of a charge that was previously recorded to another account or funding source. They are closely restricted and monitored and no one entity can initiate, approve, or post transfers. Adequate documentation for the necessity must be provided and cost transfers are NOT allowed after effort certification or program closeout unless benefiting the sponsor.

4.1252 All cost transfers must occur timely. Cost transfers occurring after 90 days of the original transaction and exceeding five percent of the annual award must be approved by the appropriate vice president and Vice President of Business Affairs.

4.1253 Cost transfer adjustments do not create disallowances if they comply with federal directives, but they may not be used for convenience or avoidance of policy: “Any costs allocable to a particular sponsored agreement may not be shifted to other sponsored agreements in order to meet deficiencies caused by overruns or other funding considerations, to avoid restrictions imposed by law or terms of the sponsored agreement, or for other reasons of convenience” (OMB Circular A-21, section c.4b).

4.1254 The Office of Accounting should track all cost transfers or numbers of them and individuals or departments with excessive amounts shall receive institutional training to address the root cause(s) of the cost transfers.

4.13 Academic Integrity in Scholarship and Research

The University of Texas of the Permian Basin is committed to supporting and promoting scholarship and research by its community members which adheres at all times to high ethical standards of honesty and integrity. It is expected that faculty and research personnel avoid misconduct in scholarly and science research, and avoid conflicts of interest at all times. It is further expected that all employees and individuals associated with the University report observed, suspected, or apparent misconduct in scholarly and science research.

4.131 Definitions:

1. ***Allegation*** is any written or oral statement of possible scholarly or scientific misconduct made to a University official.
2. ***Conflict of Interest*** is the real or apparent interference of one person's interest with those of another and in which potential bias may occur.
3. ***Good Faith Allegation*** is a written or oral statement made with the honest belief that misconduct has occurred and was **NOT** done through willful ignorance or reckless disregard.
4. ***Inquiry*** is the initial gathering of information and facts in order to determine whether or not the allegation should be investigated.
5. ***Investigation*** is the formal examination of information gathered to determine if misconduct has occurred.
6. ***ORI*** refers to the Office of Research Integrity in the U. S. Department of Health and Human Services (DHHS). ORI is responsible for research integrity activities for the U. S. Public Health Services (PHS).
7. ***Research Records*** include but are not limited to grant or contract applications (funded and unfunded), reports, lab notes, notes, correspondence, videos, photos, slides, e-ray film, biological materials, computer files/disks, manuscripts, publications, human and animal subject protocols, and consent forms. In general, any object, data, written or non-written which provides evidence or information on proposed, conducted, or reported research.
8. ***Respondent(s)*** is a person(s) against whom an allegation of scientific misconduct is directed.

4.132 Misconduct in Scholarly Research

This refers to plagiarism, falsification, or fabrication as well as other practices that are considered to be unethical or unacceptable. Common errors, interpretive differences and judgments of data are not considered misconduct. In addition, differences in professional opinions, views on moral or ethical behavior are not considered misconduct.

4.133 Scientific Misconduct in Research

As stated by ORI this includes: (i) fabrication-making up data or results and then recording or reporting the results; (ii) falsification-the manipulation of research materials, equipment, or processes, or omitting data or results such that the research is not accurately represented in the records; (iii) plagiarism-the appropriation of another individual's ideas, processes, results, without giving appropriate credit. Honest errors or differences in opinion are not considered to be research misconduct.

4.134 Reporting of Misconduct

Suspected misconduct can be on an informal or formal basis but should provide sufficient information to determine whether or not a preliminary inquiry is permitted and if an investigation is warranted.

4.1341. The Provost and Vice President of Academic Affairs (VPAA) will determine whether or not an investigation is warranted and proceed accordingly: (i) appoint an investigation committee, (ii) ensure confidentiality, (iii) comply with procedures and applicable standards from government and other external funding sources, (iv) secure documents and evidence, (v) report to ORI as required, and, (vi) ensure that ORI knows of all developments during the inquiry or investigation that may affect funding.

4.1342 The Provost and VPAA will ensure that individuals who bring allegations of misconduct are not retaliated against in terms of their employment or status at the university and protect their privacy to the greatest extent possible. The individual is expected to bring the allegation in good faith, maintain confidentiality, and cooperate during the inquiry.

4.1343 The Provost and VPAA will notify the individual(s) (in writing) against whom a complaint has been made when an inquiry is opened. The University will ensure confidentiality and fairness to the greatest extent possible, provide opportunity to be interviewed in the initial inquiry, present evidence, review draft reports, and be informed of the results of the inquiry or investigation. The individual under inquiry/investigation (respondent) may employ outside counsel at their own expense. Such counsel is limited to that of advisor unless a formal grievance hearing is held, pursuant to University policies. If the respondent is found not to have engaged in misconduct in science or other scholarly research they have the right to receive University assistance in restoring his or her reputation. No individual asked to be involved in resolving the misconduct issue shall have a real or apparent conflict of interest.

4.1344 An inquiry is initiated by the Provost and VPAA on notification of allegations of misconduct who will advise the applicable dean, department chair, or director and ensure the following steps are followed:

1. All research records relevant to the allegation are sequestered.
2. Advice from legal counsel through the UT system to be utilized as needed.
3. Interviews of the individuals involved in the complaint will take place and an examination of key, relevant documents will be examined.
4. If needed, technical expertise will be requested.
5. The inquiry should take no more than sixty (60) days

6. The Provost and VPAA will determine whether or not an investigation is warranted.

4.135 Investigation

If warranted the Provost and VPAA will initiate an investigation to explore in detail to determine whether misconduct has been committed and, if so, by whom, and to what extent. The process will involve:

1. The sequestering of any other research records relevant to the investigation not sequestered previously.
2. Appointment of an Investigation Committee
3. Preparation of a charge to the committee describing the allegations and relative issues identified during the inquiry.
4. Convening the committee within 30 days after the inquiry completion.
5. Examination of relevant materials by the committee.
6. Interviews of both relevant parties by the committee.
7. Completion should not take longer than one hundred twenty (120) days.
8. Preparation of the report for submission to the President, the complainant, and respondent.
9. Final determination by the President regarding whether or not to accept the report.
10. Notification of final decision and determination of whether law enforcement agencies, professional societies, professional licensing boards, or editors of journal will receive notification.

5. Administration of Courses Offered in Shortened Format

The following is taken from the Texas Administrative Code, Title 19, Part 1, Chapter 4, Subchapter A, Rule 4.6:

(a) Traditionally-delivered three-semester-credit-hour courses should contain 15 weeks of instruction (45 contact hours) plus a week for final examinations so that such a course contains 45 to 48 contact hours depending on whether there is a final exam.

(b) Every college course is assumed to involve a significant amount of non-contact hour time for out-of-class student learning and reflection. To ensure the quality of student learning, institutions should not allow students to carry more courses in any term (that is, regular or shortened semester), which would allow them to earn more than one semester credit hour per week over the course of the term. For example, in a five and a half week summer term, students should not generally be allowed to enroll for more than six semester credit hours.

(c) Institutions should have a formal written policy for addressing any exceptions to subsection (b) of this section.

5.1 Requirements

Courses delivered in shortened semesters are expected to have the same number of contact hours and the same requirement for out-of-class learning as courses taught in a normal semester.

All requirements for three-credit-hour courses shall apply proportionately to courses for one, two, four, or other credit hour values.

5.2 Courses delivered in a non-traditional way (for example, over the internet, or through a shortened, intensive format) that do not meet these contact hour requirements, may be offered if the courses have been reviewed and approved through a formal, institutional faculty review process that evaluates the courses and their learning outcomes and determines that the courses do, in fact, have equivalent learning outcomes to equivalent, traditionally delivered course.

5.3 Exceptions

The Commissioner of Higher Education is authorized to permit exceptions to this section for research purposes, to determine the efficacy of teaching a specific course in a shortened format.

6. Information Resource Access Policy

The following policy will govern access to state owned information resources at The University of Texas of the Permian Basin. Certain information resource assets are provided by the institution for the benefit of the citizens of the State of Texas. The use of these public resources is governed by the institution's Acceptable Use Policies and security practices but does not require user authentication (for information go to <http://aa.utpb.edu/administrator-staff/faculty-resources/rules-policies-and-procedures/>) Other non-public resources require the user to receive explicit authorization for use in the form of unique and confidential authentication credentials.

6.1 Student Access

Only individuals showing enrollment in the current semester or pre-registration in a future semester will be provided access to U. T. Permian Basin non-public information resources. Student housing residents who were enrolled for the spring semester and who pre-register for the subsequent fall semester will be provided network access over the intervening summer. Students showing an active application for enrollment or active applications for financial aid may be provided with limited access to application status information.

6.2 Sponsored Access

Individuals who by virtue of their enrollment status, employment status or other affiliation with the university and who have a demonstrated need for non-public resource access may be granted such resource access subject to the completion of an appropriate account application process, the availability of an official university sponsor and the approval of the agency Information Resources Manager.

6.3 Research Activity

If a student is involved in research with a faculty member, the student **MUST** enroll in a research course, and pay the appropriate tuition and fees in order to have access to U. T. Permian Basin information resources.

6.4 Access with Incomplete Grade

Students who have received a grade of "incomplete" in a prior semester and who require access to U. T. Permian Basin information resources as a legitimate requirement for completing the course will be required to pay the established technology fee currently in effect prior to being provided information resource access.

6.5 Allocation Guidelines for Shared Resources

6.5.1 The allocation of shared information resources (i.e. information resources which are centrally managed and distributed to the user community via networking or other technology) is based primarily on resource availability, functional requirements of the user application and adherence to established acceptable use policy.

6.5.2 Initial allocations of the shared resources such as network bandwidth, server disk space, mainframe disk space and mainframe processor time are based on typical needs as established by the Information Resources Division (IRD). These initial allocations are derived from historical usage patterns for customary and reasonable usage.

6.5.3 Special applications, which require shared resource allocations above the initial values are considered on a case-by-case basis. Requests for special allocations are reviewed by IRD and evaluated based on the technical and financial feasibility of providing the requested resource. Factors considered include availability of the requested resource, amount of time that the resource is required, replacement cost of the requested resource and impact of the request on system performance. Typically, requests for temporary resource allocations are honored when those allocations do not cause significant performance or budgetary impact

6.5.4 Rejected requests can be appealed to the Provost and Vice President for Academic Affairs for review and further consideration.

7. Attendance Policy for Students Participating in University Sponsored Activities

Participation by students in intercollegiate athletics, official intercollegiate exchanges, performance groups and recognized competitions is considered an important component of student life. This type of extracurricular activity provides avenues for cultural interaction with local and/or regional communities. When these activities require travel away from campus during scheduled classes, the participants qualify for a reasonable opportunity to make up any missed work. An absence policy is therefore needed to ensure continuity of instruction and evaluation.

7.1 Organizations Covered Under Absence Policy

Covered under this policy are members of University sponsored organizations whose activities require travel away from campus for extended periods, such as debate teams, college bowl teams, athletic teams and similar organizations such as Ballet Folklórico, Mariachi Group, and Pep Band. In some cases, individuals selected to attend certain competitions or activities of an academic nature would also be included. To the extent possible, such organizations and/or activities requiring extended off-campus travel shall be listed with the Student Life Office for information purposes and/or validation.

7.2 Absence Policy

Where absence from an academic class period is due to off-campus travel required by an organization or participation in a sponsored organization or activity, the student will be allowed a reasonable opportunity to make up work missed as a result of his/her participation. A student engaged in University sponsored activities as noted above must complete all requirements set forth in the course syllabus for any course in which the student is enrolled. To the extent possible, scheduled dates for activities requiring off-campus participation should be made available to all faculty in a timely manner by the person in charge of the participating organization or by Student Life personnel. However, it is the responsibility of the participating student to ensure that his/her instructors have been so notified of impending absence prior to the scheduled date of the event.

8. Continuing Education

Pursuant to Texas Education Code Section 54.545, each participant registered in an extension, correspondence or other self-supporting course at U. T. Permian Basin will be charged a reasonable fee set in an amount sufficient to recover the costs of providing the course. All proposed fees must be submitted to the Provost and Vice President for Academic Affairs' office for review and recommendation prior to submission to the President. All proposed fees or changes in previously approved fees must receive approval prior to assessment.

The cost basis for a proposed fee should include all incremental costs of creating, marketing and delivering the course including salaries and applicable benefits for staff, faculty, teaching assistants, seminar speakers, tutors, graders and other instructional personnel; travel costs for both staff and instruction personnel; all facilities charges including appropriate administrative overhead charges (i.e. institutional support, information technology support, central administration/office support); charges for provision, maintenance and necessary upgrades of required equipment and software used by course participants or required to support the course offering; charges for textbooks, materials and supplies if provided directly to participants; miscellaneous costs including postage, fax, and telephone(s) expenses; and, for certain courses, the cost of supplemental seminars, events and activities required for participants.

9. Centers and Institutes (Regent Rule 40602)

9.1 Purpose

The purpose of centers and institutes is to enhance the research and service efforts of the faculty and to foster student involvement in research-related activities at The University. Centers exist to foster research and service focused on one topic or issue; a center may require the efforts of faculty from one or several areas, in one or more schools and the college. Institutes, on the other hand, enhance and support broad-based research and service efforts and will normally encompass research and service activities at the level of a school or college.

9.2 Establishment of a Center or Institute

Each center or institute must demonstrate a clear need for some number of faculty members to work together in a single administrative structure that allows them to carry out a research and service program more effectively than they would be able to do working individually or in informal partnerships. Approval of a proposed center or institute, other than one established by statute, is made by the Executive Vice Chancellor for Academic Affairs and the President on recommendation of the Provost and Vice President for Academic Affairs. The director of a center or institute is appointed by the Provost and Vice President for Academic Affairs. If the disciplines represented in the unit are contained primarily within a college or school, the director reports to the dean. Otherwise, the director reports to the Provost and Vice President for Academic Affairs.

9.21 Faculty or academic administrators seeking to establish a new center or institute should submit a request to the Provost and Provost and Vice President for Academic Affairs who, after reviewing the request, will forward it to the President with a recommendation. This normally occurs as part of the University's budget and planning process. The proposal should carry the endorsements of the department chairs and deans involved. The following information should be included in the proposal:

- 9.211 purpose and need for the unit, particularly the need for some number of faculty members to work together in a single administrative structure;
- 9.212 relevance of the unit to The University's strategic plan;
- 9.213 role of the unit in undergraduate and graduate education;
proposed administrative organization;
- 9.214 description of the proposed location/facilities; and
- 9.215 a developmental plan for the unit over a 5 year period including projected budgets and revenue sources.

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9.22 Approval of a new center or institute is based primarily on the value of the proposed unit to the mission and goals of The University. Criteria also include the need for the unit, the extent of the plans for including students in its research/service activities, the amount of start-up funds and space required, and the likelihood of obtaining outside funding for support of the unit within a reasonable period of time.

9.3 *Funding for Centers and Institutes*

Funding for centers and institutes should be exclusively or primarily from external sources. Exceptions may be made for new units requesting a small amount of funding for start-up activities, including proposal development, course releases, temporary staff, and operating expenses.

9.4 *Annual Reports*

All centers and institutes must submit a report annually to the Provost and Vice President for Academic Affairs giving an account of research, service and scholarly activities performed, involvement of students in such activities, and contributions of the unit to the strategic plan of The University. The annual report should also include a financial summary showing expenditures and revenues for the past year, and plans for continued funding.

9.5 *Review of Centers and Institutes*

9.51 Centers and institutes are not viewed as permanent units and will be reviewed periodically by the Provost and Vice President for Academic Affairs and the President to determine whether their continued existence is justified and in the best interest of The University. New units are reviewed at the end of their first three years of existence, and at least once every five years thereafter. An ad hoc review committee is appointed by the Provost and Vice President for Academic Affairs to assist in this effort; the committee will be chaired by the Assistant Vice President for Graduate Studies and Research.

9.52 The review of a center or institute is based on an evaluation of the Annual Reports and the proposal upon which the unit was formed. Additional written information may be provided to the ad hoc review committee by the director of the center or institute. The ad hoc review committee shall establish a process to evaluate the material provided. The report of the committee shall be distributed to appropriate department chairs and deans for comment prior to being forwarded to the Provost and Vice President for Academic Affairs.

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- 9.53 Following the review process, the Provost and Vice President for Academic Affairs communicates the final institutional decision to the director of the center or institute, the dean, and the Assistant Vice President for Graduate Studies and Research.

10. Academic Program Assessment and Review

10.1 Purpose

Academic program assessment and review provides a continual process for faculty reexamination of academic programs in order that The University's programs improve in quality and contribution in meeting The University's mission. Program assessment is an annual process whereby the outcomes of the program are measured and compared with program objectives. Program review is a comprehensive examination of a program's objectives, outcomes, and future direction.

10.2 Academic Programs to be Evaluated

All degree programs, as defined by the Texas Higher Education Coordinating Board, and the teacher certification program shall undergo program assessment and review. Programs that share a substantial portion of their curriculum such as undergraduate business programs or the specialties within the M.A. in Education may be evaluated together. Such a group assessment or review must, however, address the individual character and quality of the programs in the group. Academic programs' assessment and review are a shared responsibility of program faculty, the academic deans and the Provost and Vice President for Academic Affairs (VPAA).

10.3 Academic Program Review

Normally, each academic degree program shall undertake a program review at least every seven years. The Provost and Vice President shall establish a schedule for programs. Other program reviews which are similar in process such as evaluation processes for accreditation or certification purposes including specialized professional association reviews may be considered as a program's academic program review by approval of the Provost and Vice President if the review includes some form of external review. Every program should be reviewed. When an accreditation or certification review is being used as the academic program review the schedule may be longer than seven years to match the normal accreditation review schedule.

10.4 Program Review Process

Each program review process must be approved by the Provost and Vice President. The process must include:

10.41 The preparation of a written self-study developed by the program's faculty which examines the following, where appropriate:

10.42 UTPB's enrollment trends in the field and the factors which may impact enrollment: review of data used by the Texas Higher Education Coordinating Board for determining program productivity; inclusion of data used by external agencies such as SBEC, TBCFA, engineering, social work, accounting, teaching and nursing.

10.43 Regional, state, and national need for graduates in the field,

10.44 A review of the program's objectives in light of national and regional trends,

10.45 A comparison of UTPB's curriculum content to that recommended by local advisory boards, national academic or professional societies, professional certification boards (when appropriate), accrediting bodies (when appropriate), and similar programs at other universities which have a reputation for high quality,

10.46 An evaluation of program and instructional quality including, but not limited to, a review of annual assessment findings, and

10.47 A statement of future direction for program development under differing budgetary scenarios such as:

10.471 one where resources available to the program remain constant

10.472 one in which resources increase moderately, and

10.473 one where there is a slight decrease in resources.

10.48 A review of the self-study and a campus evaluation conducted by a team of external reviewers to include a report from the reviewers. A response to the external program reviewer's report including future plans.

10.49 When the program review is being held in conjunction with an accreditation or similar review for an external organization which includes an external team visit, that visit may be considered an external team program review.

10.410 When the review is not done in conjunction with an accreditation or similar review, the panel of reviewers will include at least one faculty member from a similar program at another university. Where the disciplines being reviewed offers both an undergraduate and a graduate degree program, at least two external faculty reviewers will be asked to serve on the panel. The review panel will be appointed by the Provost and Vice President for Academic Affairs in consultation with the dean, and the faculty. The external team will provide a written evaluation of the program including an assessment of its strengths and weaknesses and recommendations for future direction of the program. For programs that are defined as low producing, recommendations must focus on directions to improve productivity or other alternatives such as closure.

10.411 A meeting of the program faculty, its dean, and the Provost and Vice President for Academic Affairs to review the self-study and external team report and discuss the future directions of the program.

10.412 The review of graduate programs is conducted and submitted to the Texas Higher Education Coordinating Board in accordance with Texas Administrative Code, Title 19, Rule 5.52.

11. Laboratory Division

11.1 Stockroom Access Policy

The stockrooms and preparation rooms in both the Mesa Building (MB 3180) and the Founder's Building (FB031 and FB033) will be secured at all times. Access will be restricted to Laboratory Division personnel only. Individuals not employed by the Laboratory Division may enter these areas only when accompanied by a member of the Laboratory Division staff. The Laboratory stockrooms will have posted hours of operation, which will vary according to need by semester. A member of the Laboratory Division staff will be on duty during these hours to provide materials to faculty and students.

11.2 Control of Exchange, Acquisition, or Transfer of Hazardous Microbial Agents

For the purpose of this policy, hazardous microbial agents are any agents defined as a select agent by federal regulation 42 CFR part Sec. 73.4-73.5.

Full-time lab staff or full-time faculty shall control all select agents. Students and student employees shall have access to select agents only while directly supervised by a full-time staff or faculty member.

The Coordinator of Laboratories shall be responsible for all exchanges, transfers, and acquisitions of listed agents and shall ensure that all transactions comply with this policy and all local, state, and federal laws.

Freezers where pathogenic biological agents are stored will be locked or kept in a room that is locked at all times.

If the agent is a pathogen, but not considered a select agent as defined in 42 CFR part 73.4, the lab director can use his/her discretion in determining who shall have access to the freezer in which they are stored.

Individuals requesting access to freezers or areas containing select agents, or otherwise possessing, using or transferring select agents, must sign the **Annual Statement of Eligibility to Handle Select Biological Agents or Toxins**. If a background check is

deemed necessary to verify information contained in the Annual Statement, it will be conducted in accordance with the **UTS 124 Policy**.

11.3 Control of the Exchange, Acquisition or Transfer of Chemicals that Could be Used as a Terrorist Weapon in Research and Instructional Labs

For the purpose of this policy, chemicals that could be used as a terrorist weapon include chemicals that are directly explosive (27 CFR part 555.23), precursors of explosive chemicals (recommendations of the Committee on Marking, Rendering Inert, and Licensing of Explosive Materials appointed by the National Research Council), and certain toxic chemicals and their precursors (15 CFR parts 712, 713, and 714).

Chemicals that meet the definitions set forth by federal regulations and the National Research Council shall be under the control of full-time lab staff, the Director of the Physical Plant, or faculty.

Students and staff shall have access to said chemicals only under the direct supervision of full-time lab staff, the Director of the Physical Plant, or faculty.

All requisitions for all instructional and research chemicals and all radioactive materials shall be reviewed by the Coordinator of Laboratories prior to purchase to determine if the chemical is regulated under this policy and to provide a centralized maintenance of records for all chemical purchases. Requisition for all other (non instructional and research) chemicals shall be reviewed by the Physical Plant Safety Coordinator prior to purchase to determine if the chemical is regulated under this policy and to provide a centralized maintenance of records for all chemical purchases.

. University credit card purchases of chemicals and radioactive material are prohibited, except by the Laboratories Coordinator and the Physical Plant Safety Coordinator.

The Coordinator of Laboratories shall be informed of all exchanges and transfers of regulated chemicals within the University and shall control the transfer of all chemicals off-campus to ensure compliance with this policy and all local, state, and federal regulations.

11.4 Authorization of Personnel to Acquire or Use Microbial Agents or Chemicals

The Coordinator of Laboratories shall be authorized to acquire microbial agents, toxins, and chemicals regulated under this policy.

Lab staff and faculty shall be authorized to use regulated microbes, toxins, and chemicals.

Students shall be authorized to use regulated substances only under the direct supervision of a full-time lab staff or faculty.

Appropriate training in the safe handling and use of regulated substances, as well as in the requirements of this policy, shall be provided to authorized individuals by the University.

Special consideration will be given to chemicals and microbial agents whose physical state requires special care and handling. In the case of such a need, the Coordinator of Laboratories must be notified in writing of the purchase and arrival of such hazardous materials on campus.

11.5 Background Checks of Personnel Authorized to Acquire or Use Microbial Agents or Chemicals

Any individual requesting the acquisition or use of select agents shall sign the **Annual Statement of Eligibility to Handle Select Biological Agents or Toxins**. If a background check of an employee is deemed necessary to verify information contained in the Annual Statement, it will be conducted in accordance with the **UTS 124**.

Any individual requesting the acquisition and use of chemicals regulated by this policy shall undergo background checks according to the relative risk posed by the chemical's acquisition and use. The Lab Policy and Safety Committee shall determine this risk as required.