

College of Pharmacy

Administrative Policies and Procedures

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

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College of Pharmacy	Policy Number CoP07-001D
Subject: Appointment to Endowed Professorships or Chairs Administrative Policies and Procedures	Effective Date – Last Revised – 06/19/09

No endowed chair, professorship or fellowship will be established or announced without prior approval of the Board of Regents, and no initial appointment will be made to a chair, professorship or fellowship without prior approval by the Board. Process and procedures for establishing an endowed chair or professorship can be found at the following website: https://dar.uga.edu/uga_foundation/index.php/site/page/-/uga_funded_chairs_and_professorships/3

Initial appointment to an endowed professorship or chair in the College of Pharmacy should first follow any procedures set forth in the endowment agreement. If no specific procedures are in the agreement, the appointment should follow one of two paths:

1. An *ad hoc* faculty committee is appointed that solicits nominations. Based upon the criteria for the named professorship or chair, the Committee recommends from one to three candidates to the Dean who then selects the final candidate. The proposed candidate is forwarded to the UGA administration and USG Regents for approval.
2. The named Professorship or Chair is part of a recruitment package (if the endowment permits). A faculty search committee solicits nominations and recommends two to four candidates to the Department Head. With concurrence of the Dean, the selected candidate is forwarded to the UGA administration and USG Regents for approval.

Reappointments are carried out as specified in the endowment agreement, or if the procedure is not specified, by the Dean after consultation with the appropriate Department Head.

College of Pharmacy	Policy Number CoP07-002D
College of Pharmacy Consulting Policy Administrative Policies and Procedures	Effective Date – Last Revised – 06/23/11

Full-time members of the faculty of the University of Georgia College of Pharmacy may engage in external consultation or other paid professional services, provided such activities benefit the institution and contribute to the professional development of the individual. The conditions outlined below will apply in all instances.

1. The first responsibility is to the College of Pharmacy. Outside professional commitments should not interfere with the person's full-time responsibility to the College of Pharmacy.
2. No outside obligation should result in any conflict of interest involving the individual's responsibilities to the College of Pharmacy or to its programs, policies, and objectives. Conflict of interest refers to situations in which the personal interest of a faculty member may prevent, or give the appearance of preventing, that faculty member from making unbiased decisions or from giving objective advice or opinions to the university community whom the faculty member is being paid to serve. Consulting agreements, which represent actual or potential conflicts of interest must be avoided.
3. Use of College of Pharmacy facilities, space, equipment or support staff for consulting activities is permitted only if a financial arrangement has been concluded between the individual and the administration prior to the employee beginning the outside consulting service.
4. Individuals may not represent themselves as acting in the capacity of College of Pharmacy employees when conducting consulting activities. The College of Pharmacy bears no responsibility for any actual or implied obligations or liabilities incurred by the individual resulting from a consulting agreement.
5. Faculty who wish to arrange consulting activities must obtain approval from the Department Head and provide prior written notification to the Dean. Review by the Dean of such activities will include consideration of any real or apparent conflict of interest and the benefit of the proposed service to the College of Pharmacy. Each faculty member who engages in consulting or other paid professional service, including teaching on a temporary basis at another institution, must ensure that such activities do not require commitments of time averaging more than one day per calendar week (on or off-campus), and must arrange such activities so as not to interfere with regularly scheduled classes or duties. Normally, these activities would not exceed four days per month.
6. When any of an individual's salary is paid from funds for externally sponsored activities, the time allowable for consultation must comply with sponsor requirements.

Unpaid public service is not included in this policy nor are occasional lectures, which include fees, unless these activities require significant amounts of time or otherwise conflict with regular College of Pharmacy obligations. Activities which may be construed as

regular paid employment are not considered to be consulting and are covered by Board of Regents' Policy No. 8.2.15.

Reporting

A written report to the Dean at the conclusion of each academic year is required. This report shall list number of days per quarter spent in consulting activities, type of activity, and name of client(s).

***Interpretation of CoP and UGA consulting and other outside activities policies**

All faculty members employed by the University of Georgia must adhere to the various Board of Regents' Policies and Procedures. Below are the policies and procedures set forth for faculty member participation in non-university activities.

With a few exceptions, a faculty member is prohibited from engaging in activities for which he/she is compensated during regularly scheduled University work time. The rationale for such prohibition is to avoid a situation where a faculty member may earn additional compensation from non-university sources while already being paid for that same time by University funds. Exemptions relate to consulting and certain other professional activities (see below).

Of note, is that the University also sets certain conditions for faculty members who wish to engage in compensated activities outside regularly scheduled University work time. These conditions include obtaining prior approval and reporting the nature of the activities on an annual basis. The rationale behind this requirement is to assure that the faculty member is not engaged in activities that will create conflict of interest or conflict of commitment with his/her University job, or that University resources, whether physical or intellectual, are not being used for personal gain.

Single-occasion activities are, by Regents policy, exempt from the requirement of prior approval.

Policies and Procedures pertaining to outside activities and consulting for faculty at UGA are covered under Board of Regents' Policy 8.2.15, article 8.2.15.1, 8.2.15.2 and 8.2.15.3 (see attachment). The College of Pharmacy policy is covered under College of Pharmacy policy # CoP07-002D.

Because the Regents' policy permits activities such as consulting, teaching, speaking, and participating in business or service enterprises as part of outside activities (see section 8.2.15.1) without defining these activities, there has been some confusion as to what activities are permissible and what activities are not permissible. The following is an attempt to clarify how the College is viewing the various activities.

Consulting.

For purposes of this policy, consulting is defined as professional activity where the faculty member is providing expert advice and opinion related to his/her field or discipline, where a fee-for-service or equivalent relationship with another party exists. However, if an employer/employee relationship exists as defined by IRS, it is not considered consulting.

There are many types of consulting relationships and fee arrangements. The principle is that, in consulting, a person agrees to use his or her professional capabilities to further the agenda of another party in return for compensation. Normally, a contract will be written and signed by the faculty member and the other party spelling out expectations, work involved, compensation, secrecy arrangements, etc. Included under this definition are situations where a faculty member is chosen to serve on a Board of Directors of a company, or in some equivalent position, because of that faculty member's affiliation with the College or The University of Georgia and because he/she has expertise that serves to enrich the company. The faculty member will, under the contract, normally work as an "independent contractor" (see IRS rules). Compensation is normally reported on a 1099 form. If a W2 form is issued, the relationship will fall under the category of employee/employer relationship, and a true consulting relationship does not exist. Please note that the corollary is not true: The issuance of a 1099 form does not in any way provide proof that the activity is a consulting activity.

Consulting does not include private business undertakings of faculty members nor those responsibilities that are part of their regular professional responsibilities to UGA for which they are already being compensated.

Please also note that all consultation arrangements must be approved in advance by the Department Head with prior notification to the Dean. Also, please note that in compliance with the College's Policies and Procedures, a written report to the Dean is required at the conclusion of each academic year indicating the number of days spent in consulting activities, type of activity and name of client(s).

Other Outside Activities.

Professional Services.

This category includes seminars and service on national commissions, governmental agencies and boards, granting agency peer-group review panels, visiting committees or advisory groups to other universities, and other similar bodies. The fundamental distinction between consulting and professional service activities is that professional service is public or college service. Although an honorarium or equivalent sometimes is provided, these professional service activities are not undertaken for personal financial gain. Therefore, such service does not fall within the consulting category. These activities by College policy, however, still fall within the one-day-in-seven limitation for outside activities. Work as a licensed health care provider in hospitals, pharmacies, nursing homes, etc. for compensation is, on the other hand, *not* considered professional service under Regents' Policy. Such activities fall under the term "business or service enterprises" and are often referred to as "moonlighting".

Seminars at other institutions are considered Professional service. Teaching a workshop at a professional meeting usually will also be considered Professional service. Teaching a course or part of a course at another University falls under Regents' Policy 8.2.15.1, and requires prior approval by the Department Head and notification to the Dean and is, by College policy, also part of the one-day-in-seven limitation.

College policy exempts unpaid public service and single-occasional lectures from the policy of one-day-in seven, unless these activities require significant amounts of time or otherwise conflict with regular College of Pharmacy obligations.

Publications.

Scholarly communications in the form of books, movies, television productions, art works, etc., though frequently providing compensation to a faculty member and for another party (e.g., publisher), are not viewed as consultation or moonlighting.

Moonlighting.

Faculty members may pursue a variety of endeavors and receive compensation for activities that are not directly related to their fields or disciplines. These efforts are not considered consulting but such activities do fall under Board of Regents policy (8.2.15.1). While they are not prohibited, they require careful consideration prior to a faculty member's participation. Such activities cannot interfere with the regular and punctual discharge of official duties. No actual or perceived conflict of interest or conflict of commitment should be present. Also, the work must not occur during normal operating hours of the University. Use of University Resources should be avoided.

Work as a licensed health care provider in hospitals, pharmacies, nursing homes, etc. is usually considered moonlighting (and not consulting) and falls under Regents' Policy 8.2.15.1. Approval by the Department Head and Dean is required.

Faculty on non-paid leave (e.g., summer semester for academic year appointed faculty who are not receiving summer salaries from the University) are exempt from these policies during the unpaid leave time. Teaching courses or using teaching material at other institutions developed at UGA during this period, however, may constitute copyright infringement and therefore requires permission by UGA. Vacation leave is paid leave and is therefore not exempt from the policies and procedures.

UNIVERSITY OF GEORGIA
COLLEGE OF PHARMACY
Annual Report on Outside Activities

This form is to be submitted by all faculty members who are required to report on outside activities under the policies of the University and the College regarding consulting, outside professional activities, outside teaching, outside speaking, and participating in outside business or service enterprises.

Name: _____ Academic Rank/Title: _____

Department: _____ Reporting Period: _____

I engaged in no outside activities as defined under Board of Regents' policy 8.2.15 and College of Pharmacy Consulting policy.

Please list activities in approximate chronological order (*use supplemental sheets as necessary*).

Description of Activity ¹	Location/Organization	Terms ²	Number of Days, Hours Per Mo/Wk/Yr

¹Outside Consulting Outside Speaking engagements
 Outside Professional Outside Continuing Education
 Teaching at Other Institutions Other (*e.g., business and service enterprises – Please describe*)

²Employee, Paid Consultant, Volunteer, Other (*Please describe*)

Faculty Member: _____
Signature and Date

Chairperson: _____
Signature and Date

Dean: _____
Signature and Date

**UNIVERSITY OF GEORGIA
COLLEGE OF PHARMACY
REQUEST FOR APPROVAL**

Outside Activities

This form is to be submitted by all faculty members in advance of a faculty member's engagement in all outside activities regarding consulting, outside professional activities, outside teaching, outside speaking, and participating in outside business or service enterprises as defined under Board of Regents' policy 8.2.15 and College of Pharmacy Consulting policy.

Date: _____

Name: _____ **Academic Rank/Title:** _____

Department: _____ **Reporting Period:** _____

Organization sponsoring or receiving the service: _____

Nature of Proposed Activity:

____ Outside Consulting ____ Outside Teaching Engagement
____ Outside Professional ____ Outside Continuing Education
____ Teaching at Other Institutions ____ Other (e.g., business and service enterprises – Please describe)

Estimated time involved for this activity. _____

Will work be performed entirely outside usual working hours? _____

Location where services will be performed. _____

Will any University facilities or support services be required? If yes, please describe.

Briefly describe the nature of work/activity that will be performed. _____

Period Covered: From: _____ To: _____

Faculty Member: _____
Signature and Date

Department Head/Unit Director: _____
Signature and Date

Dean: _____
Signature and Date

College of Pharmacy	Policy Number CoP07-003D
Department Head Three-Year Evaluation Administrative Policies and Procedures	Effective Date – Last Reviewed 06/19/09

The Dean is responsible for the review of all Department Heads who have served a term of office of three years, as described in the *Statutes of the University of Georgia*, Article IX, Section 5, Paragraph (i).

To be consistent with general practices on Campus and with the University Statues, the process for the three-year review that the College will follow for Department Heads is as follows:

1. The Department Head will be requested to write a 3-6 page self-evaluation, focused primarily on the accomplishments during his/her term as Department Head and plans for the future of the Department. This self-evaluation will be made available to the Faculty of the Department.
2. The Department Head will be requested to provide the names of at least three individuals (two of whom must be at UGA) holding similar or higher administrative positions than the Department Head who can comment on the Department Head as an administrator seen from outside the Department. Comments from these individuals will be sought by the Dean via telephone or in person.
3. A faculty meeting will be held between the Dean and the Department faculty (for the Department of Clinical and Administrative Sciences a meeting will be held on the Athens campus as well as the other distant campuses). Comments from the outside references will be presented followed by a general discussion.
4. A secret ballot will be cast having only two options: (1) To renew the appointment of the Department Head or (2) To initiate a search for a new Department Head.
5. If 30% or more of the Faculty members of the Department vote to initiate a search for a new Department Head, the Dean or the Associate Dean will interview all the faculty members of the Department to determine the underlying reasons for the recommendation.
6. After assessing the result of the interviews, the Dean will inform the President and the Department Head of the result of the evaluation.

Faculty should observe strictly the rules of confidentiality throughout this process. All matters pertaining to the review are confidential and any communication should be through the Office of the Dean. No notes will be kept of the department meeting(s) or individual interviews.

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

Introduction

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

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

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

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

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

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

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

College of Pharmacy Procedures for the Disposition of State Property

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

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

- 1) Provide a written list to the Facilities Coordinator of all items to surplus. An authorization signature from the Department Head should be included on this list. The list must include:
 - Brief description of each item to be removed.
 - Current location of each item.
 - Manufacturer’s serial number (if applicable).
 - UGA inventory number (if applicable).

- 2) The Facilities Coordinator will promptly arrange to meet with the responsible person to inspect the listed items and to discuss any steps that are necessary to prepare the items for removal.
- 3) Once the items have been prepared for removal, the responsible person must sign the required UGA certifications regarding data security, chemical, biological and radiological safety, as applicable.
- 4) The Facilities Coordinator will arrange for the removal of the items. Please make sure that all items are accessible on the date of removal.**
- 5) Upon pick up of the items by the Facilities Coordinator or the UGA Support Services unit, the Facilities Coordinator will provide a receipt to the responsible person. This receipt should be retained by the Department through the following year's physical inventory count.

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

College of Pharmacy	Policy Number CoP07-005D
Distribution of Time Between Administration, Teaching & Research for Tenure Track Faculty Administrative Policies and Procedures	Effective Date – Last Reviewed – 06/19/09

The standard budgetary appointment for tenure track faculty in non-administrative positions will be 50% research and 50% teaching. Faculty with administrative duties at the Departmental and College level can reduce the percentage of assigned teaching and research dependent upon the time commitment of administrative duties assigned. Implicit in this budgetary distribution is that 10% of the overall time be associated with service to the College or University.

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

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

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

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

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

College of Pharmacy	Policy Number CoP07-007D
Extra Compensation for Faculty Administrative Policies and Procedures	Effective Date – Last Revised – 06/19/09

Extra compensation for Faculty and Exempt Staff by the University of Georgia is governed by UGA Academic Affairs Policy 1.07-2. Because there are a number of gray areas within the policy, this COP procedure is an attempt to clarify under what circumstances the College of Pharmacy will consider requests for Instruction Overload or Instruction/Research Supplements.

These guidelines only govern payment to Faculty employed by the College of Pharmacy from College of Pharmacy controlled funds.

Exemptions.

This policy does not address reimbursement of expenses in association with College of Pharmacy duties and travels. Compensation for clinical and practice activities is not part of this policy and will only be provided through an approved compensation plan. Compensation for consulting and other outside activities are governed by the University's policy on Compensation for Outside Activities.

1. The College of Pharmacy will accept requests for extra compensation for participation in continuing education and outreach activities when sponsored by the College of Pharmacy's Office of Postgraduate Continuing Education and Outreach. No extra compensation will be provided for Faculty and Exempt Staff within this unit. Maximum permissible annual compensation is 30% of faculty member's University of Georgia Base Salary.
2. Request for extra compensation for participation in other College sponsored educational programs will be accepted provided the following criteria are being met:
 - a. The program is an official program approved by the University.
 - b. No qualified person is available to carry out the work as part of his/her normal load.
 - c. No faculty member can be temporarily reassigned to the program as part of his/her normal teaching duties.
 - d. The extra work will not interfere with the faculty member's normal duties.
 - e. That the request is approved in advance by both the faculty member's Department Head and the requesting Educational Program's director.
 - f. That the necessary funds are available and the compensation rate follows the guidelines in UGA Academic Affairs Policy 1.07-2.

Note:

To avoid the appearance of conflict of interest, favoritism, etc., it is important that when conditions where extra compensation can be provided, a mechanism for volunteering by all qualified persons within the College be established and an unbiased selection process be present.

3. Request for extra compensation for participation in appropriate University research activities will be considered if the research work is carried out through a College contract/grant.

4. Extra compensation for taking on administrative duties in addition to regular faculty duties may be provided through an Administrative Stipend upon approval by the Provost for twelve-month faculty or through summer salaries for nine-month faculty.

What is not covered by Extra Compensation.

Excursion and site visits, whether official or not, are not subject to extra compensation. Temporary reassignment of teaching duties due to sick-leave, vacation or other official leaves are not subject to extra compensation. However, reasonable accommodations must be made to prevent unbalanced workloads among the various faculty members.

Extra compensation for carrying out normal College services is usually not provided for the faculty. Such services include but are not limited to exhibitions, presentations, open house, hosting, interacting with alumni and the public, information requests, etc.

College of Pharmacy	Policy Number CoP07-008D
Guidelines for “Working from Home” Administrative Policies and Procedures	Effective Date – Last Reviewed – 06/19/09

Faculty at the University of Georgia are salaried employees and as such have no specified work hours. However, faculty are expected to be on campus or at research or clinical sites each work day unless they are on approved leave.

Working from home may be permissible when it is infrequent (typically no more than once per month) and is necessary to accomplish a specific defined task when the faculty member does not have specific responsibilities on campus. In all cases, prospective approval of the Department Head is necessary for working at home.

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

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

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

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

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

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

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

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

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

- c. To facilitate record-keeping and timely verification of lab personnel training status, a copy of the original laboratory safety training records will be included in the annual laboratory pre-inspection currently performed by the Facilities Coordinator. Each faculty member is responsible for providing a current list of ALL laboratory personnel and the appropriate training required prior to the annual pre-inspection. The Facilities Coordinator will determine if current training records are on file for each lab member and forward a list of missing training documents to the Facilities and Safety Committee and the appropriate Department Head.
5. All spills and use of spill kits must be reported to Environmental Safety.
 6. The Facility and Safety Committee is available to work with individual PIs to establish and maintain viable plans for lab safety. Please contact the College laboratory Safety Officer or Chair of the Facility and Safety Committee for help.

ⁱ Major violations are:

- | | |
|------------------------------------|---|
| 1. Possession of expired chemicals | 3. Lack of adequate identification of hazardous waste |
| 2. Open chemical waste containers | 4. Not keeping separate storage of incompatible chemicals |

ⁱⁱ If any of the following is missing, a citation will be made. (Check the Laboratory Safety Manual for updated regulations.)

Section 1 – Laboratory Postings

- A. Door signs present/updated
- B. Refrigerators have lab use only label
- C. Emergency phone numbers posted in lab

Section 2 – Chemical Storage

- A. Chemicals stored by class/compatibility
- B. Acids and bases in secondary containers
- C. All chemicals properly labeled
- D. No outdated peroxide formers present
- E. Flammable liquids stored properly
- F. Allowable total flammable volume allowed in lab is not exceeded
- G. Allowable volume outside flammable cabinet is not exceeded
- H. Explosion proof refrigerator for flammable
- I. Waste containers properly labeled/stored
- J. Waste containers properly closed
- K. Gas cylinder properly labeled/anchored
- L. Lecture bottles properly labeled/stored

Section 3 – Emergency Equipment

- A. Fire extinguishers present/inspected
- B. Safety shower: tested/unobstructed
- C. Safety shower location posted
- D. Eye wash: tested/unobstructed

- E. Eye wash location posted
- F. First aid kit present
- G. Spill kit appropriate for laboratory

Section 4 – Laboratory Equipment

- A. Belt guarded on motors and pumps
- B. Equipment properly grounded
- C. Electrical cords not frayed
- D. Only UL 1449 rated power strips employed
- E. 1449 strips used with computers and equipment
- F. Outlet wiring correct
- G. Extension devices used only temporarily
- H. Fume hood rating (OK, Caution, Danger)

Section 5 – Laboratory Conditions

- A. Hand washing facilities available
- B. Sink conditions OK
- C. Corridors and exits unobstructed
- D. Aisles unobstructed
- E. Lab doors closed to main corridor
- F. No eating, etc., around hazardous chemicals
- G. Personal protective equipment available/used

Section 6 – Laboratory Records

- A. RTK records and MSDS maintained
- B. Chemical inventory kept

College of Pharmacy	Policy Number CoP07-011D
Policies on Contracts Within the College of Pharmacy Administrative Policies and Procedures	Effective Date – Last Revised – 06/19/09

1. All contracts to be issued should be approved by the appropriate unit head (department head, director, assistant dean, etc.) before it is sent to the next approval level.
2. Copies of the proposed contract should be given to the Administrative Financial Director of the Business Office and the Dean's Office for Central Repository as soon as it is approved by the department head. When a final contract has been signed, copies of this contract should be sent to the Administrative Financial Director and Dean's Office to replace the original drafts.
3. Any contract that has to be signed off by the University administration must be routed through the Dean's Office. We will be alerting the University administration to only sign off on contracts that either the Dean or the Associate Dean has initialed.
4. On checks received based upon contracts or payments to be issued based upon a contract, please refer to the appropriate contract. For us to issue payments or to deposit checks the Business Office will have to attach copies of the contract.

College of Pharmacy	Policy Number CoP07-012D
Post-Promotional Review of Faculty in the Clinical Track	Effective Date –
Administrative Policies and Procedures	Last Reviewed – 06/19/09

Guidelines for Full Time¹ Clinical Faculty at the Associate Clinical Professor and Clinical Professor Levels.

I. PURPOSE

The purpose of the review will be to examine, recognize, develop, and enhance the performance of clinical faculty members at the UGA College of Pharmacy.

II. CRITERIA

- A. The criteria should reflect the overall mission of the promotion unit and should be sufficiently flexible to accommodate faculty with differing responsibilities and particular strengths who contribute to the mission of the College.
- B. The promotion unit shall ensure that the criteria governing faculty review do not infringe on the accepted standards of academic freedom of faculty. The review shall be carried out free of bias or prejudice by factors such as race, religion, sex, color, national origin, sexual orientation, ethnicity, age, disability, political affiliation, or veteran status.
- C. The standards used for evaluation of progress and accomplishments for professional competence and activities, instruction, creative work and University and public service should be based upon the College of Pharmacy “Clinical Track Appointment and Promotion Guidelines.”

III. PROCEDURES

- A. Reviews shall occur once every five years after appointment or promotion to *Clinical Associate Professor* or *Clinical Professor* has been granted.
- B. Each promotion unit shall develop the policy by which the Review Committee shall be selected. Such procedures to establish the committee may include (but are not limited to) election, lottery, or a committee of the whole; but cannot include appointment by the promotion unit head. The committee shall consist of a minimum of three senior faculty members and may include faculty from other promotion units contingent upon their willingness and availability to serve. Whenever possible the members with similar practice responsibilities as the candidate should be selected to serve on the Review Committee.
- C. The review procedures shall include:
 - 1. A review of qualitative and quantitative evidence of the faculty member's performance over at least the previous five-year period in the areas of

patient care, student instruction, scholarly activities, professional leadership and/or service. Information as to the expected balance among the various categories as spelled out at the individual member's appointment and when any reassignment occurred by the College of Pharmacy/Department shall be provided. The annual reviews by the promotion unit head, a current curriculum vitae, materials providing documentation of the faculty member's accomplishments and contributions that the peer-review committee or the faculty member judge to be relevant to the review should also be provided. The faculty member should provide the Review Committee with a concise summary of accomplishments and future plans not to exceed two pages in length.

2. Discussion with the faculty member about his or her contributions to the profession, the promotion unit and the University, if either the Review Committee or the faculty member so desire.
- D. The Review Committee shall provide the faculty member with a concise, written summary of the review and a conclusion as to whether his/her performance is deemed satisfactory. The faculty member shall have the opportunity to prepare a written response to the summary. A copy of the summary and any written response to it shall be given to the promotion unit head and shall be placed in the personnel file of the faculty member. If the faculty member's performance is deemed not satisfactory, the Review Committee shall provide a report identifying the areas of weakness and suggest actions that might strengthen the faculty member's performance.
 - E. The promotion unit head shall also maintain in the faculty member's personnel file all documents that played a substantive role in the review (other than documents such as publications that are readily accessible elsewhere), and a record of any action taken as a result of the review.
 - F. A faculty member may request reconsideration of the recommendation of the Review Committee by submitting a letter and additional documentation to the promotion unit head within fifteen days of the receipt of the written review.

IV. ACCOUNTABILITY

- A. Copies of the promotion unit's review policies and procedures shall be filed with the Dean.
- B. Promotion unit heads shall maintain a record of reviews completed, including the names of all reviewers.
- C. At the end of each academic year, the Dean shall receive a report from the promotion unit head, listing the names of faculty members reviewed during that academic year and summarizing the outcomes of the those reviews.
- D. If a faculty member's performance is deemed not satisfactory in the review, the promotion unit head and the faculty member must establish a formal plan of faculty development. This plan must be approved by the Review

Committee. The plan should a) define specific goals or outcomes to be achieved; b) outline activities that will be undertaken to achieve the goals or outcomes; c) set appropriate times within which the goals or outcomes should be accomplished; and d) indicate appropriate criteria by which the faculty member will monitor progress. The promotion unit head will be responsible for forwarding the formal faculty development plan to the Dean. If the Review Committee believes that insufficient progress has been made after one academic year after the acceptance of the formal plan, the promotion unit head may recommend termination of the appointment to the Dean.

V. IMPLEMENTATION

- A. In all cases in which the unit head is the person being reviewed under this policy, an administrative officer one level above the unit head shall assume the unit head's function in this review.

¹ Faculty with 100% appointment at the University

College of Pharmacy	Policy Number CoP07-014D
Reward for Teaching Excellence Administrative Policies and Procedures	Effective Date – Last Reviewed 06/19/09

Teaching is central to the mission of the College. The mission statement of the College states that we are to: “Deliver the highest quality education through a state-of-the art pharmacy care environment and research laboratories.” As such, it is essential that all faculty be involved in delivering high quality teaching and that the faculty are appropriately recognized for this important activity.

Evaluation of teaching

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

Award for teaching excellence.

- Each Department or administrative unit head shall use a system that will allow the previous year’s documentation of quality of teaching to be an important factor in determining merit raises (in years where we are allowed merit raises).
- Starting in FY03/04, the College teaching award will also result in a permanent annual salary increase of \$1,000.

College of Pharmacy	Policy Number CoP07-015D
Time Commitment & Salary Offset on Contracts & Grants for College of Pharmacy Faculty Administrative Policies and Procedures	Effective Date – Last Reviewed – 06/19/09

Time Commitment is the time a principal investigator or co-investigator is offering to work on meeting the objectives of the contract or grant. If the grant or contract is funded, the time commitment becomes contractual binding.

Salary Offsets on contracts and grants is the amount the University can recover in salary from the sponsor for the principal investigator or co-investigators for time spent on the sponsored work.

Cost Sharing represents that portion of the total project costs of a sponsored agreement borne by the University, rather than the Sponsor. Cost sharing of direct expenses represents a redirection of departmental or college resources from teaching and other departmental and/or school activities to support sponsored agreements. Of note is that if a proposal includes either Mandatory or Voluntary cost sharing, the cost sharing becomes a binding agreement that the University must provide as part of the performance of the sponsored agreement.

1. Time Commitment.

All grants and contracts must indicate on the appropriate portion of the request the percentage of time commitment being made by the Principal Investigator and all Co-Investigators.

1.1. Exceptions. Exception to the rule is allowed if the sponsoring agency does not cover offsets (written documentation needed), or approval by the Dean upon recommendation by the Department Head.

2. Salary Offset.

All grants or contracts are to contain Salary Offset requests equal to the time commitment being made by the Principal Investigator and the Co-Investigators.

2.1. Exceptions. When not allowed by the sponsoring agency (written documentation needed). A waiver of this requirement may be granted in full or part in exceptional situations by the Dean upon recommendation by the Department Head.

2.2. Cost sharing. All waivers are to be treated as Cost Sharing and to be reported both to the granting agency and the University of Georgia as such.

2.3. Redirection and reallocation of Salary Offset funds. Redirection/reallocation of Salary Offset funds must have Dean's approval in addition to all required University approvals.

3. Distribution of Salary Offset.

3.1. Calendar year (12 months) appointees.

All Salary Offsets will be collected by the College. For faculty in the College of Pharmacy 50% of the collected offset will be returned to the Department and the remaining 50% to the appropriate Principal Investigator and Co-Investigators. This

distribution may change in the future dependent upon Regents, University and College policies.

3.2. Academic year (9 months) appointees.

All Salary Offsets will be collected by the College. The first priority for distribution of the Salary Offset funds will be to cover the salary of the Principal Investigator and Co-Investigators for the otherwise unfunded Summer months. When the salary of the Summer months is covered, the residual Salary Offset funds will be treated as under 3.1.

4. Impact of Cost Sharing on Salary Offset Distribution.

Any reduction in Salary Offset due to Cost Sharing will first be subtracted from the faculty member's share of the Salary Offset return. If this does not cover the full cost of Cost Sharing, the residual will come from the Department's share of the distribution.

College of Pharmacy	Policy Number CoP07-017D
Subject: Professional and Educational Leave Policy and Procedures Administrative Policies & Procedures	Effective Date – 12-17-07 Last Reviewed – 06/19/09

Policy Statement

The opportunity for scholarly development is an important benefit for faculty. The University of Georgia College of Pharmacy is committed to promoting excellence through opportunity and enhancement; therefore, the following policy has been developed for Professional and Educational Leave.

Purpose

To provide faculty a leave of absence for scholarly development through research, study, travel, writing or other opportunity (experience) for professional growth.

The leave of absence shall be granted upon receipt of the proper approvals at the Department, College, University and Board of Regents level, when applicable.

Said leave must conform to the “spirit” of the College of Pharmacy Policy and must abide by the Georgia Board of Regents Educational and Professional Leave Policy 802.0804 (attached).

Eligibility

- All full-time faculty members with at least five years of full-time academic service in the College of Pharmacy shall be eligible to apply for Educational and Professional Leave.

The following table provides additional information for eligibility.

Eligibility	Salary Support	Approval needed
Completed five years of academic service (may apply in sixth year)	One semester @ 100% pay or two semesters @ 50% pay	One Semester - Dept. Head, Dean, and SVPAAP Two Semesters or more also requires President, Chancellor and BOR approval
Every fifth year after the initial five years of full-time academic service ¹	One semester @ 100% pay or two semesters @ 50% pay	One Semester - Dept. Head, Dean, and SVPAAP Two Semesters or more also requires President, Chancellor and BOR approval

Educational and Professional Leave for a period greater than two semesters should only be given under special circumstances with distinguished and meritorious services to UGA

and requires President, Chancellor and Board of Regents Approval.

Permanent part-time faculty are eligible for professional and education leave similar to full-time faculty. Salary support will be proportional to the percentage of full-time pay.

In addition, Board of Regents policy (802.0804 Educational and Professional Leave) states:

1. *“Any employee who has been granted a leave of absence with pay shall be required, before beginning the leave, to sign an agreement indicating that:*
2. *for a leave with pay of less than one year, the employee will return to the institution at the termination of the leave for a period of at least one year;*
3. *for a one-year leave with pay, the employee will return to the institution at the termination of the leave for a period of at least two years; and that*
4. *if the employee does not return to the institution for the full amount of time specified in the agreement, the employee will reimburse the institution for the amount of compensation received while on leave, as well as any other expenses paid by the University System of Georgia during the leave.*

No leaves of absence will be granted to persons in the University System who are retired and who are drawing retirement benefits from the Teacher’s Retirement System of Georgia or from the University System.

Professional and Education leave shall not be granted to an individual who plans to retire immediately following the leave. For an individual who unexpectedly retires immediately after the professional and educational leave, he/she will reimburse the institution for the amount of compensation received while on leave, as well as any other expenses paid by the University System of Georgia during the leave.

Procedures

Faculty Member’s Responsibility

“Eligible” faculty members must submit, in writing, a letter of application for the requested leave at least six months in advance to the appropriate Department Head with the following information:

- Dates requested for leave
- Purpose for requesting leave
- Benefits of the leave for faculty member and institution
- Plan for how institutional responsibilities will be met during the period of his/her leave.²

Upon return from educational and professional leave, faculty member must provide a detailed written report of professional accomplishments to the department head, with a copy to the Dean, within three months from the date of return.

Departmental Responsibilities

- Ensure eligibility requirements.
- Ensure adherence to BOR policies.
- Ensure suitability of purpose of leave of absence (benefit to the institution) as set forth by BOR policy.
- Ensure teaching responsibilities are covered and funding (if needed) is available to adequately support this leave.

The Department Head will submit the application to the Dean along with a cover letter, which shall include the Department's plan for the reassignment of duties and the commitment for funding.

The Dean will consider the following factors when reviewing the application for approval:

- Length of service
- Appropriateness of purpose for the professional leave – should be consistent with the goals and objectives of the Department and College.
- Departmental plan for handling teaching responsibilities and providing adequate funding (if needed).

¹ Priority for leave will usually be given to faculty members who have not taken a leave or who have served the longest time since the last leave was granted.

² Because no separate funding pool exists to employ temporary faculty to cover teaching duties during leave, the department faculty are responsible without monetary compensation for covering the teaching responsibility for faculty members on leave.

College of Pharmacy	Policy Number: CoP08-001D
Subject: Administrative Succession Administrative Policies and Procedures	Effective Date - 09/18/08 Last Reviewed – 06/19/09

Background

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

Procedure

Transition of Dean.

1. The scheduled departure or extended absence of a Dean must be reported to the Provost well in advance of the departure or absence.
2. If the departure or absence is unscheduled, the Provost's Office must be contacted as soon as possible by the Dean or the Associate Dean. If the Dean and the Associate Dean are not available, it is incumbent upon the Dean's immediate staff or Executive Committee members to inform the Provost's Office.
3. Upon the departure of the Dean, the Provost appoints an Interim Dean until a new Dean can join the College.
4. Until an Interim Dean is appointed, the Associate Dean or if the Associate Dean is not present, the most senior available Assistant Dean will lead the College.
5. Upon departure of the Dean, the College must notify ACPE and provide information regarding the plan for his/her replacement and interim leadership arrangements.
6. The Associate Dean, the Executive Committee, the Business Manager of the College and the Dean's Executive Assistant (and the outgoing Dean if he/she is available) are responsible for meeting in a timely manner with the Interim and Incoming Dean to review College operations, budgets and obligations as well as familiarize him/her with the College Central Repository and with College administrative policies and procedures.
7. The Dean's Office will arrange for the Incoming Dean or Interim Dean to meet with the Provost to review critical College/University administrative relationships, obligations, and relevant communications within 10 working days from the start date.
8. The Dean's Office will arrange for a meeting with the Office of Legal Affairs to review critical policies and documents pertinent to the operation of the College within 10 working days from the start date.
9. The incoming Dean will meet with Faculty Council to review faculty issues and College Bylaws.
10. If applicable, the Dean's Office will arrange for New Dean training opportunities such as that available through AACCP.

Transition of Unit Head.

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

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

Procedure for Processing Central Repository Documents

Triaging

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

These documents shall be treated in the following manner:

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

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

Security of Records

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

Archiving

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

**University of Georgia College of Pharmacy
 Central Repository
 Document Identification
 Monitoring/Reporting Adherence Assignment**

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

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

Annual Reporting

 (Year)

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

 (Signature)

 (Title)

 (Date)

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

 (Signature)

 (Title)

 (Date)

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

 (Signature)

 (Title)

 (Date)

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

Background

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

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

Policy

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

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

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

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

College of Pharmacy	Policy Number CoP09-001D
Subject: Exterior Smoking Policy Administrative Policies and Procedures	Effective Date – 11/17/09

The College of Pharmacy adheres to the University of Georgia smoking policy with modification for exterior smoking as described below (ADDENDUM):

POLICY:

Smoking of any material is prohibited in all University of Georgia facilities, including, but not limited to, hallways, classrooms, residence halls, laboratories, offices, restrooms, seminar/meeting rooms, enclosed athletic facilities, performance halls, and all other spaces in University-owned or leased buildings. Smoking is also prohibited in any outside areas adjacent to a facility whose configuration and/or other physical circumstances allow smoke either to enter and affect the internal environment or to adversely affect the environment of those entering or exiting the facility.

PROCEDURE:

The highest-ranking administrator in each University building may establish a designated outside smoking area. The smoking area shall be located in a nonwork area, where no employee, as part of his or her work responsibilities, shall be required to enter. (Per Georgia Smoke Free Air Act of 2005, Title 31, Chapter 12A Official Georgia Code. Added to this manual March 14, 2006.)

ADDENDUM

Smoking areas in the College of Pharmacy must be a minimum of 25 feet away from entries, outdoor air intakes and operable windows.

College of Pharmacy	Policy Number CoP10-001D
Subject: Bloodworth Executive Conference Room Usage Policy Administrative Policies and Procedures	Effective Date – 08/17/10

The *Bloodworth Executive Conference Room* has been designated for use by the College of Pharmacy Dean and Senior Administrators and for other very special occasions. The *Bloodworth Executive Conference Room* is not intended for regular routine meetings, classrooms or general workspace, but rather for “showcase events” that serve a college-wide interest or help the College cultivate relationships with internal and external entities relevant to its mission.

Room Capacity and Equipment Available

The room furnishings include a conference table that seats 14 people comfortably. Additional seating for 11 is available around the room. The room is equipped with a laptop hook-up, DVD player and a document camera, dry erase board and University cable TV. It also has the ability to do videoconferencing. Please contact Ms. Sarah Jones no later than four days prior to your scheduled meeting/event for assistance on the use of any equipment available in the room or to schedule videoconferencing.

Food Consumption

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

General Use Procedures

Any individual or group using the facility is required to follow all fire and safety regulations. No hanging, pasting, nailing or stapling on ceiling or walls. Do not reconfigure the room in any way other than moving chairs. All doors to the conference room and kitchen must be closed and locked after use of these facilities.

Reservation Requests

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

Requests to use the *Bloodworth Executive Conference Room* must be submitted in writing to the Dean’s Office. Please contact:

Shirley McIntyre, Executive Assistant to the Dean
 College of Pharmacy Dean’s Office
 (706) 542-1914
shirleyr@uga.edu

College of Pharmacy	Policy Number CoP10-002D
Subject: New Faculty Orientation Administrative Policies and Procedures	Effective Date – 12/22/10 Last Revised – 10/03/11

In addition to any University-wide orientation for new faculty, the College will offer a one-day orientation for new faculty each fall semester. The focus on the orientation will be on specific issues relating to the College of Pharmacy. The issues may vary from year to year but will cover topics such as the College administrative structure and organization, the profession of pharmacy, Doctor of Pharmacy curriculum, graduate and undergraduate programs offered by the College, faculty services offered, and where to go for support relating to teaching, grant applications, student affairs, etc.

The faculty will also be oriented as to individual units' mentoring and development programs, complaint policy, copyright laws, open record act, FERPA, HIPAA, etc., to the degree not covered by the University-wide orientation.

College of Pharmacy	Policy Number CoP11-001CC
Subject: Course Review Process Administrative Policies and Procedures	Effective Date – 08/15/11 Last Revised – 10/03/11

PharmD Curriculum Course Review Process

Framework of the Review Process

The Curriculum Committee developed a criteria-based, systematic course review process which consists of two parts: an overall curriculum review process and measurable criteria for evaluation of specific courses within the curriculum. The committee has started the implementation of this process during Fall Semester 2011.

The Curriculum Committee structures the process based on the defined function of the course in relation to the overall curriculum. The curriculum is divided into four categories as outlined in the table below. One category a year is reviewed with the first review to start FY11/12 and the full cycle of review completed over four years, at which time the cycle will start over again.

The Curriculum Committee documents and submits an overall assessment (or specific conclusions) regarding the overall PharmD curriculum review process at the end of the fourth year (or every four years). The four year cycle allows for the majority of the curriculum to be reviewed in-depth more than once during an accreditation cycle.

Electives are reviewed a minimum of every 5th year or as determined by the strategic plan, results of the assessment data collected, or needs determined by external constituencies. Additionally, the review of IPPE courses utilizes additional methods of evaluation due to the experiential nature of those courses.

“Foundation” Pre-requisite or co-requisite courses	“Skills” Skill development courses	“Stand Alone” Courses with no pre- or co-requisites	“End” Courses not serving as pre- or co-requisites
Anatomy/Physiology I & II	Skills Lab I and II	Introduction to Pharmacy	Pharmaceutics
Biochemistry I & II	Clinical Applications I & II	Communications	Adverse Drug Reactions
Pharmacology I & II	IPPE I	Drug Information I	Pharmacokinetics II
Disease State Mgt. I & II	Skills Lab III and IV	Health Care System	P4 APPE*
Medicinal Chemistry I & II	IPPE II and III	Clinical Applications II	Chemotherapy
Pharmacokinetics I	P3 Skills Lab V	Quantitative Methods	OTC
Infectious Diseases	IPPE IV and V	Drug Information II	
Pharmacotherapy I & II		Drug Information III	
		Pharmacy Management	
		Pharmacy Law	
		Pharmacy Seminar	
Total: 14	12	10	11

*APPE includes: Direct Patient Care; Indirect Patient Care; Community; Outpatient; Institutional

Course Review Process

The course review process is an in-depth analysis of the objectives, teaching methods, and student experiences in a specific course. Each academic year, each qualified member of the curriculum committee is assigned a course that is scheduled for review. The committee member is responsible for contacting the course coordinator for the course in question and will work with them to complete the in-depth analysis of the course. The committee member will use data collected and analyzed by the assessment committee during the previous academic year and will

use additional methods of data collection that have been approved by the assessment committee and created by the curriculum committee.

Using the assessment cycle in the COP Assessment Plan, the curriculum committee members will work with the Director of Assessment to collect data, limit duplication of efforts in assessment of the curriculum, and compile a report. The report of this analysis is reviewed by the Assessment Committee and the Curriculum Committee.

The step-by-step review process for individual courses is as follows:

1. The selected committee member contacts the course coordinator for the course being evaluated.
2. Explain the review process with the course coordinator.
3. Send a survey link where they can review responses to the course evaluations.
4. Analyze all data related to the course and share with the Curriculum Committee who makes recommendations for any changes.

College of Pharmacy	Policy Number CoP13-001D
Subject: Service Dog Policy Administrative Policies and Procedures	Effective Date – 09/11/13

Unless an exemption has been received from EOO, the College of Pharmacy prohibits the presence of service animals in the following areas due to health and safety restrictions, where their presence may compromise the integrity of research or otherwise fundamentally alter a program or activity, or where their presence may lead to violations of government regulations:

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

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

College of Pharmacy	Policy Number CoP15-001D
Subject: Administrative and Operational Reviews Administrative Policies and Procedures	Effective Date – 06/08/15 Last Revised: 06/08/15

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

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

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

Essential aspects of the administrative and operational reviews include:

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

Self-Study

Based on the *unit* goals and mission, the self-study serves to identify expected outcomes of the *unit*’s programs and/or services and describe key strengths and weaknesses in achieving those outcomes. It will include strategies for continued development of its strengths and correction of any weaknesses. In the process of preparing the self-study, the *unit* should revisit and renew its mission statement in accordance with the College’s strategic plan.

While each *unit* will respond to a set of exploratory questions generated specifically for that *unit*’s self-study, common across all self-study requirements is an analysis of the *unit* leadership and personnel. As part of this analysis, all members of the *unit* will compare their HR job descriptions to that of their actual duties and responsibilities. Critical to this aspect of the self-study is a clear description of the workload and workflow within the *unit* as it relates to all members of the *unit*.

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

The quality and usefulness of the self-study is greatly enhanced by the broadest possible participation of faculty and staff within each *unit*.

Stakeholder Feedback

Unit leaders will provide names and contact information for specific individuals and stakeholder populations outside of the *unit* (both inside and outside of the College) who have interacted with the *unit* and who can provide useful feedback regarding that *unit's* functional and operational impact.

Online surveys and/or person-to-person interviews will be conducted with relevant stakeholders, external clients and collaborators. Survey and interview questions will be customized depending upon the audience and the *unit* under review. Data collected from these solicitations will be shared with the *unit* and the Review Team and will be considered in combination with the information gathered from the self-study in formulating a comprehensive vision of the *unit*.

Review Teams

For each review, an *ad hoc* "Review Team" will be appointed. The Review Team will consist of at least three members, selected by the *Dean* in conjunction with the *unit* under review. The Review Team will be charged with analyzing the available data and generating a report that addresses the functionality of the *unit*.

The Review Team may request additional information as necessary during the process, and they may also conduct their own interviews at their discretion in order to ascertain a more comprehensive picture of the *unit*.

Finalized Review Team reports will be submitted to the *Dean* according to the Review Process Timeline.

Review Process Timeline

The review process is expected to be completed in approximately three (3) months:

- Within two (2) weeks of the initiation of the review, the *unit* is to provide the *Dean* with a comprehensive list of names and contact information of stakeholders and/or constituents outside the *unit* (i.e., students, faculty, staff, alumni, donors, preceptors, external clients, and collaborators) who may speak to its administration and operation. These individuals will be contacted and asked to provide feedback on their perceptions of and experiences with the *unit*.
- The *unit* will have four to five (4-5) weeks to complete the self-study, during which time the *Dean* will solicit feedback from stakeholders.
- Once all self-study data and stakeholder feedback are collected and provided to the Review Team, the Review Team will have approximately three (3) weeks to complete its charge.
- The Review Team will submit the report to the *Dean*. The *Dean* will then share the report with the *unit*. The *unit* will have one (1) week to provide written feedback in response to the report to the *Dean*.

At the end of the process, the Review Team's report – along with any *unit* comments – is returned to the *Dean*, who may require additional consultation with the Review Team and/or the *unit* to insure the proper consideration and application of the information provided through this process.

College of Pharmacy	Policy Number CoP16-001D
Subject: Guidelines to Address Two Consecutive Years of Negative Faculty Annual Review Evaluations at the Rank of Associate and Full Professor with Tenure	Effective Date – 01/01/16 Last Revised –

I. Purpose

Performance Evaluations provide an opportunity for constructive feedback to faculty on how their productivity compares to expectations while also providing an opportunity for mentoring and career planning. This policy pertains to those faculty who receive overall negative evaluations (e.g., “*Does Not Meet Expectations*”) in two consecutive years and the procedures to be followed to address these negative evaluations.

II. Timing

Board of Regents and University of Georgia policy requires written annual performance evaluations for all faculty members. The evaluation shall be completed no later than March 31 of the current calendar year (UGA Academic Affairs Policy 1.06-1)

III. Process

The Department Head or designee will prepare the Annual Performance Evaluation based upon the appointment and assigned duties using criteria required by the University and being discipline-specific to the PTU in the areas of Teaching, Research (Scholarship), Service and Administration (if appropriate). The evaluation will be based upon the accomplishments and activities of the faculty member during the previous calendar year posted in *UGA Elements* by the Faculty member prior to January 15. Teaching evaluation(s), peer review of teaching, contribution to committees, etc., may be solicited as appropriate by the Department Head or designee as part of the evaluation.

Each of the various areas to be evaluated, as well as an overall performance assessment, will be rated as *Exceeds Expectations* (EE), *Meets Expectations* (ME) or *Does Not Meet Expectations* (DNME). Definition of each of the ratings is established by the Department Head in consultation with the PTU members and will be based upon University and PTU criteria.

As part of this review, the Faculty member will meet with the Department Head to provide input, receive critical feedback on performance objectives and measures and discuss plans for the upcoming year. The discussion shall be documented in writing and include the Faculty member’s rank, years at rank, track, and assigned allocation of effort. A *Does Not Meet Expectations* rating in any of the categories of evaluation requires that the written evaluation include strategies for assisting the faculty member in improving in the designated area(s) of underperformance.

If at least 50% of the faculty member’s assigned time receives a rating of “Does Not Meet Expectations,” the overall annual rating will be designated as Does Not Meet Expectations. If the overall rating received is “Does Not Meet Expectations,” for two consecutive years, a comprehensive Faculty Productivity Plan is required and must articulate areas of underperformance with clear and measurable expectations for meeting expectations and a timetable for improvement including any resources that may be made available (e.g., active mentoring, courses, etc.)

The Faculty Productivity Plan is to be developed and agreed upon no later than one month after the annual performance review has been completed. The plan will be developed by the Department Head in consultation with the Faculty member and be approved by the Dean. The plan shall be signed by the Faculty member, the Department Head and the Dean. Should there be a disagreement between the Department Head and the Faculty member as to the Plan, or if the Faculty member refuses to sign the plan, the Dean has final approval and the Faculty member will still be bound by the plan without signature. Follow-up meetings and evaluations on the progress, to be documented in writing, will occur at least on a quarterly basis.

IV. Review

At his or her discretion, the Dean may seek advice from senior faculty members inside and/or outside the college to review the evidence for the *Does Not Meet Expectations* rating by the department.

V. Merit Increases

Until the Faculty member has met the expectations in the Faculty Productivity Plan and receives an overall annual evaluation of at least "*Meets Expectations*", he/she is not eligible for annual merit increases.

VI. Monitoring of the Faculty Productivity Plan

If improvement does not occur, revision of the Productivity Plan may be warranted with a new timetable, and oversight of the faculty member's performance will continue as described above. Failure to meet the stated expectations of the Faculty Productivity Plan by the deadline of the original or the revised plan (combined not to exceed 24 months) will result in further actions, e.g., loss of travel support, negative salary adjustments, etc., including the option to invoke Board of Regents policy 8.3.9.

VII. Records

The original annual Performance Evaluation and any Faculty Productivity Plan shall be retained in the Department, with a copy provided to the Faculty member, as well as to the Dean's Office. Copies of the Annual Performance Evaluations and any Faculty Productivity Plan, its time line and progress toward meeting the Plan will be shared with the Faculty member's Post Tenure Review committee.