“Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving.”

- Colossians 3:23-24
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Program Information

Doctor of Physical Therapy Program Accreditation Status
The Doctor of Physical Therapy program at Southwest Baptist University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org. If needing to contact the program/institution directly, please call 417-328-1672 or email pt@SBUniv.edu. There is a formal complaint process available at: http://www.capteonline.org/Complaints/. The Doctor of Physical Therapy is also accredited by the Higher Learning Commission, 30 North LaSalle Street, Suite 2400, Chicago, Illinois 60602-2504, 312-263-0456 or 800-621-7440 or https://www.hlcommission.org/. For the most current information about program accreditation status please see: https://www.sbuniv.edu/academics/programs/physical-therapy.php

Mission Statements of the Program, College, and University
Our Healing Mission (Rev. 11.17.04): The physical therapy department at Southwest Baptist University is dedicated to providing society with physical therapists who engage in the art and science of physical therapy with a Christian worldview. The graduate will be a clinician generalist who is prepared to provide physical therapy services for a diverse population in an evolving society and health care environment.

The SBU College of Science and Mathematics pursues excellence and offers quality instruction from a Christian perspective to broaden non-majors scientific awareness and to prepare majors for career success of further study in their chosen field.

Southwest Baptist University is a Christ-centered, caring academic community preparing students to be servant leaders in a global society.

Goals (rev. 02.08.14)
The graduate of Southwest Baptist University Doctor of Physical Therapy Program will be able to:
1) Integrate the Christian worldview into the practice of physical therapy.
2) Engage in professional practice expectations on a diverse patient and client population throughout the lifespan.
3) Educate and communicate with appropriate stakeholders in the health care environment.
4) Serve the profession and society to promote and improve evolving health care delivery.
5) Reflectively practice the art and science of physical therapy by critically evaluating, integrating, and contributing to the expanding professional knowledge base.
6) Formulate a plan for life-long learning coupled with professional, personal and spiritual growth.

The faculty of Southwest Baptist University Doctor of Physical Therapy Program strive to:
7) Pursue the development and delivery of a contemporary curriculum.
8) Promote and serve the professional and spiritual community.

The Physical Therapy Program at Southwest Baptist University seeks to:
9) Nurture the current and future servant leaders in the health care society.
**Vision Statement**

The Department of Physical Therapy at SBU pursues excellence by preparing students to:
- integrate their profession and their faith in the delivery of service to their clients;
- pursue continued scholarship, critical inquiry, and professional and personal growth;
- practice physical therapy ethically, legally and with sensitivity to a population diverse in age, economic and social status, culture, ethnicity and language; and
- practice physical therapy competently through the application and integration of the patient/client management model.

**Statement of Philosophy**

The Faculty of the Department of Physical Therapy at Southwest Baptist University accepts the mission, philosophy and goals of the institution. The Faculty is committed to and believes that:

...God is the source of all truth and Jesus Christ is the central figure of history, giving purpose, order, dignity, and value to life. Therefore, the faculty seeks to provide a Christian environment in which students are encouraged to develop spiritually as well as professionally. We hold Christian values as paramount in guiding the ethical conduct in teaching and in our professional and community endeavors.

...the nature of society influences the approach to physical therapy education. As the characteristics of society continue to change because of an increase in the aging population, advances in interventions available for the management of complex health problems, and the immigration of individuals with diverse language, culture, and ethnicity, education for the practice of physical therapy must accommodate to those variations. All members of society are entitled to access to a health care system that is sensitive to their special needs, regardless of their socio-economic status.

...physical therapy is an integral component of a dynamic health care system responding to the needs of society. As a part of the health care system, physical therapy is dedicated to the promotion of health, prevention of dysfunction, and restoration of function in persons with movement dysfunction.

...the physical therapist practices inter-dependently in a variety of environments. In providing services, the physical therapist collaborates with other health care professionals, families, community agencies, and other support systems.

...the physical therapist is a health care professional who is prepared to function as a primary health care provider whose focus is on human movement, causes of movement dysfunction, and the interventions that prevent, alleviate or eliminate movement dysfunction. In planning care, the physical therapist is concerned with the physical, spiritual, emotional and psychological status of the individual.

...the practice of physical therapy, in its multi-faceted role, demands the depth and breadth of preparation offered at the doctoral level. The requirement of a baccalaureate degree serves as the foundation for the full participation of the learner in the acquisition of knowledge, clinical reasoning, and psychomotor skills, as well as promoting adequate reflection expected of the physical therapist who will provide services in the 21st century.
...the learner is a mature, informed and committed individual who is self-directed and an active participant in the learning process. All learners are expected to share responsibility for the development of opportunities for learning that are beneficial for themselves and those they will serve in the evolving health care system.

...teaching and learning occurs best in a secure and open environment where necessary resources are readily available to learners and faculty members, learners are challenged to achieve at a high level, and faculty are dedicated to the philosophy of the University and the Department.

...each faculty member is qualified by academic preparation and clinical experience to teach. The faculty is responsible for improving their knowledge and skills; for participating in the advancement of the profession, for the governance of the department and the university, for participating in community activities, and for serving as a role model for peers and learners.

...the graduate will be a clinician generalist who is prepared to function as a primary care provider; a contributor to the advancement of the profession; a teacher; a consultant to colleagues, community, and agencies; and an advocate for the welfare of the patient and the family. The graduate will be a continuing learner and participant in community and professional activities.

SBU College of Science and Mathematics Academic Integrity Statement

It is expected that all students will behave in a Christ-like fashion and uphold the highest standards of integrity and personal ethics. Students who cheat, plagiarize, misuse SBU computing resources, violate SBU computer usage policy, misrepresent the truth, or make false statements to University faculty, administration or staff will be held accountable for their actions. Such conduct is inconsistent with the Christian lifestyle and Biblical principles (Colossians 3:17; 1 Thessalonians 5:22; Exodus 20:16; Deuteronomy 5:20; Proverbs 6:16-19; Proverbs 12:22; Psalm 97:10). If student misconduct occurs, the misconduct will be dealt with as described in the SBU Student Handbook. Any student assignment that is plagiarized or is associated with cheating will be assigned a zero.

SBU College of Science and Mathematics Faith Integration Statement

The Mission Statement and Vision Statement of Southwest Baptist University explicitly state that University activities are to be Christ-centered and that instruction will be from a Christian perspective. Every attempt will be made to integrate into this course the Christian faith, Christian world view and Biblical values consistent with the Baptist heritage of the University.
Dear SBU DPT Student,

Welcome to the profession of physical therapy! Now is a good time to stop and thank the good Lord for His many blessings on you! Over the next three years you will experience a rigorous and at times stressful curriculum that will encourage you to develop the qualities needed to practice contemporary physical therapy. You will acquire the foundation of knowledge, attitudes, skills and behaviors needed to navigate graduate school and to grow throughout your professional career. We urge you to rely upon your faith and grow in your relationship with Jesus Christ as you begin this learning journey.

Physical Therapy is a dynamic profession within the health care society in which we look for superlative and energetic candidates to serve. Physical therapists work in a wide variety of venues including hospitals, clinics, schools, and universities with a wide range of clients from the very young to the very old. A physical therapist may specialize in arenas such as geriatrics, sports, orthopedics, pediatrics, or neurology through a nearly endless supply of opportunities in clinical practice, education, and research.

The physical therapy program at SBU has made the commitment to developing physical therapists who will become servant leaders in a global society. Through our intensive doctoral level education, our learners are nurtured in both professional and spiritual growth including a wide variety of classroom learning activities, specialized clinical affiliations across the globe, and international health care mission opportunities. Our learners have traveled to serve many people in need across the globe including residents of China, El Salvador, Peru, Zambia, and Haiti as well as people close to home in the Bolivar community. This unique element of our program grants the learner opportunities to experience first hand what it means to serve others.

It is my hope and prayer for you that you ascribe to greater understanding and wisdom pushing yourself farther and higher than you have ever traveled in your academic career. I do not simply wish for you to do your best, but rather I ask of you to exceed our expectations! I want you to be superlative and exceptional! It is now time that you go out and change the world for the better!

Together with you in His service,

Steven G. Lesh, PhD, PT, ATC
Board-Certified Clinical Specialist in Sports Physical Therapy
Chair, Physical Therapy Department
www.facebook.com/SBUPhysicalTherapy
In choosing physical therapy you have a rewarding career ahead of you. These rewards are professional, personal and financial. Your physical therapy graduate education at Southwest Baptist University is a long-term investment in your future. As with many good investments, there is an initial cost that will pay off in the long run. As you analyze the costs of various programs keep in mind that SBU offers one of the lowest total tuition rates for DPT programs for private universities in the nation.

Tuition, Fees and Costs:

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<tr>
<td>Tuition</td>
<td>$32,000/year</td>
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<tr>
<td>Curriculum fee</td>
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<td>Course fees</td>
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<td>Health fee</td>
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<td>Technology fee</td>
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Special or One Time Fees and/or Costs:

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<tr>
<td>Deposit (goes toward tuition)</td>
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<td>APTA membership (optional)</td>
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<td>Liability Insurance</td>
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<td>Wellness Center (per semester - optional)</td>
<td>$162</td>
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<tr>
<td>Intramural Fees (per season - optional)</td>
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1The University reserves the right to modify tuition and fees during your academic career
2Paid in two equal installments prior to enrollment, non-refundable
3Paid annually in two equal installments for fall and spring semesters
4Paid per course enrollment: Year 1: PTH 5047 ($700), PTH 5631 ($500), PTH 5641 ($500), Year 2: PTH 6651 ($500), PTH 6671 ($500)
5Other Clinical Education related costs (e.g. travel, housing) may be involved depending on specific site assignments is the responsibility of the student

Office of Financial Aid

Southwest Baptist University Office of Financial Aid will provide guidance to students in meeting their financial obligations. Most assistance is awarded on the basis of financial need and the total amount of assistance cannot exceed the cost of attendance. Application for assistance is made by completing and filing a Free Application for Federal Student Aid (FAFSA) [http://www.fafsa.ed.gov/](http://www.fafsa.ed.gov/). All assistance application forms must be completed before aid can be awarded by the University. Questions concerning the application process, application deadlines or the following available assistance programs should be directed to the office of financial aid (417) 328-1822. [http://www sbuniv edu Financial Aid/](http://www sbuniv edu Financial Aid/) and [https://www.facebook.com/groups/144639735728942/](https://www.facebook.com/groups/144639735728942/)

For Financial Aid purposes, SBU is designated as a “trailer” institution in such that we file for financial aid at two points during the academic cycle (fall and spring). The student should take out enough financial aid to cover all anticipated expenses that “trail” or follow the award leading up to the next award cycle. For example, when applying for financial aid during the spring semester, the student should also request enough monies to cover them for the summer months leading up to the fall.

Payment of Accounts

Students must pay two non-refundable $500 acceptance deposits upon acceptance into the program which will be applied to tuition. All charges for tuition, fees, campus room and board are due twice a year (spring and fall). Students waiting on loans to pay their account will be allowed to defer the amount due from the various loan programs until they are received by SBU. However, loan applications must be completed and in the possession of the Office of Financial Aid before consideration will be made for deferring the amount. If other payment arrangements are necessary, please contact the Office of Credit and Collections at (417) 328-1570.
Federal Direct Stafford Loan Program

Most SBU DPT students utilize loans as a primary source of funding for their graduate education. This can be a combination of private or public loan programs. Recent changes to the Federal loan programs have made some private loans more appealing to some students than the traditional government sponsored loan programs. Carefully investigate all of your options before making a final funding choice. Federal Direct Stafford Loans, historically, have been the primary means by which SBU DPT students finance their graduate school. The most accurate information regarding this program may be found online at:

http://studentaid.ed.gov/types/loans/subsidized-unsubsidized

Direct PLUS Loans

Many SBU graduate students are now utilizing this newer program in addition to the Direct Stafford Loan program. For the most current information regarding this program, please review this website:

http://studentaid.ed.gov/types/loans/plus

Scholarships

Students are encouraged to find private sources of scholarships to fund their education. Some hospitals and physical therapy clinics, especially in rural areas, provide tuition assistance for students who agree to work for them later. You should evaluate these offers carefully but many graduates of the SBU physical therapy program have been successful in making these arrangements.

There are a variety of sources of scholarships and grants from private organizations that you may be eligible for but which requires some research on your part. Some of our students have been successful in acquiring a number of small scholarships that added up to larger amounts. The American Physical Therapy Association (APTA) keeps a regular webpage dedicated to scholarship hunting and financial aid information. Other sources of information about funding your graduate education include various Internet sites. Be cautious in using the Internet searches. We do not recommend using any site that charges a fee or ask for a credit card number. The SBU PT program does not endorse any specific search product but lists the following for your convenience:

http://www.apta.org/ProspectiveStudents/
http://www.apta.org/CurrentStudents/
http://msfdn.org/harveyfellows/overview/
http://www.ihs.gov/scholarship/index.cfm?
https://www.discover.com/student-loans/
http://www2.ed.gov/finaid/landing.jhtml?src=Ln
http://www.collegiatefunding.com/stafford-loans.html
http://www.fastaid.com/
https://studentaid.ed.gov/

Bill Karl Physical Therapy Student Emergency Fund

SBU physical therapy students with unforeseen special needs/circumstances are eligible to apply for a loan of up to $500 from the Bill Karl Physical Therapy Student Emergency Fund. This fund was founded by family and friends of Bill Karl, a graduate of the class of 1998 who died in an automobile accident. Bill was class president and recipient of the first Outstanding Physical Therapy Student Service Award.

Sports Physical Therapy Scholarship

This private scholarship shall be awarded to one or more worthy students preparing to be Christian Doctors of Physical Therapy at Southwest Baptist University with a specialization or demonstrated interest in sports physical therapy. Applications are taken in the spring of each year for this award. Currently, this scholarship is not available for consideration during the 2018-19 cycle.
TO: All SBU DPT Students
DATE: August 9, 2018
RE: DPT Required Book Lists

For all your textbook requirements and lists, the SBU Bookstore provides instant electronic access to textbook information. The bookstore has taken the “paper” out of the process for both the faculty and students.

Students can go to the SBU Bookstore Website http://www.sbubookstore.com/ and look for the “Buy Textbooks” section. Through a series of pull down menus you will have the required textbook ordering information for a particular class revealed.

You also must purchase a DPT Kit that includes some of the needed equipment and tools for your time in the program, a stethoscope, a blood pressure cuff, and an iClicker. We will be using the iClicker for orientation so it is extremely important that you order and pick up that component in a timely manner. As well, do not wait until right before orientation to pick this up.

You must order the DPT Kit through the SBU Bookstore. The iClicker, stethoscope, and blood pressure cuff will also be available there. The stethoscope must be a 3M Littman Cardiology IV or of equal or greater quality. The blood pressure cuff must be an Aneroid Sphygmomanometer with nylon cuff for adults or of equal or greater quality. You must order these items beforehand. They all can be found online under Bolivar – Bolivar Fall > PTH – Physical Therapy > 5066 > 01. You will only need to bring your iClicker to orientation.

As always, please remember, the bookstore will not keep a large surplus of PT books on their shelves. Their ordering of books will be related to the number of inquiries received. If you expect to walk over to the bookstore on the first day of class and have your books available without prior ordering, you may be disappointed. As always it is the student’s responsibility to acquire the correct textbook in a timely manner.

If you have any questions or concerns, please do not hesitate to contact me.

Together with you in His service,

Steven G. Lesh, PhD, PT, ATC
Board Certified Specialist in Sports Physical Therapy
Chair, Physical Therapy Department
http://www.facebook.com/SBUPhysicalTherapy
Southwest Baptist University, Department of Physical Therapy  
(3 Year Curriculum Plan, est. January 2011, updated October 2016)

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<td>PTH 7316 Neuro 2 2</td>
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<td></td>
<td>PTH 6472 Pathology I 2</td>
<td>PTH 6603 Pathology II 3</td>
<td>PTH 7343 Pediatric PT 3</td>
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<td></td>
<td>PTH 6501 Christian App II 1</td>
<td>PTH 6621 Pro Dev Sem 2 1</td>
<td>PTH 7362 Capstone 2</td>
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<td></td>
<td>PTH 6326 Neuro I 6</td>
<td>PTH 6583 Health Promotion 3</td>
<td></td>
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<td></td>
<td>PTH 5382 Pharmacology 2</td>
<td>PTH 5151 Clinical Inv I 1</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>PTH 6651 ICE III 1</td>
<td>PTH 6671 ICE IV 1</td>
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<tr>
<td>Totals</td>
<td>20 4 20 11</td>
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<table>
<thead>
<tr>
<th>Year 3</th>
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<tbody>
<tr>
<td></td>
<td>PTH 7158 CE I (8 weeks) 8</td>
<td>PTH 7459 CE III (9 weeks) 9</td>
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<tr>
<td></td>
<td>PTH 7458 CE II (8 weeks) 8</td>
<td>PTH 7469 CE IV (9 weeks) 9</td>
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<tr>
<td></td>
<td>Elective* 0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>16 18</td>
<td></td>
<td>Total Credit Hours (w/o elect)</td>
<td>143</td>
</tr>
</tbody>
</table>
# Southwestern Baptist University

**Doctor of Physical Therapy 2018-19 Calendar (Current as of 08.08.18 subject to change)**

## Fall Semester 2018

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>3</td>
<td>Summer “B” Ends for DPT 2 (Class of 2020)</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Summer “B” Ends for DPT 3 (Class of 2019)</td>
</tr>
<tr>
<td></td>
<td>16-17</td>
<td>SBU DPT Orientation (Class of 2021)</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Fall Classes Start for DPT 1, 2 (Classes of 2020, 2021)</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Clinical Education I Starts (Class of 2019)</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>Formal Convocation - 10:00 a.m.</td>
</tr>
<tr>
<td>September</td>
<td>3</td>
<td>Labor Day - No Classes</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>Midwest Student Conclave, KU Medical Center, KC, KS</td>
</tr>
<tr>
<td></td>
<td>TBA</td>
<td>Scoliosis Screenings @ BMS TBA (DPT 2)</td>
</tr>
<tr>
<td></td>
<td>TBA</td>
<td>Scoliosis Screenings @ BIS 8:00 TBA (DPT 2)</td>
</tr>
<tr>
<td></td>
<td>TBA</td>
<td>Scoliosis Screenings, Springfield Homes School Network</td>
</tr>
<tr>
<td>October</td>
<td>12</td>
<td>Clinical Education I Ends (Class of 2019)</td>
</tr>
<tr>
<td></td>
<td>11-13</td>
<td>APTA National Student Conclave – Providence, RI</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>Clinical Education II Starts (Class of 2019)</td>
</tr>
<tr>
<td></td>
<td>TBA</td>
<td>Scoliosis Screenings @ Morrisville, TBA</td>
</tr>
<tr>
<td>November</td>
<td>13</td>
<td>MPTA Fall Conference – Columbia, MO</td>
</tr>
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</table>

## WinterFest Semester 2019

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>3</td>
<td>Winterfest Classes Start for DPT 1, 2 (Classes of 2020, 2021)</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Clinical Education III &amp; IV Starts (Class of 2019)</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>MLK Day of Service</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>Winterfest Classes End for DPT 1, 2 (Classes of 2020, 2021)</td>
</tr>
</tbody>
</table>

## Spring Semester 2019

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>1</td>
<td>Deadline for 'Pre-Completion' Verifications to Dr. Lesh (DPT 3, Class of 2019)</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Graduate Student deadline for May Intent to Graduate Cards (DPT 3)</td>
</tr>
<tr>
<td>March</td>
<td>1</td>
<td>DPT 1, 2 &amp; 3 Portfolios Due (as directed by Advisors)</td>
</tr>
<tr>
<td></td>
<td>16-24</td>
<td>Spring Vacation for DPT 1, 2 (Classes of 2020, 2021)</td>
</tr>
<tr>
<td>April</td>
<td>19</td>
<td>Good Friday, No Classes for DPT 1, 2 (Classes of 2020, 2021)</td>
</tr>
<tr>
<td></td>
<td>TBA</td>
<td>MPTA Spring Conference TBA</td>
</tr>
<tr>
<td>May</td>
<td>10</td>
<td>Clinical Education III &amp; IV Ends (Class of 2019)</td>
</tr>
<tr>
<td></td>
<td>13-14</td>
<td>(tentative) TherapyEd Board Review Prep Course, Bolivar, MO (for DPT 3)</td>
</tr>
<tr>
<td></td>
<td>13-17</td>
<td>DPT 1 &amp; 2 Final Examinations / DPT 3 Clin Ed &amp; Program Debriefing</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>Finals Week Job Fair – Warren B. Davis Family Physical Therapy Center</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>DPT 3 Graduate Reception: Intramural Gym 12:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>Commencement: Davidson Fieldhouse 3:00 p.m.</td>
</tr>
</tbody>
</table>

## Summer Semester 2019

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>28</td>
<td>(tentative) Summer “A” Starts for DPT 2, 3 (Class of 2020, 2021)</td>
</tr>
<tr>
<td>June</td>
<td>12-15</td>
<td>APTA National Meeting – Chicago, IL</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>(tentative) Summer “A” Ends for DPT 2, 3 (Class of 2020, 2021)</td>
</tr>
<tr>
<td>July</td>
<td>1-5</td>
<td>4th of July, No Classes</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>(tentative) Summer “B” Starts for DPT 2, 3 (Class of 2020, 2021)</td>
</tr>
<tr>
<td></td>
<td>TBA</td>
<td>DPT 3 (class of 2018) meet with Bookstore for Commencement Orders</td>
</tr>
<tr>
<td>August</td>
<td>2</td>
<td>(tentative) Summer “B” Ends for DPT 2 (Class of 2021)</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>(tentative) Summer “B” Ends for DPT 3 (Class of 2020)</td>
</tr>
<tr>
<td></td>
<td>15-16</td>
<td>(tentative) DPT 1 Orientation (Class of 2022)</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>(tentative) DPT 1, 2 Fall Classes Start (Class of 2021, 2022)</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Clinical Education I Starts DPT 3 (Class of 2020)</td>
</tr>
</tbody>
</table>
General Program Information (Not specifically covered in policy):

Copy and Fax Services

Copy and fax services are available to students at the following locations:

University Library – pay per use machines
Davis Physical Therapy Center – account based drop off service*

*Students may “drop off” materials needing copied in the PT office, complete a work order, and have the materials copied or faxed and delivered to their individual mailbox. This is not an instant or immediate service, so students must plan ahead.

In $10 increments, a student may deposit money into an individual PT department copy account. When copies ($0.05 per page) or faxes ($0.50 per page) are generated, money will be deducted from their account until the deposit amount expires. Account funds will roll over from month to month, and semester to semester, but will not be refunded at the end of the student’s tenure at SBU.

Students may send and receive faxes through the Department of Physical Therapy. The fax number is 417.326.1989. There will be a charge as described above applied by the department for all personal use. Any faxes sent or requested for clinical education that could otherwise be mailed or digitally transmitted will be charged to the student account.

Computer Services

University-wide computer labs are available in the University Library, Taylor Hall and Davis 165 during posted hours. Use of computers in any University computer lab for non-academic purposes such as chat rooms, games, and other forms of entertainment is inappropriate and may result in loss of computer privileges. All files should be saved to a portal thumb drive or a student’s “cloud” account and not to the respective server drives. The computers are cleaned of temporary and other files so you will lose files if you do not save them to your personal cloud account. Please keep the computer lab clean and presentable. Food and beverages are strictly prohibited in the computer lab. The Davis Center has a wireless network available for student usage. All user issues related to SBU computers should be directed to the helpdesk at (417) 328-1702 or helpdesk@sbuniv.edu.

Printing

The technology fee creates a starting balance in your printing fund enabling you to print from networked university computers. No printing is available from wireless connections. If more printing is necessary, you must add funds to your account; however be aware that funds do not carry over from semester to semester

Phone

No pay phone for student personal use is located in the Davis Center. Phone calls related to clinical education may be made from the clinical education office with permission of Academic Coordinator of Clinical Education (ACCE) or secretary. Long distance clinical education calls must be made using your own calling card or cell phone. Emergency messages only may be left with the administrative assistant at 417.328.1672. The staff is not responsible for your personal messages. The phones in the computer lab, classrooms, and labs are available for emergency calls to security or to computer services as needed. Please dial “9” to secure and outside line.
the skills throughout their matriculation in the program, with or without reasonable accommodation, for successful completion of degree requirements.

A. Observation
Observation involves the functional use of vision, hearing, smell and somatic sensations.

**Standard:** A student must be able to observe lectures, laboratory dissection of cadavers, lecture and laboratory demonstrations, and observe microscopic studies of tissues.

**Essential Functions:** The student must be able to observe a patient accurately, observe digital and waveform readings and other graphic images to determine a patient’s condition. Examples in which these observational skills are required include, but are not limited to: palpation of peripheral pulses, bony prominences and ligamentous structures; visual and tactile evaluation for areas of inflammation, gait analysis, ECG readings, radiographic images; visual and tactile assessment of the presence and degree of edema; visual and olfactory assessment of wounds; auscultation of heart/breath sounds.

B. Communication
Demonstration of competent communication is fundamental to the career of the student.

**Standard:** This area includes speech, language, reading, writing and computer literacy.

**Essential Functions:** Students must be able to communicate effectively and sensitively with faculty, staff, clients, and patients to elicit information regarding expectations, behavior, mood and activities, as well as perceive non-verbal communications. Students must also be able to communicate effectively and efficiently with other members of the health care community to convey information essential for safe and effective care. Students need to communicate with individuals in a culturally sensitive way, while accepting individual differences. Students must be able to read, write, speak, and understand English at a level consistent with successful course completion.

C. Motor
Motor skills require coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch, vision and smell.

**Standard:** Students must possess sufficient motor function to elicit information from the patient examination and provide therapeutic interventions, by palpation, auscultation, tapping and other physical maneuvers.

**Essential Functions:** Students must be able to execute movements required to provide general and therapeutic interventions, including, but are not limited to: positioning large or immobile patients, provide balance and safety support during movement tasks, gait training using therapeutic aids and orthotics/prosthetics, positioning, performing manual mobilization techniques, performing non-surgical wound debridement, and placing electrodes.

D. Intellectual-Conceptual Integrative and Quantitative Abilities
These abilities include measurement, calculation, reasoning, analysis, judgment, numerical recognition and synthesis.

**Standard:** Problem solving and critical thinking, key skills demanded of a physical therapist, requires all of these intellectual abilities. These abilities must be performed quickly, especially in emergency situations.

**Essential Functions:** Students must be able to identify significant findings from history, physical examination, and laboratory data, provide a reasoned explanation for likely therapy, recalling and retaining information in an efficient and timely manner. The ability to incorporate new information from peers, teachers, and the professional literature in formulating treatment and plans is essential. Sound judgment in patient assessment, diagnostic and therapeutic planning is essential; students must be able to identify and communicate the limits of their knowledge to others when appropriate. Students must be able to interpret graphs describing biologic relationships and manage other similar modes of data.
E. Behavioral and Social Attributes
As a component of their education, students must demonstrate ethical behavior, and recognize the psychosocial impact of body function and structure impairments, activity limitations and participation restrictions; and integrate the needs of the patient and family into the plan of care, including education.

Standard: A student must possess the psychological stability required for the full utilization of their intellectual abilities, for the exercise of sound judgment, for the prompt completions of all responsibilities inherent to diagnosis and care of patients/clients, and for the development of mature, sensitive, and effective professional behaviors (as defined in DPT student handbook) and relationships with patients, clients, educators, colleagues, and other health care providers.

Essential Functions: Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing healthcare environment, and display flexibility as they learn to function in the face of uncertainties inherent in the clinical environment.

III. Reasonable Accommodation
It is the policy of the Southwest Baptist University Physical Therapy Program to provide reasonable accommodation to qualified students with a disability so long as it does not fundamentally alter the nature of the program offered and does not impose an undue hardship.

If a student cannot meet or demonstrate the above listed essential functions and technical standards, it is the responsibility of the student to request appropriate accommodation(s). Whether or not any requested accommodation is reasonable will be determined on an individual basis. Determining what is reasonable accommodation is an interactive process which the candidate should initiate with the DPT Program Director, in advance. The disability services of the university will provide critical support in the determination process based off of documented needs of the student.

Prospective students, who can complete these tasks and activities with or without reasonable accommodation, are not required to disclose the specifics of their disability prior to an admission decision. Upon admission, a student who discloses a disability must complete the Disclosure of Disability Form and may receive reasonable accommodation(s) as determined above, but must be able to perform the essential functions of the curriculum and meet the standards described herein by the SBU PT program. It is also recognized that the status of students may change over time in which accommodations may need to be made, removed, or altered based on the changing status of the student. The student retains the right to update their disability of disclosure status and seek accommodations at any point during their tenure in the program.
Southwest Baptist University  
Department of Physical Therapy  

**Professional Behavior Definitions**

<table>
<thead>
<tr>
<th>Professional Behavior</th>
<th>Definition/Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding; formulates appropriate questions; demonstrates positive attitude toward learning; sets personal and professional goals; seeks out professional literature.</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues; maintains professional demeanor; demonstrates empathy and interest in people as individuals; listens actively; cooperates; communicates with others in a respectful, confident manner.</td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes; demonstrates understanding of basic English; uses correct grammar, accurate spelling, and expression; writes legibly; recognizes impact of non-verbal communication; maintains eye contact; listens actively.</td>
</tr>
<tr>
<td>4. Effective Use of Time &amp; Resources</td>
<td>The ability to obtain the maximum benefit from a minimum investment of time and resources; meets external deadlines; demonstrates flexibility/adaptability; recognizes own resource limitations; uses existing resources effectively.</td>
</tr>
<tr>
<td>5. Use of Constructive Feedback</td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction; receptive without becoming defensive; actively seeks feedback and help; demonstrates a positive attitude toward feedback while respecting own limits.</td>
</tr>
<tr>
<td>6. Problem-Solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes; states problems clearly; reports or describes known solutions to problem.</td>
</tr>
<tr>
<td>7. Responsibility</td>
<td>The ability to fulfill commitments and to be accountable for actions and outcomes; demonstrates dependability; demonstrates punctuality; budgets time wisely.</td>
</tr>
<tr>
<td>8. Critical Thinking</td>
<td>The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; to distinguish the relevant from the irrelevant; raises relevant questions; uses information effectively; thinks analytically: systematically, slow but thorough.</td>
</tr>
<tr>
<td>9. Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors; recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance when appropriate; maintains professional behavior regardless of problem situation.</td>
</tr>
<tr>
<td>10. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively; abides by facility policies and procedures; projects professional image; continuous regard for all; describes personal value system.</td>
</tr>
</tbody>
</table>

*Adapted from the Physical Therapy Program, University of Wisconsin-Madison  
May et al. Journal of Physical Therapy Education. 9:1, Spring 1995
Preamble
The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments.
(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient’s/client’s best interest in all practice settings.
3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.
Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.
(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.
(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.
(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.
PURPOSE: Each student will have an academic advisor who will act as a mentor to assist the student's progression through the Physical Therapy Program.

POLICY: The Department Chair will assign an appropriate number of advisees to each faculty member as part of the teaching load.

PROCEDURE:
Responsibility       Action

Department Chair     1.1 Assign students to a faculty advisor just prior to their initial registration.
                      1.2 Notify faculty and students of their advisee/advisor.

Faculty              2.1 Schedule an initial meeting with each advisee and meet periodically thereafter.
                      2.2 Communicate availability of office hours to students
                      2.3 Review grade reports of advisees and discuss with advisee as needed.
                      2.4 Meet with students having difficulty or on probation and assist in finding tutors or other campus resources.
                      2.5 Advise students regarding curriculum and graduation requirements.
                      2.6 Act as a role model for professional and Christian behavior.
                      2.7 Write letters of reference as may be needed.
                      2.8 Encourage participation in APTA or other professional functions.

Student              3.1 Meet with advisor/mentor at scheduled times.
                      3.2 Notify advisor ahead of time if unable to meet scheduled time.
                      3.3 Actively participate in identification of needs and concerns.
                      3.4 Implement remediation or other plans as discussed with advisor.
PURPOSE: Clearly define the job expectations and guidelines for the Physical Therapy Department Lab Assistant Position.

POLICY: The individual identified to serve the University as a Physical Therapy Department Lab Assistant / Faculty Associate will meet or exceed the established minimal job qualifications.

DEFINITION: According to the SBU Faculty Handbook, a faculty associate is an unranked, non tenure track faculty member who is appointed to teach part-time.

PROCEDURE:

1.0 Education: 1.1 Hold an earned academic bachelor’s degree or higher in a related discipline or field from a regionally accredited university or college. 
1.2 Current unconditional enrollment as a second or third year entry level Doctor of Physical Therapy student at SBU.
1.3 Be a committed evangelical Christian and an active church member.
1.4 Demonstrated evidence of mastery of the subject(s) to be taught including an earned letter grade of “A” in the course when a student.
1.5 Have a desire and commitment to instill Christian values both through teaching and personal example.

2.0 Work Experience: 2.1 Superlative communication skills are desired.
2.2 It is desired that the student have no academic or professional integrity infraction history at the university.
2.3 Professional Behavior Recommendation is required from Faculty member.

3.0 Duties: 3.1 Teach courses or perform laboratory / classroom duties as assigned.
3.2 Comply with university guidelines regarding faculty associate duties and requirements.
3.3 Ensure that the mission of the University is incorporated into courses and activities under the faculty associate member’s direction.
3.4 Comply with confidentiality expectations regarding sensitive university data and materials.
3.5 Willingness to work weekends and evenings.
**PURPOSE:** To establish a Physical Therapy Review committee for determining disciplinary or remedial action for students not meeting requirements or standards.

**POLICY:** The Physical Therapy Review Committee shall be composed of an Academic Coordinator of Clinical Education appointed by the Director and two additional faculty members elected by the Physical Therapy Program faculty for two year terms. The exiting chair of this committee shall become an ex officio member of the committee.

The Physical Therapy Review Committee is responsible for recommending student remediation plans and disciplinary actions including dismissal when necessary. The student is expected to participate in the remediation planning process. The Dean of Students will be notified and involved as needed for any disciplinary action for misconduct as defined in SBU catalog and/or SBU student handbook.

**PROCEDURE:**

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| Director       | 1.1 Schedule and oversee annual election of faculty members with a staggered term of service.  
1.2 Appoint a temporary member to committee if any established member of committee is unavailable due to travel, sickness, or short term leave of absence. If the vacant member is the chair, the second faculty member will serve as temporary chair until assigned chair has returned. |
| Committee Chair| 2.1 Schedule Review Committee meetings when needed for individual student action (usually prior to each clinical experience and/or at the end of first year).  
2.2 Give student and his/her advisor a written decision following Review Committee meeting. Certified letter or other form of signature is required to document student receiving the decision.  
2.3 Consult with Director as needed on procedural issues.  
2.4 The committee chair will be on an annual rotating basis among the two at large (i.e. non ACCE) faculty members. |
| Faculty        | 3.1 Participate on the Review Committee as elected.  
3.2 Notify Review Committee Chair of students having problems needing action by review committee. |
### Policy 03-01, Page 2 of 2

| **Review Committee** | 4.1 Deliberate disciplinary concerns and other student problems.  
|                      | 4.2 Recommend student remediation plans and disciplinary actions including dismissal when necessary.  
|                      | 4.3 Include student in planning for remediation.  
|                      | 4.4 Notify, and involve as needed, the Dean of Students when disciplinary concern relates to misconduct as identified in the SBU catalog and/or handbook. |
| **Student**          | 5.1 Participate in resolution of concerns identified by faculty.  
|                      | 5.2 Sign the remediation plan.  
|                      | 5.3 Carry out the actions identified in the plan. |
| **Advisor/Mentor**   | 6.1 Monitor and report to the Review Committee the student’s progress in the remediation plan. |
PURPOSE: To protect the confidentiality of student records and names and yet provide information regarding employment opportunities.

POLICY: Names of students will not be released to any recruiters or potential employers. Employers may send information to be posted and circulated. It is the student’s responsibility to contact them if they so desire. Employers may also participate in career fairs on campus.

PROCEDURE:

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| Administrative Assistant | 1.1 Collect and post recruitment materials so students and alumni may review at their will.  
                           | 1.2 Give information regarding our policy to recruiters and employers when they call. |
| Director             | 2.1 Collect and post recruitment materials so students and alumni may review at their will.  
                           | 2.2 Give information regarding our policy to recruiters and employers when they call. |
PURPOSE:

To ensure the safety, confidentiality and rights of patients and clients used for demonstration in the classroom at SBU or off-site facilities.

POLICY:

All patients/clients or the responsible party if patient is unable to comprehend or sign will participate on a voluntary basis. The faculty member will explain the purpose and procedure and have the patient/client sign an informed consent. If the session is videotaped or photographed, the informed consent will include that authorization. Students are to be oriented to the procedures and may under the direction of the faculty, explain the process and obtain the consent. The Department Informed Consent Form must be used with additional information as appropriate. When clinical facilities are involved, the clinical site informed consent should be used in addition or as a substitute for the SBU PT Department form.

Universal precautions will be used in all patient/client interactions and equipment or supplies will be cleaned or disposed of appropriately.

Faculty and students will:
1. Respect the dignity and confidentiality of the patient/client in all actions.
2. Demonstrate professional behaviors in all interactions.
4. Perform consistent with the APTA physical therapy code of ethics.

PROCEDURE:

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<tr>
<td>Faculty</td>
<td>1.1 Prepare additional comments on the Department Informed Consent Form or use appropriate clinical facility form as a substitute to meet the needs of the specific educational experience and clinical site.</td>
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<td></td>
<td>1.2 Explain the purpose and process to the patient/client and other appropriate family member or caregiver.</td>
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<td></td>
<td>1.3 Obtain signature from patient/client or responsible person.</td>
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<td>1.4 Supervise students when delegating 1.2 and 1.3.</td>
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<td></td>
<td>1.5 Review and oversee safety, confidentiality, and respect issues with students prior to session.</td>
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<td>1.6 File consent forms in faculty office with original to clinical facility when appropriate.</td>
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</table>
Students

2.1 Keep strictly confidential all information learned about the participant patient/client sharing only in legitimate class discussions and written reports.

2.2 Use only initials or fictitious name when discussing the patient/client in class activities or written assignments.

2.3 Explain purpose and procedures in a respectful and appropriate manner to patient/client.

2.4 Use universal precautions at all times in interactions with patient/client.

2.5 Clean and handle the disposal of any equipment or supplies used with patient/client in the classroom according to recommended procedures.
POLICY: Policies will be reviewed at least every two years to ensure that they are current and appropriate to all persons concerned.

PROCEDURE:

- Any existing policy may be updated or amended at any time as deemed necessary. New policies may also be created as needs present.

- The Chair of the Department will oversee the writing and memorializing of department policies with pertinent feedback from appropriate stakeholders including Dean, core faculty, ACCE, adjunct faculty, staff, clinical faculty, community members, and students. The manual should be reviewed at least every two years, if not more frequently as situations dictate. In general terms, policies are reviewed and/or updated annually with the publication cycles of appropriate handbooks and catalogs (e.g. SBU Course Catalog, DPT Student Handbook).

- The Chair of the Department may appoint ad hoc committees to review individual or collective policies with a membership to possibly include, but not limited to, core faculty members, community members, adjunct or clinical faculty, students, and staff. An ad hoc committee should consist of at least three people with at least two core faculty representatives.

- The Dean of the College is expected to forward administrative concerns or changes requiring Policy review to the Chair of the Department for appropriate action. It is expected that the Dean will be notified of policy changes within the department.

- Substantive changes impacting the curriculum and/or admissions standards will be brought to the core faculty for discussion, revision, and approval.

- Editorial changes and corrections that do not alter the intent of the policy may be performed by the Chair of the Department without direct core faculty input.
PURPOSE:

To ensure the safety and health of students, faculty, staff and patient/clients involved in the Physical Therapy Program.

POLICY: The University emergency procedures will be followed and posted in the student handbook and online (please see [http://www.sbuniv.edu/safety/](http://www.sbuniv.edu/safety/)). Faculty, staff and students will be oriented to building and campus related safety procedures during respective orientations. Students will be trained in contemporary clinical safety standards during the first year of the curriculum (e.g. OSHA). A copy of all student certificates of completion will be kept in the secured clinical education file for later use on affiliations.

A biomedical equipment company and/or an SBU physical plant employee will check all electrical and mechanical machines on an annual basis. These include therapeutic treatment devices and exercise equipment. The representative will repair, suggest replacement, and certify all applicable equipment as safe and reliable. He or she will calibrate equipment to manufacturer’s specs, as applicable. Specialized equipment will be sent directly to the manufacturer in the case of any malfunction, as discovered by faculty or students. Supporting documentation will be kept on file.

During sessions in facilities at remote locations or clinical sites, students and faculty will follow established safety procedures for that specific location.

Off Hour Access: The student ID card can be used to access the Davis Center during off business hours. Do not unlock any of the security doors, prop doors open, or let unauthorized persons into the building. Loss of the ID should be reported immediately so the card can be de-activated. A replacement fee will be charged for a new student ID. For safety reasons, students may not work in labs alone in evenings or on weekends. Should a student wish to have a security escort to their car (e.g. you are studying in building at 2:00 a.m.) all you have to do is phone security from the phone in the student common area and they will come to the front parking lot to ensure that you safely get to your vehicle (Office Phone: 417-328-1556, Cell Phone: 417-328-8733).

SBU Alert System: SBU subscribes to an electronic alert system. All DPT students are encourage to enroll in this service and select at least the DPT option so you can receive urgent updates related to the program and the Davis Center. For more information, please see [http://www.sbuniv.edu/safety/SBUAlert/](http://www.sbuniv.edu/safety/SBUAlert/)
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The current SBU Emergency Procedures Guide (http://www.sbuniv.edu/safety/) contains procedures related to:

- a) Important Contact Numbers
- b) Media Communication
- c) University Closing
- d) Medical Emergencies
- e) Evacuation
- f) Shelter
- g) Lockdown
- h) Fire Emergencies
- i) Weather Emergencies (Flooding, Lightning, Thunderstorms, Tornado, Earthquake)
- j) Violence (Assault, Active Shooter, Civil Disturbance, Harassment)
- k) Bomb Threat
- l) Vehicle Accident
- m) Building or System Failure
- n) Hazardous Materials

**Infection Control:** To prevent the transmission of blood and body fluid diseases, contemporary universal precautions will be used at all times when contact with potential body fluids is anticipated. All blood and body fluids and tissue will be treated as potentially infective. Faculty will make available gloves, gowns, masks and goggles, as appropriate for potential contact for laboratory classes.

**Infection Control Procedure:**

| Gloves | 1. Gloves shall be worn when any contact with moist body substances (blood, saliva, pus, wounds, urine, feces, etc.) from any person is anticipated.  
|        | 2. Gloves, lab coats or gowns shall be worn if soiling of clothing may occur. |
| Gowns  | 1. Gowns shall be worn when potential soiling of clothing is apparent. |
| Masks  | 1. Masks shall be worn if aerolization or spattering of blood or body fluid might occur.  
|        | 2. If a patient or client is known or suspected to have a disease that is transmitted by airborne route, masks shall be worn when entering the room. |
| Goggles | 1. Goggles shall be worn if spattering of blood/body fluids might occur. |
| Waste Isolation | 1. Soiled material shall be placed in a plastic bag, tied securely and disposed of in an appropriate receptacle.  
|        | 2. Needles and other sharp objects will be placed in the puncture proof containers for disposal.  
|        | 3. Hands must be washed before and after all procedures with contact with patient/clients or potentially infected material. |
| Equipment | 1. If contamination by body substances appears likely, the equipment will be cleaned with soap/water and/or disinfectant solution according to specific procedures for that equipment. Gloves should be worn. |

**Hazardous substances:** To meet the safety standards for safe handling of hazardous substances in the Physical Therapy Department, all faculty will orient students to any hazardous substances used in the laboratory classes. Hazardous substances utilized by the housekeeping will be maintained and documented by the Physical Plant.
Policy 03-05, Page 3 of 4

General Information
1. Material Safety Data Sheets (MSDS) will be placed in the department safety binder at the time of purchase. The MSDS will be updated as products are added or deleted.
2. Material Safety Data Sheets (MSDS) will be kept in the department safety binder at the front desk and in the anatomy lab.
3. All containers must be clearly labeled.
4. Substances poured into smaller containers for use must be clearly labeled.
5. Chemicals requiring special handling will be stored appropriately in a locked chemical cabinet.
6. Anatomy lab wetting solutions will be disposed of after use following contemporary disposal guidelines.

Communication Plan
1. Faculty are responsible to orient students to any substance used in lab.
2. Students will be instructed to read the written information given in class and/or handbooks regarding hazardous substances.
3. Students will sign to acknowledge that they have read information in PT Student Handbook and the signed form will be kept in the student's file.

Equipment: Equipment will be checked for safety at the beginning and end of each course in which it is used.

Equipment Safety Procedure:
Faculty
1. Checks equipment for safety prior to use in a course and at the end of each course in which it is used. Performs routine maintenance of equipment utilized in the curriculum (e.g. replacement of crutch tips, small wheelchair repairs).
2. Flags (i.e. clearly marks) and takes defective equipment out of use if discovered during the course.
3. Notifies the administrative assistant.

Adm. Assist.
1. Contacts appropriate repair source (i.e. biomedical company, physical plant and/or manufacturer) for repairs or replacements as needed.
2. Orders repairs and/or parts following normal purchase request procedures.
3. Notifies faculty when equipment has been repaired.

First Aid and AED: Two first aid kits for minor injury are available in marked cabinets (anatomy lab, faculty offices). AED is stored and maintained in central common area of Davis building. More severe injuries will be referred for EMS response and/or physician care.
Gross Anatomy Lab Specific Safety Procedures:
1. MSDS are located in the labeled cabinet by the sink. Students are responsible for reading these sheets.
2. No food or drink in the lab at any time. No gum allowed in the lab.
3. No shorts or open toe shoes.
4. Protective eye wear will be provided and must be worn at all times during cadaver dissection.
5. In the event of injury (i.e. cut, splash to eyes) contact the instructor immediately for management.
6. Students should always wear a lab coat and gloves when working with the cadavers. Lab coats should not be worn in the hall.
7. Uncover only the body part that is being worked on.
8. Tissue should be placed in the container designated for tissue. No paper should be placed in this container.
9. Gloves and paper should be placed in the designated disposal container.
10. Buckets should be checked at the end of table for excess fluid. Fluid should be poured in the buckets labeled for excess fluid. Ensure that the buckets are closed tightly.
11. No one outside of class is to be in the lab without prior approval from the instructor. The lab is not open to satisfy curiosity.
12. Do not prop open the door of the lab at any time for any reason.
13. Do not touch the door handle with dirty, gloved hands.
14. If the temperature is above 65 degrees in the lab notify the instructor.
15. If student is pregnant, please contact instructor immediately to discuss potential risks.

Lab clean-up: Daily (after each lab session)
16. Cover cadaver with sheet, plastic and blanket. Make sure all parts are covered and skin flaps are in place.
17. Moisten tissues with wetting solution (which will be provided) as necessary to prevent drying.
18. Clean all instruments in the solution provided and place on paper towel to drain, spray with alcohol, and allow to air dry. Put instruments away before leaving the lab.
19. Check the floor around your lab table. The floor should be free from paper and tissue.
20. Sinks and counter tops should be clean and free from extraneous material (gloves, paper, tissues, instruments etc.)
21. Place stool neatly around the tables before leaving.
PURPOSE:

Southwest Baptist University Department of Physical Therapy welcomes criticism motivated by a sincere desire to improve the quality of the educational program to assist the University to carry out its mission more effectively. In treating each individual in a Christ-like manner, the Program desires to handle all complaints fairly and expeditiously.

POLICY:

The Physical Therapy Program recognizes that complaints may arise and that these concerns must be resolved through appropriate channels. Complaints from anyone external to the University will be treated fairly and complainants notified of appropriate internal and external channels for follow up if they are not satisfied with the initial response. All complaints must be documented on the external complaint form. If not satisfied with the attempt at resolution, the complainant must be given the name of the person to contact. When complaints arise regarding the accreditation process the name and address of the Commission on Accreditation in Physical Therapy Education (CAPTE) must be supplied if requested. Any complaints regarding admission to the program must be submitted directly to the Program Director. A record of the complaint including the nature of the complaint, persons involved, and disposition must be kept by the Program Director.

PROCEDURE:

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<tr>
<td>Person receiving complaint</td>
<td>1. Determine who has authority to resolve complaint.</td>
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<td>a. Attempt to resolve the issue immediately and satisfactorily to both</td>
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<td>parties if the nature of the complaint is within the realm of authority</td>
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<td>of the individual.</td>
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<td>b. Refer to Program Director or to the appropriate person to handle the</td>
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<td>complaint.</td>
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<td></td>
<td>2. Notify the Program Director in writing on the external complaint form.</td>
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<tr>
<td>Faculty/Staff</td>
<td>1. Attempt to resolve complaints immediately and satisfactorily to both</td>
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<td>parties if the nature of the complaint is within the realm of authority</td>
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<td>of the individual.</td>
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<td>2. When requested, or if the concern involves accreditation, give the</td>
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<td>complainant the name and address of CAPTE.</td>
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<td>3. Notify the Program Director in writing on the external complaint form.</td>
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</table>
Program Director

1. Attempt to resolve complaints immediately and satisfactorily to both parties.
2. When requested, or if the concern involves accreditation, give the complainant the name and address of CAPTE.
3. Notify the Dean of any serious complaints as soon as possible.
4. Keep a record of all complaints and any follow up.
5. Annually report complaints and their disposition to the Dean.
PURPOSE: All student files will be kept in a uniform manner which protects the rights and confidentiality of the individual.

DEFINITION: Stored securely means behind two levels of locks (either physically such as a lock/key or digitally such as a password) when files are not in use or unattended.

POLICY: There are three types of student files: 1) the application, 2) the advisee folder (color coded by class year), and 3) the clinical education file. All files will be stored securely either in the: a) file room, b) admissions office, or the c) clinical education area.

All related paperwork must be stored in the appropriate folder.

Student files are confidential. Access to the student files is limited to core faculty, administrative assistant, admission coordinator, and clinical education staff. Files should not be accessed by student workers except under close supervision.

When students complete the program, the application, advisee folder, and clinical education file will be consolidated into one alumni file. The alumni file will be stored in the physical therapy office for 10 years and then destroyed appropriately.

Files should not leave the physical therapy department. Students may review and access their file, in accordance with FERPA and SBU regulations.

PROCEDURE:

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<td>Administrative Assistant</td>
<td>1.1 Set up application file for all applicants as received.</td>
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<td>1.2 Maintain and monitor application files and advisee files.</td>
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<td></td>
<td>1.3 Post Graduation, combine the application, advisee and clinical</td>
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<td>education files into one alumni file</td>
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<td></td>
<td>1.4 Purge old files in a safe a secure manner</td>
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<td></td>
<td>1.4.1 Alumni files after 10 years</td>
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<td>1.4.2 Non-admitted applications after 1 year</td>
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<td>1.5 Notify student and appropriate stakeholders that elements from</td>
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<td>file may be missing (e.g. final transcripts).</td>
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Clinical Education Secretary
  2.1 Maintain and monitor clinical education files.
  2.2 Post Graduation, forward clinical education files to Administrative Assistant for processing.
  2.3 Notify student and appropriate stakeholders that elements from file may be missing (e.g. immunization records).

Admission Coordinator
  3.1 Oversee the application files.

ACCE
  4.1 Oversee the clinical education files.

Faculty
  5.1 Document individual student sessions and discussions and file accordingly in the student’s advisee file.

Program Director
  5.1 Oversee the student file process.
  5.2 Respond according to established protocol to FERPA requests
PURPOSE: Clarify the establishment and supervision of donation funds dedicated to the department of physical therapy.

POLICY: Funds may be established to support the department following donation guidelines set up by the Department of University Relations. The department will not engage in or solicit funds that are donor directed as defined by the IRS.

DEFINITION:
A) Donor advised fund includes funds in which either or both of the following two attributes exist: 1) A donor or donor group has or reasonably expects to have controlling advisory privileges with respect to the investment of amounts held in such fund or account by reason of the status of being a donor. 2) A donor or donor group has or reasonably expects to have the controlling advisory privileges with respect to the selection of distribution of funds.
B) Donations accepted for global health outreach (GHO) and/or mission based service trips do not meet the standard of donor advised funds as per SBU CFO. SBU DPT will accept and keep donated funds for the purpose of GHO earmarked for specific individuals. If the monies are not used in 3 calendar years from point of donation, those monies will no longer be earmarked for a specific individual. The non-earmarked funds will remain specifically to support the general budget within the context of GHO.

PROCEDURE:
Responsibility Action
1) Department Chair 1.1 Solicit donations to existing funds
   1.2 Recommend establishment of new funds
   1.3 Appoint individual or committee to oversee fund to avoid conflict of interest or donor directed status
   1.4 Maintain up-to-date list of fund overseer and recused donors

2) Faculty & Staff Member 2.1 Oversee fund if appointed
   2.2 Recuse self from any decision making point of distribution of funds if member has made donations to fund
Southwest Baptist University
Department of Physical Therapy
Established Funds
Updated 09.26.17

1) Bill Karl Emergency Fund
Date Established: May 14, 1998
Fund Overseer: Tom Sneed
Account Number: 3-7045-3900-01
Purpose of Fund: To provide emergency financial assistance to physical therapy professional students
Fund Disbursement: Faculty Committee after application submitted by student
Recused: Many donors not directly affiliated with University including Gary Hunt. Names on file.

2) Sports Physical Therapy Scholarship
Date Established: April 21, 2005
Fund Overseer: Julie Mpofu
Account Number: 3-7646-4430-01 (endowment gifts)
Purpose of Fund: Establish a scholarship fund that shall be awarded to one or more worthy students preparing to be doctors of physical therapy at Southwest Baptist University with a specialization or demonstrated interest in sports physical therapy.
Fund Disbursement: The selection of the scholarship recipient(s) will be based upon recommendations from department of physical therapy core faculty to the University Scholarship Committee.
Recused: Steven G. Lesh, Diana B. Lesh

3) Physical Therapy Mission Support Fund
Date Established: November 3, 2009
Fund Overseer: Steven G. Lesh
Account Number: 3-3592-4430-53
Account Number: 6-3594-4430-01 (updated 02.13.17. Wording for such donations should include: “I request that my gift to the Physical Therapy Mission Support fund be used as endowment to benefit future Physical Therapy Department mission efforts” “I understand that my gift to the Physical Therapy Mission Support fund may be used as endowment to benefit future Physical Therapy Department mission efforts.”)
Purpose of Fund: the sole purpose of supporting SBU faculty, students, and alumni directly participating in official PT department mission trips. While this will be set up as a flexible spending account paying out some expenses now, it is the direct intention that most of the monies will be saved for the purpose of eventually endowing a new account at some point in time in the future for the same purpose.
Fund Disbursement: These funds are to be distributed in direct support of the mission of the department and the university in supporting evangelical and health related mission trips. The funds will not be distributed as scholarship funds but rather as direct expense related. Funds collected may be directed to a specific individual for this specific purpose, however, funds not utilized for this specific purpose by the individual or gathered in excess of actual need will be retained in the fund for either current or future said purpose. Donors who insist on non utilized funds being returned will be issued a negative donations letter as appropriate.
Recused: N/A as per Ron Maupin as this fund does not meet the definition of a donor directed fund.
The Bill Karl Physical Therapy Student Emergency Loan Fund
Southwest Baptist University Department of Physical Therapy

(updated 10.01.13)

**Purpose:** This fund was established to provide emergency financial assistance to students enrolled in the professional phase of the physical therapy program at Southwest Baptist University. The fund is named in memory of Bill Karl, MPT who was president and member of the first Master of Physical Therapy graduating class (1998).

**Procedures:**

Students may apply at any time for an emergency interest-free loan (typically not to exceed $500.00 dollars) while matriculating in the professional phase of the program at SBU. Forms can be obtained through the physical therapy office. The form must be completed in full and returned to the office manager or the chairperson of the Fund. Students are not limited to numbers of requests.

A physical therapy committee will review the request and decide on its disposition in a timely fashion. Disbursement of funds will be awarded through the physical therapy committee in cooperation with the Vice President for Administration who maintains the account.

In order not to cause any undue stress to the student, an agreement on repaying the loan will be mutually agreed upon by the student and the committee. Every effort will be made to assist the student both in awarding the loan and in arranging a reasonable and appropriate repayment schedule.
Sports Physical Therapy Scholarship Fund
Southwest Baptist University Department of Physical Therapy

(updated 04.02.12)

**Purpose:** Establish a scholarship fund that shall be awarded to one or more worthy students preparing to be doctors of physical therapy at Southwest Baptist University with a specialization or demonstrated interest in sports physical therapy.

**Procedures:**

1) Call for essays goes out by overseer of fund in spring of each year.
2) Overseer collects essays and blinds each submission.
3) Blinded submissions are distributed to core faculty members and ranked.
4) Scored essays compiled by overseer and winner is determined by highest score.
5) Overseer of fund sends recommendation to the University Scholarship Committee.
6) Funds distributed to winner accounts accordingly.
Physical Therapy Mission Support Fund
Southwest Baptist University Department of Physical Therapy

(updated 10.01.13)

**Purpose:** Supporting SBU faculty, students, and alumni directly participating in official PT department mission trips. While this will be set up as a flexible spending account paying out some expenses now, it is the direct intention that most of the monies will be saved for the purpose of eventually endowing a new account at some in time in the future for the same purpose.

**Procedures:**
- Currently accumulating funds for endowment with no specific pay out as of yet from endowment.
- These funds are to be distributed in direct support of the mission of the department and the university in supporting evangelical and health related mission trips.
- The funds will not be distributed as scholarship funds but rather as direct expense related.
- Funds collected may be directed to a specific individual for this specific purpose, however, funds not utilized for this specific purpose by the individual or gathered in excess of actual need will be retained in the fund for either current or future said purpose.
- Donors who insist on non utilized funds being returned will be issued a negative donations letter as appropriate.
PURPOSE: To establish a framework of operations for the receipt, cleaning, and proper storage of donated equipment.

POLICY: Supplies and equipment may be donated to support the PT program. The program will follow these established procedures to ensure that all items are properly received and cleaned for safe use and storage.

DEFINITION: The proper cleaning and storage of donated supplies and equipment includes items given to the department for educational purposes and/or outreach efforts. Donated supplies and equipment includes, but is not limited to items such as body braces, crutches, walkers, exercise equipment, footwear, etc. Proper storage is defined as a secure, safe, and clean environment to hold donated items for future use.

PROCEDURE:

Responsibility | Action
--- | ---
1) Physical Plant Personnel | 1.1 Verify that each of the following areas are available and have an appropriate climate for its specific purpose:
   1) A secure intake/staging area
   2) A cleaning area
   3) A storage area

2) Housekeeping Personnel | 2.1 Identify appropriate cleaning devices that will be used (i.e. hepacav-rated vacuum)
   2.2 Identify appropriate cleaning materials

3) Department Personnel/Students | 3.1 Adhere to the following protocol for receipt, cleaning, and storage of donated items:
   1) Place incoming items into intake/staging area until ready to be cleaned
   2) Move items to be cleaned into cleaning/disinfection area
   3) Properly clean all items placed in cleaning area
   4) Immediately remove cleaned items from cleaning area and place in proper storage. Smaller donated items will be placed in plastic containers or other non-porous materials (not cardboard or other porous materials).
PURPOSE: To clarify the general roles and responsibilities of physical therapy students.

POLICY: A) Students will be issued appropriate handbooks and will be oriented to specific policies and procedures. Each student is responsible for becoming familiar and complying with the policies of the Department of Physical Therapy as found in the respective handbooks. Please note that policies are continually evaluated and may be updated as needed. In such cases, students will be notified of formal policy changes.

B) Students are responsible for complying with the policies in the University Course Catalog (current at the time of initial registration) and University Student Handbook.

C) Students are responsible for policy updates and special announcements posted on respective bulletin boards both physically and digitally including e-mail and course management systems.

D) Students are responsible for their transportation requirements to and from class, including those held away from the Bolivar campus.

E) Students are encouraged to have health insurance while in the didactic portion of the curriculum. International students are required to have health insurance according to University policy. This may be purchased through the University or private sources. Most clinical education sites require students to have health insurance so please refer to current clinical education policy regarding health insurance for clinical portion of the curriculum.

F) Students are required to pay the SBU Health fee for use of the Student Health Service. Please see http://www.sbuniv.edu/currentstudents/HealthCenter/ for the most current information and operation hours.

G) Students are responsible for completing and maintaining current immunizations that are required by the University. Most clinical education sites require students to have current immunizations, so please refer to current clinical education policy regarding immunizations for clinical portion of the curriculum.

H) Students are expected to conduct themselves in a professional manner at all times in dress, in speech, and in correspondence when in any setting. Students must recognize that they are representing the Department, the University, the profession, and the Lord and present themselves accordingly.

I) Students are required to meet and/or exceed Professional Behaviors as defined in the handbooks. Students are required to accept the APTA Code of Ethics and the SBU Principles and Expectations as defined in the SBU catalog in directing their behavior.
J) It is recommended that students do not work full time while enrolled in the graduate physical therapy program; however, any student who is employed must not let this interfere with progress in the program. Deference to any individual student’s work schedule will not be used as a consideration for scheduling of events within the Department of Physical Therapy.

K) Students are responsible for all aspects of applications to various state licensing agencies.

L) All classrooms, labs and common areas should be presentable and professional at all times. Students are responsible for both their individual and collective cleanliness. The Department is not responsible for personal items left in the building. The policy of the department is that if it is left out, it will be disposed of. Please utilize assigned locker to secure personal items. No food or drink is allowed in carpeted areas of building (D150, D155, and D165). Housekeeping will empty the trash and clean the floors and dry erase boards. Students are expected to report all breakage, loss, or waste of equipment, as well as damage of property to the building coordinator (D100). Broken or damaged equipment should be removed from use immediately in concert with reporting to the building coordinator in order to promote a safe learning environment and facilitate proper repair or replacement of broken equipment.

M) Students are responsible for cleaning and storing linens for use in classrooms and laboratories.

N) Refrigerators and microwave are provided for a student convenience. Students are responsible for maintaining integrity and cleanliness of microwave by wiping down after each use. Students are responsible for cleaning spills in both the microwave and the refrigerator. Refrigerators will be shut down two times during the year for overall cleaning (Christmas and Memorial Day breaks). Items not removed by students at those times will be discarded.

O) Please notify the physical therapy office and the Registrar of any address or phone number changes. Please do not use the University address for personal mail. The mailboxes in D170 are for communication within the department. No outside mail is delivered to these slots.

P) SBU Safety & Security processes Student ID cards. SBU DPT students will be presented with a unique ID badge (different from the rest of campus) and it is used for primary access into the Davis PT Center. This ID must be clearly displayed at all times for safety and security issues. These same ID will be used as name tags for clinical rotations unless the specific site requires a specific ID to that facility.

Q) SBU Safety & Security processes campus parking permits and students are required to register their vehicle and pick up their permit accordingly.

R) Please check with faculty or staff before moving furniture or equipment. Students are responsible to return any chairs, tables or other furniture or equipment moved from one location to another.

S) The Research Room (D170) and common community areas are available for group and individual study. All reference materials including books and journals should be returned promptly after use to the Research Room. The conference room (D102) may be reserved by students for group study during normal business hours and the faculty lounge accessed through D150 may be used during evenings and weekends for group study.

T) Individual lockers and combination locks will be assigned at orientation. Lockers are housed in the community area hallway of the Davis Center. Locks are the property of SBU and are to be returned at
the end of the second year of the curriculum. Students are expected to remove all personal items before they leave campus to attend their clinical education experiences. Any items left in the lockers will be discarded.

U) It is strongly recommended that students make appointments to meet with faculty members and advisors during posted office hours. Walk in appointments outside of office hours cannot be guaranteed. Please note that the ACCE(s) will not accept walk in appointments related to clinical education. Appointments must be scheduled through the clinical education secretary.

PROCEDURE:

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
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</table>
| Department Chair | 1.1 Provide each student a copy of the PT Student Handbook(s) and have them sign the acknowledgement form  
| | 1.2 Orient students to the policies and procedures |
| ACCE | 2.1 Orient students to policies and procedures for clinical education.  
| | 2.2 Provide information on possible avenues to secure necessary elements to meet SBU and clinical education requirements |
| Student | 3.1 Read the PT Student Handbook(s) and pertinent sections of the SBU catalog and sign acknowledgement form  
| | 3.2 Follow general student responsibilities as outlined |
PURPOSE: To ensure that students appear professional and to ensure a safe environment for students, clients, and patients.

POLICY: Students are expected to dress in an appropriate manner whether in classroom, clinic or professional setting. SBU student physical therapy name tag is required to be displayed at all times. When a guest lecturer is scheduled, or when going to an off-site facility, students must wear clinic or professional attire.

General Guidelines are as follows:
UNDERGARMENTS: Undergarments must be worn and be fully covered by clothing at all times.

SKIN EXPOSURE: In all cases and at all times, students must be able to sit/stand, reach overhead, squat, and reach to the floor or toward the feet without exposing skin at the belly, back, buttocks, or bust (the 4 B’s). Any exposure of the stomach, back or chest should be intentional and only for learning purposes.

HAIR: For safety, hair must be clean, neat, and out of the face. Hair may be colored or highlighted, only in natural tones. Styles and cuts must be modest and professional.

NAILS: Nails should be kept short and clean. Artificial nails are a potential site for spread of infection, therefore, for the safety of patients and students, may not be worn.

JEWELRY: Jewelry should be conservative, modest and small. Loose or dangling jewelry (e.g. long necklaces, bracelets, large rings, long earrings) are to be removed for the safety of patients and students while in lab or in the clinic. All body piercings, with the exception of small earrings, must be removed when in lab, clinic, or professional attire.

BODY ART and TATTOOS: Must be covered by clothing, flesh colored bandaging or make-up when in clinic and professional attire, and exposed only as necessary when in classroom or lab attire.

Lab Attire:
- A tank top or t-shirt
- Loose fitting athletic pants
- Shorts with compressions shorts underneath
- Sports bras and tight fitting athletic or fashion wear (tops and bottoms) must be modestly covered (buttocks, torso and cleavage should be covered). Tight fitting exercise pants or compression shorts may not be worn alone.
-Other specific requirements for lab attire may be stated in the course syllabus.

Classroom Attire:
Comfortable attire that allows students to fully participate in the classroom environment is encouraged with the following guidelines:
- Sports bras and tight fitting athletic or fashion wear (tops and bottoms) are not appropriate for the classroom unless modestly covered (buttocks, torso and cleavage should be covered)
- Torsos must be covered (low cut or large armhole tank tops or spaghetti straps are not acceptable)
- Pajamas or sleepwear is not acceptable

Clinic Attire:
- Dress slacks or khakis - no capris, cropped pants, jeans, or shorts
- Dress shirt or Polo - no T-shirts, muscle shirts or tank tops
- Blouses or shirts should be modest cut
- Shoes (with socks), closed toe with less than 1” heel, no sandals, not distracting in style or color
- White lab coat may be required for off-site facilities and clinical education experiences.

Professional Attire:
- Clinic attire is acceptable for professional attire, but may also include the following:
  - Dresses or skirts for women: modest in length and fit (i.e. no shorter than mid-thigh)
  - Coats and/or ties
  - Shoes: dress shoes, heels or sandals

CLINICAL EDUCATION: Students will be working with a variety of people during clinical experiences and need to present a safe and professional appearance to gain the confidence of the patient, families, and members of the health care team. Students are representing themselves, the clinical facility and Southwest Baptist University.

Students should wear the attire described for off-site facilities (i.e. clinic and/or professional) of this policy unless the facility dictates otherwise. Lab coats are at the discretion of the clinical facility. Prior to the clinical education experience, students are to contact the ACCE for any questions or exceptions to the standard dress code during clinical education.

PROCEDURE:

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<tr>
<th>Responsibility</th>
<th>Action</th>
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</table>
| Department Chair | 1.1 Ensure the policy is in the student handbook  
| | 1.2 Discuss with students in orientation to the program |
| Faculty | 2.1 Reinforce dress code policy with students |
| ACCE | 3.1 Discuss and reinforce dress code policy with students  
| | 3.2 Determine exceptions to dress code based on clinical facility contracts as they arise  
| | 3.3 Work with students during clinical education experiences to assist them in adhering to policy |
| Student | 4.1 Follow code  
| | 4.2 Determine dress code requirements through CSIF and preparatory phone call to clinical facility  
| | 4.3 Bring any discrepancies in dress code policies of clinical facility and SBU to the ACCE prior to the clinical education experience for approval |
# Attendance

**Title:** Attendance  
**Date Effective:** 11.18.13  
**Date Replaces:** 08.10.12  
**Policy Number:** 04.03  
**Page:** 1 of 3

<table>
<thead>
<tr>
<th>Approval Signatures &amp; Date:</th>
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<tr>
<td>Department Chair:</td>
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**PURPOSE:** Attendance is essential to the learning process and for the development of exemplary professional behaviors. As a practicing professional physical therapist, patients will be depending on the therapist’s punctuality and professionalism. It is essential to develop and demonstrate these behaviors as a professional student.

**DEFINITION:**

A) The department will utilize the mantra “Early is on-time, and on-time is late!”

B) Excused absences are defined as due to illness, family emergency or officially sanctioned activity with appropriate documentation (e.g. physician’s note).

**POLICY:**

1) **Class attendance is mandatory.** The student is responsible for attendance at all class sessions and meetings. A pattern of repeated absence or tardiness will be reported to the faculty advisor and may result in development of a remediation plan by the PT Review Committee.

2) **Students must notify the instructor directly in writing (e.g. email) or by calling office in advance for any absence except for emergency or unavoidable circumstances.** If the instructor is not available when the student calls, a voice message should be left. In the case of unavoidable circumstances, students must contact the instructor on return from absence and if possible, prior to the next class session to ensure completion of assignments. Additional assignments may be required.

3) **Faculty will give make-up exams and modify deadlines for assignments only for excused absences with appropriate documentation.** The student is responsible to get notes for any class missed whether excused or unexcused.

4) **Students missing 3 unexcused lecture or lab sessions during the regular fall or spring semesters, or 10% of total class hours in Jan term and summer courses will have their course grade reduced by one letter grade.** Each additional missed lecture or lab will result in an additional letter grade reduction. For tabulation purposes, lecture and lab sessions are counted as individual sessions (even if on same day). Any student who is late for class will be counted as missing a minimum of 1 class hour.

5) **The PT program will follow the SBU inclement weather policy.** On days when snow and ice conditions exist, the Provost, in consultation with the President, will determine when classes will be canceled. Announcement of class cancellation will be made over the local radio station, the Springfield radio and television stations during the regular time allotted to these announcements, and the SBU Alert System. The closing will also be posted on the University website. Students who commute and live far enough away from the campus to make walking to class impossible should use good judgment in determining whether or not to attend class during inclement weather.
6) Course specific policies are determined by each instructor and must be in compliance with the SBU Catalog and SBU Student Handbook.

7) Faculty members are expected to make appropriate provisions that are necessary to ensure that they are able to get to class. In the event a faculty member cannot make it to the university to teach due to inclement weather or illness, the faculty member will, at the earliest possible time, initiate a message via the SBU Alert System and post via the University’s Course Management System.

8) The student may request excused time off for special once in a lifetime events (e.g. weddings; graduations) only if by missing the scheduled class, the otherwise unexcused absence would have a detrimental impact on a course grade (e.g. at least lowering of final course grade by one letter). The purpose of this provision is to reward the student who demonstrates consistent positive professional behaviors and should not be used as an avoidance of penalties described in #4 above. If the student has a history or pattern of unexcused absences, then it will likely result in a denial of any such request. The student must first seek prior approval well in advance of the event. An ad hoc committee consisting of no less than the course instructor(s), student advisor, and class coordinator will make the final determination by a majority vote (if in the rare case the above committee members are the same person in the established position, at large faculty will be recruited to bring membership to a minimum of three). Approval of request is contingent upon the 1) nature, frequency and duration of the request, 2) past attendance record of the student, and 3) unconditional academic standing.

9) Students who do not follow the procedures outlined in this policy may be subject to review by the Physical Therapy Review Committee for remediation plan or disciplinary action.

**PROCEDURE:**

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
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</table>
| **Student**    | 1.1 Attend all classes except in cases of illness, family emergency, or officially sanctioned event.  
1.2 Notify instructor of absence prior to class session. When unable to do this, notify instructor as soon as possible and prior to next scheduled class session  
1.3 Obtain notes from classmates  
1.4 Request handouts, assignments and any makeup work needed from instructor for excused absences  
1.5 Submit request for excused absence form (#8 above) |
| **Faculty**    | 2.1 Include policies regarding absences on the syllabus  
2.2 Give make-up exams and modify deadlines for assignments for reasonable cause (e.g. illness, family emergency, or officially sanctioned event).  
2.3 Discuss concerns of excessive absences with the student  
2.3.1 Document sessions accordingly in student file  
2.3.2 Copy faculty advisor on related documentation  
2.4 Notify the Physical Therapy Review committee of any student whose conduct or performance requires a decision which may result in academic probation, remediation plan, or dismissal  
2.5 Notify the Department when unplanned absence is unavoidable |
2.5.1 Contact program director
2.5.2 Post message to student using electronic media
2.5.3 Activate text alert system for department if needed
2.6 Collect requests for excused absence (#8 above) and assemble ad hoc attendance committee for action.
   2.6.1 Notify student of decision in writing
   2.6.2 File request form in student file
2.7 Serve on ad hoc attendance committee as requested

Faculty Advisor
3.1 Discuss concerns of excessive absences with the student and assist as necessary
3.2 Serve on ad hoc attendance committee as requested

Coordinator
4.1 Serve on ad hoc attendance committee as requested
PURPOSE: To maintain a standard which will ensure students are evaluated consistently in meeting course objectives, program goals, and expected student outcomes as well as document that students are prepared to matriculate to the next year of the program as well as advance to clinical education.

POLICY: Students are subject to the academic regulations stated in the respective SBU catalogs and handbooks. To be eligible for the clinical education component and/or matriculation to the next year of the program, students must successfully pass all prior courses in the program and maintain an overall GPA of 3.00 (on a 4.00 scale). Students must also submit an individual learning portfolio for formal annual assessment and earn a final passing grade at the end of the curriculum.

Students earning a grade of “F” or “non-credit” in any given course will not be able to enroll in courses listing the failed course as a prerequisite. Any student who is unable to meet these requirements is subject to review by the Physical Therapy Review Committee which will in consultation with the student, determine a plan for further action which may include academic probation with a specific plan for remediation or dismissal from the program (see policy 04-05 Dismissal and 04-10 Academic Probation and Conditional Enrollment).

Students will be expected to satisfactorily pass each practical examination and course. Students having difficulty will meet with course instructor and advisor to determine a plan of remediation. The Physical Therapy Core Faculty will, as part of the curriculum/program evaluation, monitor the standards.

Graduate level physical therapy repeat courses are permitted only under the supervision and recommendation of the PT Review Committee for remediation purposes. Students passing a physical therapy course will not be permitted to retake the course for academic grade or transcript purposes unless otherwise directed by the PT Review Committee. If the course is successfully repeated (as defined by the PT Review Committee), then the new earned grade will replace the previously earned failing grade for matriculation and transcript purposes and the previous grade will not enter into grade point average (gpa) calculations from that point forward. The Registrar will replace the original earned failing grade with a designation that the original grade was failing, but has now been successfully repeated (e.g. RF).
Exams will be based on course objectives. Criteria for projects, papers, and/or assignments will be stated in the syllabus for the students. Criteria and determination of grades for each course will be established by the core or adjunct faculty member who is leading the course. The policy and expectations of each instructor will be stated in writing in the class syllabus and explained to the class within the first few class sessions. The following grading scales will be used unless otherwise directed in the specific syllabus:

**Academic Grading Scale:**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 – 100%</td>
<td>A</td>
</tr>
<tr>
<td>80 – 89%</td>
<td>B</td>
</tr>
<tr>
<td>75 – 79%</td>
<td>C</td>
</tr>
<tr>
<td>0 – 74%</td>
<td>F</td>
</tr>
<tr>
<td>Incomplete</td>
<td>I</td>
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</table>

**Clinical Education and Selected Course Grading Scale:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass</td>
<td>P</td>
</tr>
<tr>
<td>Fail</td>
<td>F</td>
</tr>
<tr>
<td>Incomplete</td>
<td>I</td>
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</table>

**Individual Learning Portfolio:**

- Exceeds Expectations (E) - Passing Score
- Meets Expectations (M) - Passing Score
- Fails to Meet Expectations (F) - Failing Score

**PROCEDURE:**

**Responsibility**  Action

**Student**

1.1 Pass each practical exam and each course at the 75% level
1.2 Submit individual learning portfolio for assessment on a minimum of an annual basis to include appropriate self-reflection and feedback.
1.3 Request a meeting with course instructor to discuss remediation for failed exams or requirements
1.4 Complete any remediation requirements

**Faculty**

2.1 Include grading procedures and course requirements on class syllabus
2.2 Meet with student failing course requirement and determine appropriate remediation
   2.2.1 Document sessions accordingly in student file
   2.2.2 Copy faculty advisor on related documentation
2.3 Notify Physical Therapy Review Committee of any student not passing course requirements
PT Review Committee

3.1 Evaluate readiness of students not meeting requirements for specific courses, examinations, portfolios or overall GPA for matriculation to second year of the program and/or to enter clinical education experiences
3.2 Determine and monitor remediation plan and/or dismissal from program
3.3 Notify the student of decision

Advisor

4.1 Counsel the student on a regular basis to realize success in the program
4.2 Assist the student in determining plan for remediation if needed
4.3 Review individual learning portfolios making appropriate constructive criticism
### PURPOSE:
Dismissal from the Physical Therapy Program is a serious decision made by the Physical Therapy Review Committee with approval of the Department Chairperson to ensure that the individual student's rights are protected and that each graduate will be prepared to practice physical therapy consistent with the Program's mission. The Dean of Students must be notified and involved as needed for any disciplinary actions related to misconduct as defined in SBU Student Handbook and/or Catalog.

### POLICY:
A student may be placed on probation, suspended for a specific period of time, or dismissed for either academic issues (i.e. grade-based) and/or professional behaviors issues (i.e. non grade-based) as defined in the Southwest Baptist University Professional Behavior Definitions found in the DPT Student Handbook. All decisions for dismissal, or being denied the privilege of re-enrollment, are made by the Physical Therapy Review Committee and approved by the Department Chairperson with appropriate input from the Dean of Students. Students may be dismissed from the program based on the following:

1. A final grade of "F" in any required course prior to PTH 7362 Capstone.
2. A GPA of less than 3.00 while on conditional enrollment.
3. An "F" in any course if already on academic probation or conditional enrollment.
4. Non-compliance with the requirements stipulated in a remediation plan established by the ACCE or Physical Therapy Review Committee.
5. Cheating or plagiarism.
6. Any misconduct listed in the SBU Student Handbook as serious offenses (class C).
7. Serious or repeated breech of professional behaviors found in SBU Professional Behavior Definitions.
8. A second final grade of “F” beginning with PTH 7362 Capstone through the end of terminal clinical education courses.
9. Violation of the SBU Drug and Alcohol Policy.

Procedures for remediation will be the same as for academic concerns (Policy 04-10). Students suspected of any serious misconduct are to be removed from the class by the faculty member and referred to the Department Chair for further action.
PROCEDURE:

Responsibility  Action
Faculty  1.1 Discuss the concern with the student
         1.1.1 Document sessions accordingly in student file
         1.1.2 Copy faculty advisor on related documentation
         1.2 Notify the Physical Therapy Review committee of any student
                    whose conduct or performance requires a decision which may
                    result in academic probation, remediation plan, dismissal, and/or
                    being denied the privilege of re-enrollment
         1.3 Immediately remove any student whose behavior is disruptive
to the learning environment and refer to the Department Chair for
action

PT Review Committee  2.1 Make a determination regarding dismissal when the student
                     meets the listed criteria
                     2.2 Confer with the student's faculty advisor and Department
                     Chairperson
                     2.3 Notify and consult with the Dean of Students as needed
                     2.4 Notify the student by certified letter of the decision after it is
                     signed by Chair of Committee and Department Chairperson

Department Chair  3.1 Review the dismissal decision and:
                      3.11 approve and sign, or;
                      3.12 veto decision and meet with review committee to
discuss rationale for veto

Student  4.1 Accept or appeal decision through appropriate channels as
described in the SBU Student Handbook and/or Catalog
PURPOSE: To ensure that students are treated fairly, they have the right to appeal decisions made by individual faculty, PT Review Committee or Department Chair.

POLICY: The faculty of the Department of Physical Therapy realizes that occasionally some circumstances may prevent a student from performing optimally in every course during each term. Any student wishing to appeal a decision by an individual faculty member or by the Physical Therapy Review Committee or Department Chair must first appeal to the decision maker then to the next level within the department. If the student is not satisfied with the Department's decision, he/she may appeal as described in the SBU graduate catalog. The grade appeal process is described in the SBU graduate catalog. It is plausible that the successful appeal process creates a natural delay in matriculation due to the lockstep nature of the curriculum.

Under rare circumstances, a student who was normally admitted to the program, is discovered to either knowingly or unknowingly mislead, misrepresent, or falsify elements related to admission standards. If this circumstance is discovered, regardless of when it is discovered, the status of an enrolled or admitted student is automatically revoked and the student forfeits any rights to appeal and any claim on monies already paid to the institution in the form of tuition and fees.

PROCEDURE: Any student who is placed on Academic Probation, or has been dismissed and wishes to appeal should follow the process outlined below for consideration to continue in the program.

1. The student must submit a written statement to the Physical Therapy Review Committee via the Physical Therapy Department Chair requesting an opportunity to explain his/her case to the Physical Therapy Review Committee within ten working (10) days of notification of their standing in the Physical Therapy Program. The letter should include:
   a. His/her intentions to improve an unsatisfactory GPA and/or performance (please note that all grade related appeals should follow university policy first; if the action that the student is appealing is due to a failing grade, the 10 working day window of appeal will begin after final notice that the university policy has been exhausted).
   b. An explanation as to why he/she was unable to satisfactorily maintain an acceptable GPA, professional standards, or program expectations.
   c. His/her plan of action to resolve the academic difficulty.
2. The Physical Therapy Department Chair may request additional written materials of the specific student and other involved parties if deemed appropriate.
3. The Physical Therapy Department Chair will schedule a meeting with the Physical Therapy Review Committee within twenty working (20) days of receiving the student's written request. Copies of all pertinent materials will be dispersed to the Committee members at the time of the meeting.
4. The Committee may interview students, faculty, or other individuals, if it is deemed necessary.
5. After a review of the material, and opportunity for questions, the Committee will hold a closed deliberation. The case will be judged on its merits and a recommendation reached by simple majority vote.
6. The Committee will render its recommendation in writing, including the supporting rationale, and will submit this recommendation to the Physical Therapy Department Chair.
7. The final decision will then be made known to the student by the Physical Therapy Department Chair and a copy will be sent to the Dean of the College of Science and Mathematics.
8. Students wishing to appeal to the Office of the Provost should follow the procedure stated in the SBU graduate catalog.
**Title:** Complaint and Concerns  
**Date Effective:** 08.01.11  
**Date Replaces:** 12.08.97  
**Policy Number:** 04-07

**Department Chair:** 08/01/2011

**PURPOSE:** Southwest Baptist University Department of Physical Therapy welcomes criticism to improve the quality of the educational program. In treating each individual in a Christ-like manner, the Program desires to handle all complaints and concerns fairly and expeditiously.

**SPECIAL CONSIDERATIONS:** Policies for students dealing with discrimination, harassment, grievance, Family Education and Rights to Privacy Act, academic appeals including grades, and student life issues are found in the SBU catalog and the SBU Student Handbook.

**POLICY:** Individual student concerns or complaints involving a faculty member or course should be brought directly to that faculty member. Faculty receiving complaints from students about another faculty member will send the student back to the involved teacher. Concerns involving the class as a whole should be brought to the class representatives. The class representatives, following appropriate class input, will take the concern to the instructor, if it involves a specific course, or to the coordinators for issues involving the program. If the matter is not resolved satisfactorily at the initial level, it should be brought via a written appeal to the Program Director. If the student(s) is (are) not satisfied with the resolution, a written appeal may be made through channels to the Dean of the College of Science and Mathematics, then to the Provost.

**PROCEDURE:**

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<th>Responsibility</th>
<th>Action</th>
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| Student              | 1.1 Brings a personal concern involving a teacher or course, that does not involve the whole class, directly to that faculty member  
                        1.1.1 If the aforementioned matter is not resolved directly with the faculty member, a written appeal should be directed to the Program Director  
                        1.1.2 If the aforementioned matter is not resolved by the Program Director, a written appeal should be directed to the Dean of the College of Science and Mathematics  
                        1.1.3 If the aforementioned matter is not resolved by the Dean of the College of Science and Mathematics, a written appeal should be directed to the Provost (this is final level of appeal)  
                        1.2 Brings concerns involving the class as a whole to the class representatives |
| Student Representatives | 2.1. Gather comments, issues or concerns brought by individual students that might involve the whole class to the entire class for discussion and recommendation |
Policy 04-07, Page 2 of 2

2.2 After class consultation, direct the collective class concerns and recommendations to the appropriate point in the chain of command
   2.2.1 to faculty member for resolution when the matter involves a specific course or instructor
   2.2.2 to class coordinator for resolution when the matter involves the department or curriculum

2.3 Document and report the results of communication back to the entire class

2.4 Filter issues and concerns that may not be relative to the entire class and direct the student(s) to the appropriate point in the chain of command
   2.4.1 to faculty member for resolution when the matter involves a specific course or instructor
   2.4.2 to class coordinator for resolution when the matter involves the department or curriculum

Faculty

3.1 Attempts to resolve with students, individual or class concerns that involve the individual faculty member or course
3.2 Sends student directly to the faculty member involved when students bring complaints or concerns about another faculty member
   3.2.1 Reminds student, if necessary, of the appropriate channels for resolution
   3.2.2 Encourages student to confront issues directly with the person involved
3.3 Documents nature of complaint and disposition
   3.3.1 Copy sent to student file, advisor, coordinator and program director

Coordinator(s)

4.1 Serve as focal contact points for the respective class representatives to discuss collective issues pertaining to the class.
4.2 Maintain records of all concerns and complaints to include date, persons involved, disposition and any follow up needed
4.3 Meets with student, representatives and individual faculty member(s) to facilitate resolution of concerns if they are unable to come to a solution
4.4 Brings class concerns to program director when the issue involves the faculty or program as a whole

Program Director

5.1 Keeps a record of all concerns and complaints to include date, persons involved, disposition and any follow up needed
5.2 Meets with student and faculty member and/or coordinator to facilitate resolution of concerns if they are unable to come to a solution
5.3 Brings class concerns to faculty meeting when the issue involves the faculty or program as a whole

Dean

5.1 Investigates complaint if unresolved
   5.1.1 Meets with student via live conference
   5.1.2 Meets with faculty member, Coordinator and Director
5.2 Makes written recommendation with copies to student, involved faculty member, Coordinator and Director

Provost

6.1 Reviews written documentation for unresolved complaints and meets with individuals as needed
6.2 Makes final decision
PURPOSE: To meet the mission of the physical therapy program at Southwest Baptist University, enrolled students must be able to complete the academic and clinical education components of the program. This policy and accompanying Technical Standards and Essential Functions document, identifies the requirements and process to request a reasonable accommodation for an individual with a disability.

POLICY: It is the policy of the Southwest Baptist University Physical Therapy Program to provide reasonable accommodation to qualified students with a disability so long as it does not fundamentally alter the nature of the program offered and does not impose an undue hardship.

Applicants must be able to meet the requirements of the SBU Physical Therapy Program Technical Standards and Essential Functions to enroll in the physical therapy program. Students will also be required to meet these standards for promotion within the program and for graduation. Inability to meet the requirements set forth in the Technical Standards and Essential Functions, with or without an accommodation, is cause for denial of enrollment or dismissal from the program. If a student cannot meet or demonstrate the essential functions and technical standards, it is the responsibility of the student to request an appropriate accommodation. Whether or not a requested accommodation is reasonable will be determined on an individual basis. Determining what is a reasonable accommodation is an interactive process which the student accepted for admission should initiate with the PT Program Director. Enrolled students who are not able to meet the requirements will be referred to the Physical Therapy Review Committee.

The SBU DPT Program Technical Standards and Essential Functions will be published and a copy included in the admission packet given to the applicant during the offer process. When the applicant accepts a seat in the class, he/she should promptly (no later than 1 month prior to the start of classes) return the completed Disclosure of Disability Form to the Director of the physical therapy department indicating the nature (type, kind) of accommodation that they need. Documentation of disability may be requested from the student prior to determination of accommodation.

Requests for accommodation from accepted applicants will be reviewed by the Chair in concert with the ADA Compliance Officer as needed. Applicants will be notified prior to enrollment if the University is able to make the requested accommodation. Students already enrolled will be notified as soon as possible. The provision of reasonable accommodation throughout the curriculum and including clinical rotations, may require advanced planning on the part of the university. Declaring a disability later in the curriculum could delay graduation if meeting the established accommodations cannot be obtained in the desired timeline.
At orientation to the program, all enrolled students will sign and return the Handbook and Catalog Acknowledgment form indicating they have received and read the DPT Student Handbook and Essential Functions and Technical Standards Document.

**PROCEDURE:**

<table>
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<tr>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Administrative Assistant</td>
<td>1.1 Include a copy of the SBU DPT Program Technical Standards and Essential Functions as part of the admissions packet</td>
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<tr>
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<td>1.2 Send the Disclosure of Disability Form to accepted students</td>
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<td>1.3 File a copy of the Disclosure of Disability form in the student’s file when returned</td>
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<td>1.4 Forward documentation to Director of PT</td>
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<tr>
<td>Director of Physical Therapy</td>
<td>2.1 Oversee the process</td>
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<td>2.2 Orient the applicants to the Standards and Essential Functions and briefly describe process</td>
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<td></td>
<td>2.3 Consult with the ADA Compliance Officer when a student returns Disclosure of Disability form requesting accommodation as needed</td>
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<td>2.4 Schedule an appropriate meeting time with student to discuss accommodation request</td>
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<td>2.5 Work with applicant, faculty and ADA Compliance Officer to determine, if requested accommodation is reasonable and will allow student to participate in required functions without compromising the academic program</td>
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<td>2.6 Document decisions regarding recommendations and decisions</td>
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<td>2.7 Notify the student and other relevant parties of decision</td>
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<tr>
<td>Applicants</td>
<td>3.1 Return the Disclosure of Disability Form and necessary documentation one month prior to start of program</td>
</tr>
<tr>
<td>ADA Compliance Officer</td>
<td>4.1 As needed, work with the PT Director to determine if required documentation is adequate</td>
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<td>4.2 As needed, work with PT Director and faculty to determine if requested accommodation is reasonable</td>
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<td>4.3 As needed, make recommendations for accommodation</td>
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PURPOSE: The purpose of this policy is to establish guidelines for the DPT Graduation Reception for the graduating class. The DPT Graduation Reception is a University function to celebrate the completion of the physical therapy program and is designed to honor the graduates and glorify the Lord.

POLICY: The department will host, plan, and coordinate the DPT Graduation Reception to be held at a time conveniently close to the commencement ceremony.

General Guidelines are as follows:
1. The President, Provost, and Dean should be invited to attend and participate as appropriate.
2. The Department chair will make brief remarks, present awards, and with the assistance of the faculty advisors present each student with a graduation medal.
3. Faculty should be invited to make a few brief informal remarks.
4. A formal speaker is optional and may be graduating students, faculty, or guest. If a guest speaker is invited, the speaker must be a Christian familiar with the mission and values of SBU. Any invited speaker must be approved by the faculty prior to the invitation.
5. It is expected that the reception will take place on campus. The department will provide light snacks and refreshments.
6. The department will print a program listing the schedule of events and graduating class. Advertisements are not appropriate in the program, however, if the class receives funds from an individual or organization, an acknowledgment and Thank-you may be placed in the program.
7. All arrangements must be coordinated with the department and made in accordance with applicable University policy for University events.
PURPOSE: The purpose of this policy is to describe academic / non-academic probation and conditional enrollment procedures. The policy includes the expected responsibilities for the design, establishment, and carrying out of remediation for students having academic / non-academic difficulty or admitted under conditional enrollment.

DEFINITION: Academic issues related to probation are typically grade based while non-academic issues are typically professional behaviors based. Violations of either standards are grounds for disciplinary action (See Policy 04-05 Dismissal)

POLICY:

A student may be placed on academic probation for any of the following conditions:
1) For a student admitted unconditionally or a student admitted under conditional enrollment past the first semester that drops below a 3.00 cumulative GPA at the end of any grade period.
2) For a student admitted unconditionally or a student admitted under conditional enrollment past the first semester that earns a final grade of “F” beginning with PTH 7362 Capstone.

A student may be placed on non-academic probation for any of the following conditions:
1) Fails to meet the established standards of professional behaviors as defined in the Southwest Baptist University Professional Behavior Definitions found in the SBU DPT Student Handbook.
2) Any misconduct listed in the SBU Student Handbook as serious offenses (class C).

Probation, either academic or non-academic, must always include a reasonable remediation plan and/or learning contract with appropriate time lines to assist students having either academic or non-academic issues for matriculation through the program. It is plausible that probation status results in a disruption of expected lockstep matriculation.

Remediation plans and/or learning contracts should be acknowledged through a signature by all involved parties.

See also P&P 04-05 Dismissal, P&P 03-01 PT Review Committee, and P&P 04-04 Student Evaluation and Matriculation.
Conditional Enrollment: Any applicant who does not meet the minimum requirement of a 2.75 overall GPA or 3.00 prerequisite GPA may be admitted, according to the selection policy 02-03, under the category of conditional enrollment. Admission under conditional enrollment means that the student will be subject to dismissal from the physical therapy program if not able to achieve a 3.00 GPA in physical therapy course work by the end of the first semester. Dismissal under these conditions requires approval by the Physical Therapy Review committee.

PROCEDURE:

<table>
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<tr>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Faculty</td>
<td>1.1 Discuss the issue/concern with the student</td>
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<td>1.1.1 Document and memorialize sessions accordingly</td>
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<td>1.1.2 Copy faculty advisor on related documentation</td>
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<td>1.2 Notify the PT Review committee of any student in which conduct or performance requires a decision which may result in academic probation, remediation plan, dismissal, and/ or being denied the privilege of re-enrollment</td>
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<td>1.3 Immediately remove any student whose behavior is disruptive to the learning environment and refer to the Department Chair for action</td>
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<tr>
<td>PT Review Committee</td>
<td>2.1 Make a determination regarding probation (or other disciplinary status) when the student meets the listed criteria</td>
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<td>2.2 Confer with the student's faculty advisor and Department Chairperson</td>
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<td>2.3 Notify and consult with the Dean of Students as needed</td>
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<td>2.4 Discuss and document probation status with student</td>
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<tr>
<td>Department Chair</td>
<td>3.1 Confer with PT Review Committee as needed</td>
</tr>
<tr>
<td>Student</td>
<td>4.1 Accept or appeal decision through appropriate channels as described in the SBU Student Handbook and/or Catalog</td>
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</table>
PURPOSE: Physical therapists and physical therapist students must conduct patient care activities safely and in control of the manual skill, mental faculties, and judgment. Lack of such control (impairment) may be related to misuse or abuse of chemical substances (alcohol or drugs). The purpose of this policy is to define the policy and procedures for identification of individuals who may be impaired secondary to substance abuse.

POLICY:

A DPT student must abide by the Southwest Baptist University Alcohol Policy and Policy on Illegal Drugs found in the SBU catalog and SBU student handbook. Suspected violations of said policies based on reasonable cause will be managed by the PT Review Committee and/or the Dean of Students. Action may be taken on part of the program against the student regardless of the eventual outcome of any pending legal case.

During clinical education and/or integrated clinical experiences (ICE), students are subject to the policies and procedures of the external clinical site and the student may be removed immediately from that site at the discretion of the clinical coordinator (CCCE) and/or ICE supervisor. Students removed from the clinical site or experience for misconduct related to drug or alcohol misuse or abuse will meet accordingly with the PT Review Committee and/or the Dean of Students. DPT students may be subject to mandatory drug/alcohol screenings as part of the clinical education obligation.

Upon making observations leading to the conclusion that a student may be impaired as a result of substance misuse or abuse, any physical therapy faculty member will be expected to, and any other individual may, notify the physical therapy program director in writing. The physical therapy department chair will forward the student’s case to the PT Review Committee and/or Dean of Students for appropriate action which may include dismissal from program. If suspected impairment is leading to unsafe and/or disruptive behavior, the faculty member should immediately contact the Department Chair and/or SBU Safety and Security.

DEFINITIONS: Reasonable cause is defined as impairment indicative of alcohol or drug use including but not limited to: extreme behavior, deterioration of function, function at a level less than normally expected under prevailing circumstances. Impairment may exist in one or in multiple domains, including psychomotor activity and skills, conceptual or factual recall, integrative or synthetic thought processes, judgment, attentiveness, demeanor, and attitudes as manifested in speech or actions. Impairment also includes addiction to and/or physical dependence on chemical substances. Reasonable cause may also be identified through criminal or legal reports appearing on routine background checks or public notification sources that may or may not be self-reported to the program by the student.
**PROCEDURE:**

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<tr>
<td>Faculty/CCCE/Clinical Faculty</td>
<td>1.1 Discuss the concern with the student and inform him/her that a report is being made to the Department Chair.</td>
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<td>1.2 Notify the Department Chair in writing of any student whose conduct or performance is indicative of a violation of the alcohol and drug abuse policy.</td>
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<td>1.3 Immediately remove any student whose behavior is disruptive to the learning environment and refer to the Department Chair and/or SBU Safety and Security for action.</td>
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<tr>
<td>Department Chair</td>
<td>2.1 Collect complaints regarding suspected abuse case and forward to PT Review Committee and/or Dean of Students.</td>
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<td>2.2 Consult with Dean of Students when needed in support of case.</td>
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<tr>
<td>Student</td>
<td>3.1 Follow the SBU Alcohol and Drug Abuse Policy.</td>
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<td>3.2 Report to Dean of Students if requested.</td>
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<td>3.3 Participate in disciplinary process as required.</td>
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<td>3.4 Accept or appeal decision through appropriate channels as described in the Academic Regulations section of the SBU Catalog.</td>
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<tr>
<td></td>
<td>3.5 Submit to alcohol or drug testing for reasonable cause if dictated by PT Review Committee, the Dean of Students and/or a Clinical Education Affiliation.</td>
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</table>
PURPOSE: To establish minimally eligible criteria for the DPT students receiving departmental awards and scholarships.

POLICY: DPT students are eligible for departmental awards and scholarships if they demonstrate a Christ-like caring, compassion and demeanor. Students will be automatically ineligible for awards or scholarships if they receive formal disciplinary action from either the PT review committee or the University for violations of academic or professional standards.
PURPOSE: Clarify the use, ownership and distribution of digital media of classroom and laboratory experiences.

POLICY: Digital media created and utilized for classroom or laboratory learning experiences should not be distributed outside of secure university course management systems. Digital recordings of a faculty member or a simulated patient experience without express written consent are considered a professional behaviors violation. The reposting of digital media to external Internet sources by students without express written consent of the program is considered a professional behaviors violation.

DEFINITION: Digital media may include, but is not limited to powerpoints, digital images, digital videos, digital recordings and/or graphics. External Internet sources may include but not limited to sites like www.Youtube.com
PURPOSE: To provide operating guidelines to support the professional use of social media within the department of physical therapy by faculty, staff and students.

BACKGROUND: SBU DPT believes that all faculty, staff and students should understand what it means to be a health care professional and that your professional reputation is reaffirmed daily. You are responsible for protecting that professional reputation.

Social media are powerful communications tools that have a significant impact on organizational and professional reputations as these tools have the ability to blur the lines between personal voice and organizational voice.

SBU DPT believes that contemporary social media does not create a new world of communication and responsibilities, but simply provides new tools and venues.

SBU DPT wishes to utilize social media to engage faculty, staff, students, alumni and our community in conversations that will promote a positive, supportive and encouraging message of healing both physically and spiritually to all stakeholders. A guiding premise is to not only promote physical therapy as a profession, but to promote the message of our Lord and Savior Jesus Christ.

DEFINITIONS: Social Media platforms are media tools and online spaces designed to integrate and share user-generated content in order to engage users in conversations and build community. Examples are, but not limited to, Facebook, Twitter, LinkedIn and YouTube.

Content Owner for the purpose of this policy shall be the department.

Moderator is assigned by the department as the individual for moderating comments and postings by internal and external users, including deleting comments and posting that do not meet the criteria set forth in this policy.

POLICY: Faculty, staff, students and other department employees should follow the same professional behavioral standards online as they would in real life. The same laws, professional expectations, and guidelines for interacting with the community and constituents apply online as in the real world. While an individual is entitled to express individual opinions and ideas, each individual has a professional responsibility to not violate Department and/or University policies or negatively impact the operations of the Department and/or University. A moderator shall be assigned to any social media that represents any aspect of the department to ensure compliance with policies.

GUIDELINES: What You Should Do?

1. Be smart. Think twice before posting. Privacy does not exist in the world of social media. Consider what could happen if a post becomes widely known and how that may reflect both on the individual and the department and/or university.
Policy 04-14, Page 2 of 2

2. Be respectful. Be professional. It is imperative to protect the institutional voice and values. Posts on social media sites should protect the university’s institutional voice by remaining professional in tone and in good taste as well as adhering to the values of the university. Profile pictures and other visual elements on social media should reflect the utmost in professionalism and the values of the university.

3. Be authentic. When you post or comment in social media always state your name.

4. Be transparent. State that it is your opinion. Unless authorized to speak on behalf of the Department or University you must state that the views expressed are your own.

5. Be careful. Protect what personal information you share online. Protect confidential and proprietary information about the Department and the University. An individual should strive for accuracy. Ensure the facts are straight before posting them on social media. Review content for grammatical and spelling errors.

6. Be responsible. Avoid use of social media that distracts you from your task at hand. Personal use of social media, as with the personal use of cell phones, the Internet and email, should be reserved for non-classroom sessions with emergencies being the exception.

7. Ask for permission. Institutional representation via social media can only be authorized through the Department. Any sites or pages existing without prior authorization as required above will be subject to review when discovered and may be amended or removed.

8. Keep lines between personal and professional as clear as possible. Many social media were created in an attempt to perpetuate the culture of high school and undergraduate school. You are now in graduate school and working to become a professional. Stick to postings in public forms and groups. Avoid linking (e.g. “friending”) SBU professors to private pages while you are a student.

What You Should Never Disclose?

1. Confidential SBU information: If you find yourself wondering whether you can talk about something you learned while at school, then don't.

2. Patient information: Do not talk about patients seen in the department or post patient information.

3. Personnel Information: Do not refer to your classmates in an abusive or harassing manner.

4. Materials that belong to someone else: When posting, be mindful of the copyright and intellectual property rights of others and of the department and/or university. Stick to posting your own creations. Do not share copyrighted publications, logos or other images that are trademarked. If you do use someone else’s material, give them credit. In some cases you may also need their permission.

5. Conflicts of Interest. Do not use the name or images associated with SBU to promote a product, cause, or political party or candidate.

PROFESSIONAL EXPECTATIONS:

Violation of any Department and/or University policies is inappropriate and may result in disciplinary action. Violations of this policy should be immediately reported through the appropriate chain of command.

Materials adopted and modified from:

1) Ball State University Social Media Policy
   (2009). http://cms.bsu.edu/About/AdministrativeOffices/UMC/WhatWeDo/Web/~/media/DepartmentalContent/UMC/pdfs/BallState_SocialMediaPolicy.ashx

2) Ohio State University Medical Center Philosophy on Social Media

3) VUMC Social Media Policy
PURPOSE: It is the intent and purpose of the department to validate that all of the work submitted by the student is original and that inappropriate sources to secure information that would give the student an unfair advantage are eliminated.

POLICY: The student is responsible for all published academic integrity standards in the respective handbooks and catalogs of the department and the university. It is expected that the student will uphold the highest level of integrity and submit original work(s) for evaluative purposes.

The following specific elements have been adopted by the department to promote the highest standards of academic integrity:

A) The department will utilize all available academic integrity tools (e.g. SafeAssign; Turnitin) and any others deemed necessary, to identify breeches of academic integrity.

B) Students may not, at any time, copy or distribute either in hard copy or electronic copy format for either personal or group use any formal assessment tool or exam of the department. If a student is caught in possession of or distributing such a tool it will be considered a serious violation of the academic integrity policy.

C) Students may not, at any time, utilize electronic devices (e.g. cell and/or smart phones, calculators, personal laptops, watches, or any other “smart” technological based products) during class or department examinations and assessments. If a student is caught using such a device it will be considered a serious violation of the academic integrity policy and possibly a violation of the SBU computer usage policies.

D) Students may not, at any time, during computerized testing, open an unauthorized screen. If a student is caught doing so, it will be considered a serious violation of the academic integrity policy.

E) Students may not, at any time, disclose or discuss any information related to assessment or the processes of assessment to anyone other than the instructors directly involved in the assessment.

F) No hats of any sort may be worn that cover your face or eyes during testing in the department of physical therapy. If a student is wearing such a hat during testing, an automatic grade of zero will be given to the student and the student will be asked to leave the testing room immediately.

G) The following academic integrity statement will be published in each syllabus for informational purposes:
It is expected that all students will behave in a Christ-like fashion and uphold the highest standards of integrity and personal ethics. Academic integrity is expected for all graded coursework. Students who cheat or misrepresent the truth will be held accountable as described in the SBU student handbook (Department Policy 04-15). Such conduct is not consistent with the Christian lifestyle and Biblical principles or with the ethical standards of the profession of physical therapy (www.apta.org “Code of Ethics for the Physical Therapist”).

Following are examples of what is considered cheating (this is not a comprehensive list):

- Exams may not be copied, saved or shared.
- Sharing information from graded coursework with another student.
- Collaborating on individual coursework.
- Misrepresentation of work as original (plagiarism either of your own work or another author’s work).
- Use of unauthorized tools, technology or resources during testing.

Academic dishonesty may result in any or all of the following:

- A score of “0” on the coursework in question.
- Lowering of the final course grade.
- Failure of the course.
- Referral to the PT review committee which may result in dismissal from the program.
PURPOSE: To define the expectations and responsibilities of students in leadership positions within the department.

PROFESSIONAL EXPECTATIONS: Student leadership serves a vital role as a communication conduit for the effective implementation of department policy “Complaints and Concerns (04-07)” as well as the overall operations of the department. Students wishing to serve in student leadership roles should expect that the demands on their time and professionalism are substantially increased.

These leadership positions are serving roles, and not self-serving roles. The student leadership is expected to not push personal agendas, but rather work to foster consensus, excellence and the highest Christ-centered ideals, while maintaining a servant’s heart. The leaders should strive to be an excellent facilitator and conduit of accurate communication.

POLICY: A) A student organization will be authorized by the department following appropriate university guidelines for organization and structure. A faculty sponsor will be assigned to counsel and monitor implementation of policy and procedures. The scope of this organization will be professional in nature to represent the involved students to an external constituency.

B) A student leadership advisory committee will be convened by the Department Chair. The scope of this committee will be to focus on the internal constituency within the department.

PROCEDURE:
Department Chair
1.1 Appoint Faculty Advisor to student organization
1.2 Appoint members of the student leadership advisory committee to include, but not limited to:
   1.2.1 Chair of Department
   1.2.2 Student organization faculty advisor
   1.2.3 Class coordinators
   1.2.4 Class representatives
   1.2.5 President of student organization
   1.2.6 Other relevant members as deemed necessary
1.3 Convene regular planning meetings
1.4 Produce and publish meeting minutes (or delegate accordingly)

Faculty Advisor
2.1 Directly supervise and advise student organization
2.2 Monitor effectiveness of policy implementation
2.3 Oversee financial obligations of organization
| Class Coordinators                          | 2.4 | Report to and consult with Department Chair as needed |
|                                          | 2.5 | Attend and participate in planning meetings |
| Class Representatives                    | 3.1 | Directly supervise and advise class representatives |
|                                          | 3.2 | Serve as focal contact points for class representatives |
|                                          | 3.3 | Convene informational and/or instructional constituent meetings as needed |
|                                          | 3.4 | Report to and consult with Department Chair as needed |
|                                          | 3.5 | Attend and participate in planning meetings |
|                                          | 3.6 | Attend and supervise class meetings |
| President (Student Organization)          | 4.1 | Serve as a communication conduit between class and coordinators. |
|                                          | 4.2 | Seek counsel and guidance from coordinator |
|                                          | 4.3 | Attend and participate in mandatory planning meetings |
|                                          | 4.4 | Represent and promote the standards of the university and department |
|                                          | 5.1 | Serve as a communication conduit between the student advisory committee and the student organization. |
|                                          | 5.2 | Seek counsel and guidance from faculty advisor |
|                                          | 5.3 | Attend and participate in mandatory planning meetings |
|                                          | 5.4 | Represent and promote the standards of the university and department |
PURPOSE: To establish consistent and appropriate channels for official communications from the department to the student.

POLICY: All official notices from the department will be sent to the official student local address on file with the university and/or the official SBU email provider.

DEFINITIONS: Department level communication is the intent of this policy and formal communications include, but are not limited to: a) enrollment status change, b) disciplinary actions, and c) commencement information. Course level communications may still be facilitated by current course management system supported by the university. Alumni are no longer considered students and may elect to file an external email address with the department for long term communication purposes, but it is still the alumni’s responsibility to update our records when changes occur.

PROCEDURE:

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| 1) Administrative Assistant | 1.1) Maintain student and alumni contact information (e.g. mailing address, phone numbers, email) in concert with official university databases.  
1.2) Assist with official mailings by preparing envelopes and mailings with appropriate contact information.  
1.3) When using traditional mail for official communications, utilize a traceable system (e.g. certified mail). |
| 2) Faculty and Staff | 2.1) If official communications are needed to be sent via traditional mail, request assistance of Administrative Assistant.  
2.2) If official communications are sent via email, utilize the official SBU email system.  
2.3) When appropriate, both traditional mail and email may be used in combination to send the same message. |
| 3) Student (and Alumni) | 3.1) Keep contact information current with the Department of Physical Therapy.  
3.2) Students are responsible for checking the official SBU email system periodically. |
PURPOSE: To establish a policy and guidelines for students requesting a leave of absence from the program.

POLICY: At times, students may have outside life events that dictate a leave of absence from the program (e.g. pregnancy, adoption, military service, medical issues). The department will manage requests from the student within the established parameters of the lockstep curriculum that balances both the needs of the individual student and the integrity of the degree. Students who are granted a leave of absence must meet the expectations of the lock-step curriculum based off the anticipated graduation date for the given cohort at the point of re-entry. It is not expected that the leave will have an unlimited or open ended duration, but rather an expiration point by which if the student does not return, then the ability to return is rescinded. If there are extenuating circumstances extending the length of the leave, the program reserves the right to mandate audits of previously completed coursework to ensure that the student is academically prepared to move forward.

DEFINITION: A leave of absence is one that typically occurs as the student must be away from the program for greater than a month in such that it is physically, mentally, and academically impossible to stay on track within the established semester. Due to the lockstep nature of the curriculum, the period of a leave of absence will typically be one year in duration such that the student re-enters the program at the same point in which they originally left. If the leave is initiated during a semester, it is expected that the re-entry point will be at the beginning of the given semester.

PROCEDURE: In order to request a leave of absence, the student must:

1) Demonstrate that a compelling reason exists for leave from the program.
2) Submit a formal request to the student’s advisor who will then route accordingly to the program chair and then to the core faculty for consideration.
3) Be in good academic standing free of professional behavior violations and/or academic sanctions.
4) Receive a majority vote of the Core faculty for approval.
5) Communicate to the advisor in a timely manner if extenuating circumstances present preventing the student from fulfilling the expectations of the granted leave of absence in order for proper planning to occur. The Review Committee will be charged with making recommendations and modifications to the existing plan.
PURPOSE: To provide minimum and recommended technology standards for student computer/tablets and establish operating guidelines for the professional use of student computer/tablets within the Department of Physical Therapy.

POLICY: In support of the University's mission of teaching, research, and public service, the Physical Therapy Department at Southwest Baptist University requires students to have a computer or tablet that meets or exceeds minimal technology standards for use in the Physical Therapy Program. This policy defines the technology standards, appropriate use, and student responsibility for use of these devices.

MINIMUM TECHNOLOGY STANDARDS:
- Form Factor
  - Notebook/Laptop
  - NOT PERMITTED: Chromebook, iPad
- Operating System:
  - Mac: 10.11 or higher (10.12 recommended)
  - Windows: 10
  - NOT PERMITTED: Chrome OS
- Memory
  - 4 GB RAM or higher
  - 128 GB hard drive or higher
- Network
  - Integrated Wireless (802.11a/n)
- Battery Life
  - Minimum function for 3 hour period without external power (8+ hour recommended)
- Installed Software
  - Web browsers (Firefox, Edge, Safari, or Chrome)
  - Respondus Lockdown Browser
  - Microsoft Office 365 (available free with student account)
  - Video player (compatible with MP4, and MOV)

ENFORCEMENT:
- Minor infractions of this policy or those that appear accidental in nature are typically handled informally by electronic mail or in-person discussions. More serious infractions are handled via formal procedures. In some situations, it may be necessary to suspend account privileges to prevent ongoing misuse while the situation is under investigation.
Policy 04-20, Page 2 of 5

- Infractions by students may result in the temporary or permanent restriction of access privileges, penalties applied to a given examination, notification of a student's academic advisor and/or referral of the situation to the PT Review Committee.
- Offenses which are in violation of local, state, or federal laws may result in the restriction of computing privileges, and will be reported to the appropriate University and law enforcement authorities.

DEFINITIONS:
Student Computer/Tablets
- Student computer/tablets are computing devices that the students are required to obtain prior to beginning the PT program.
- These devices are owned by the students and will be retained by the student at the end of their tenure as students of the program.
- While in the program, the students are responsible to maintain their computer/tablets in working order.

Student Rights and Responsibilities
- Computers and networks can provide access to resources on and off campus, as well as the ability to communicate with other users worldwide. Such open access is a privilege, and requires that individual users act responsibly. Users must respect the rights of other users, respect the integrity of the systems and related physical resources, and observe all relevant laws, regulations, and contractual obligations.
- Students may have rights of access to information about themselves contained in computer files, as specified in federal and state laws. Files may be subject to search under court order. In addition, system administrators may access user files as required to protect the integrity of computer systems. For example, following organizational guidelines, system administrators may access or examine files or accounts that are suspected of unauthorized use or misuse, or that have been corrupted or damaged.

Computer Security
- Individuals using computing services are responsible for keeping accounts and passwords confidential and for safeguarding all University data and information, especially those covered by state and federal regulations such as FERPA and HIPAA, regardless if it is being stored on University computing resources, stored on non-University resources, or being transmitted over communication networks.
- Unless there is a legitimate University purpose, users shall keep all faculty, student, staff, and patient personally identifiable information (as defined by FERPA, HIPAA, and any other applicable federal or state regulation) confidential and shall not transmit or request to receive such information. Examples of this type of information include social security numbers, driver’s license numbers, birth dates, protected health information within the meaning of HIPAA, and insurance policy numbers. This is not an exhaustive list. When in doubt, individuals should contact the PT Department Student Tablet Administrator.

Account Authentication
- Passwords, PINs, and other identifiers authenticate the user’s identity and match the user to the privileges granted on student tablets, computer networks, systems, and computing resources. A password is a security measure designed to prevent unauthorized persons from logging on with another person’s computer account and reading or changing data accessible to that user. Users
should create passwords carefully and handle them with care and attention. For this security feature to be effective, the user must protect the secrecy of his/her password.

- Each user should:
  - choose a password that is easy to remember but hard to guess
  - change his/her password regularly and at any time the user believes the password may have been compromised
  - avoid writing the password down
  - not disclose or share the password with anyone
- Similar measures apply to all authentication methods such as PINs.

Existing Legal Context

- All existing laws (federal and state) and University regulations and policies apply, including not only those laws and regulations that are specific to computers and networks, but also those that may apply generally to personal conduct.

- Misuse of computing, networking, or information resources may result in the restriction of computing privileges. Additionally, misuse can be prosecuted under applicable statutes. Users may be held accountable for their conduct under any applicable University or campus policies, procedures, or collective bargaining agreements. Complaints alleging misuse of campus computing and network resources will be directed to those responsible for taking appropriate disciplinary action. Reproduction or distribution of copyrighted works, including, but not limited to, images, text, or software, without permission of the owner is an infringement of U.S. Copyright Law and is subject to civil damages and criminal penalties including fines and imprisonment.

Examples of Misuse

Examples of misuse include, but are not limited to, the activities in the following list.

- Using a computer account that you are not authorized to use. Obtaining a password for a computer account without the consent of the account owner.
- Using the Campus Network to gain unauthorized access to any computer systems.
- Knowingly performing an act which will interfere with the normal operation of computers, terminals, peripherals, or networks.
- Knowingly running or installing on any computer system or network, or giving to another user, a program intended to damage or to place excessive load on a computer system or network. This includes but is not limited to programs known as computer viruses, Trojan horses, and worms.
- Attempting to circumvent data protection schemes or uncover security loopholes.
- Violating terms of applicable software licensing agreements or copyright laws.
- Deliberately wasting computing resources.
- Using electronic mail to harass others.
- Masking the identity of an account or machine.
- Posting materials on electronic bulletin boards that violate existing laws or the University's codes of conduct.
- Attempting to monitor or tamper with another user's electronic communications, or reading, copying, changing, or deleting another user's files or software without the explicit agreement of the owner.

Activities will not be considered misuse when authorized by appropriate University officials for security or performance testing.
Appropriate Use

- SBU extends to students the privilege to use its network. When you are provided access to our campus network, you are enabled to send and receive electronic mail messages around the world, share in the exchange of ideas through electronic news groups, and use Web browsers and other Internet tools to search and find needed information.

- The Internet is a very large set of connected computers, whose users make up a worldwide community. In addition to formal policies, regulations, and laws which govern your use of computers and networks, the Internet user community observes informal standards of conduct. These standards are based on common understandings of appropriate, considerate behavior which evolved in the early days of the Internet, when it was used mainly by an academic and highly technology community. The Internet now has a much wider variety of users, but the early codes of conduct persist, crossing boundaries of geography and government, in order to make using the Internet a positive, productive, experience. You are expected to comply with these informal standards and be a "good citizen" of the Internet.

PROCEDURE:

Responsibility   Action
Core Faculty 1.1 Establish technology standards to enable students to interact with desired software within the curriculum.

Department Chair 2.1 Publish technology standards in the student handbook and distribute accordingly to students.

Faculty 3.1 Prepare for technology utilization sessions scheduling and securing resources including but not limited to device backups.
3.2 Report technical issues to department technology coordinator.
3.3 Respond to unexpected situations and developments accordingly.
3.4 Make referrals to the PT Review Committee for identified offenses on the part of the student.

Student Tablet Administrator

4.1 Review and make recommendations for technology standards updates.
4.2 Coordinate with university technology services to implement department technology standards and correct issues as they develop.
4.3 Manage daily issues that arise from students and faculty related to the implementation of this policy.

Student

5.1 Obtain a computer/tablet that meets or exceeds the minimal technology standards listed in this policy.
5.2 Install the required software listed below in this policy.
5.3 Maintain the student computer/tablet in a condition ready to function.
   5.3.1 Battery charged prior class periods/testing sessions
   5.3.2 As required updates installed prior to testing sessions
5.4 Utilize the student computer/tablet for all electronic testing.
   5.4.1 Failure to maintain the student computer/tablet and present to testing sessions with the table in working condition (including an adequate charge to the battery to allow completion of the testing
session without external power) will result in a 10% penalty applied to that testing session. 
5.4.2 In the event that a technology issue occurs during a testing session, an alternate device will be provided for that testing session. The student is responsible to correct the technology issue prior to the next testing session. 
5.5 Utilize the student computer/tablet in a manner that is consistence with this policy and the definitions contained in this policy.
Title: Global Health Outreach Team Organization and Operations
Date Effective: 10.06.17
Date Replaces: N/A
Policy Number: 04-21
Page: 1 of 1

Approval Signatures & Date:
Department Chair: 10.06.17

PURPOSE: To establish operation parameters for the organization of teams to support the Global Health Outreach (GHO) ministry of the SBU Physical Therapy Department.

DEFINITION: The Global Health Outreach ministry is a distinctive supportive element of the SBU Department of Physical Therapy working to meet the needs of a broken society by providing Christ-centered service, learning, and health care to those in need both home and abroad. GHO is not a required element of the Doctor of Physical Therapy curriculum and should only be considered for participation after prayerful consideration.

POLICY: It is expected that teams built from the SBU physical therapy community will be representative of the standards and expectations set forth by the University making a commitment to uphold and support the Southwest Commitment as a Christ-centered academic institution. All GHO team members are expected to sign and uphold the Christ-centered standards of the university.

Students participating on GHO teams are expected to be in good academic standing, free from negative professional behavior issues, and contribute to an efficient and effective team. Admission to the Doctor of Physical Therapy program or other campus based programs does not guarantee that a student will be selected as a GHO team member.

Identified team leaders are charged with organizing, guiding and directing teams under the supervision of the Global Health Coordinator with a primary focus toward team unity and team dynamics in support of the GHO Christ-centered ministry.

The GHO utilizes third party organizations to achieve its mission. The third party organization may put further participation restrictions on team members that are outside the control of this department (e.g. strict Christian evangelical abilities). The department, the GHO, and the team will recognize and respect the authority of the third party organization in all matters pertaining to selection, organization and deployment of GHO teams.

PROCEDURE:

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
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<tbody>
<tr>
<td>Global Health Coordinator</td>
<td>1.1 Plan, coordinate, organize and delegate tasks when needed for the selection, training, and deployment of GHO teams.</td>
</tr>
<tr>
<td></td>
<td>1.2 Same supportive actions designated in “Alumni and</td>
</tr>
</tbody>
</table>
Other Community Support” if so called.

Core Faculty

2.1 Provide consultative input to Global Health Coordinator on the selection of GHO team.
2.2. Same supportive actions designated in “Alumni and Other Community Support” if so called.

Students

3.1 After prayerful consideration, discuss with GHO coordinator if this ministry is a specific calling for the individual student. The student should consider:
   3.1.1. Spiritual position and growth
   3.1.2. Professional position and growth
   3.1.3. Time commitment
   3.1.4. Financial commitment
3.2 Respond to call to action to volunteer for team based assignments
3.3 Sign principals and expectations statement promising to uphold the Christ-centered purpose of the team
3.4 Raise funds to cover designated portion of team expenses.

Alumni and Other Community Support

4.1 Respond to call to action to volunteer for team based assignments
4.2 Sign principals and expectations statement promising to uphold the Christ-centered purpose of the team
4.3 Raise funds to cover designated portion of team expenses.
4.4 Become a team leader if requested by Global Health Coordinator
   4.4.1 Organize, Guide, and Direct Team prior to, during, and after deployment.
   4.4.2 Focus on team unity and dynamics to achieve mission.

Chair

5.1 Appoint and supervise a Global Health Outreach Coordinator
5.2 Maintain overall operating budget of GHO ministry accounts at the university level.
5.3 Same supportive actions designated in “Alumni and Other Community Support” if so called.
THE SOUTHWEST COMMITMENT
“our belief [is] that there is only one God, who is the creator, and redeemer, and that the world is sustained by Him. We believe that God, the source of all truth, has given us His inspired Word, the Bible, as the perfect treasure of divine instruction, the sole authority for our faith and practice. We believe that the revelation of God through the life and teachings of Christ challenges us to become Christ-like in all our endeavors...”
-Adopted 1979 by the University Board of Trustees

This statement of University Principles and Expectations, based on the central truth of the Southwest Commitment and adopted by the Trustees in 1994, is not intended as a legalistic code of ethics, but is an attempt to outline the expectations of the University family of Southwest Baptist University. Everyone who becomes a part of this University family has a right and a responsibility to fully understand what is expected of them in conduct and attitude. It must be clear what has and what should continue to make Southwest Baptist University distinctive.

PRINCIPLES AND EXPECTATIONS
As a distinctively Christian and Baptist institution, Southwest Baptist University believes it should demonstrate how the life-values commanded in Scripture can be integrated with academic instruction. These values include a sensitivity to the needs of the larger community; a commitment to justice, mercy, and personal integrity; a desire for moral growth; and a sense of mutual accountability. The moral values of the University are expressed as ethical standards and are guided by an understanding of Scripture and a commitment to its authority regarding all areas of Christian faith, learning, and living. Because of the prevailing moral confusion in our society, the University must speak clearly about Christian ethical standards. Five statements of ethical standards have been adopted by the Board of Trustees for the University family, which is composed of students, faculty, staff, administrators and trustees. These standards concern Academic Integrity, Christian Lifestyle, Sexual Conduct, Marriage and Family Responsibility, and Respect for People and Property.

These statements of ethical standards guide the University in its obligations to students and others in the University family who are involved in an honest pursuit of the truth by requiring integrity in academic pursuits, by encouraging a Christian approach to sexuality, by supporting a stable family life, and by modeling responsible Christian interpersonal relationships. The University is committed to providing education and counsel to those of its community; to extending Christian love to those involved in strife, marital discord, or the struggle for proper sexual expression; and to demonstrating the acceptance of the forgiveness for human failure which is available through Jesus Christ.

STATEMENT ON INTEGRITY
PRINCIPLE: Truthfulness, diligence and commitment are part of the very nature of God. God's plan for believers is that their nature will become like His. Because of this, our lives should demonstrate these qualities. Scripture commend personal integrity and condemns that which undermines it.

EXPECTATION: Academic integrity is based on truthfulness and is the responsibility both of faculty and students. Faculty members are responsible for maintaining integrity in their academic pursuits. Faculty members also have the responsibility for setting and clarifying academic requirements for the work of students. Academic integrity is a personal responsibility of students to represent as their own work in reports, papers, or examinations only what they are entitled to present honestly. Academic integrity also includes the collective responsibility of faculty members and students to ensure that all uphold the spirit and letter of this principle. Conduct which violates academic integrity includes cheating in any form on examinations and presentations of the ideas or writings of others without proper credit.

STATEMENT ON CHRISTIAN LIFESTYLE
PRINCIPLE: Scripture teaches that believers are set apart to God's purpose through sanctification, but will sin. Scripture also demands that believers demonstrate a lifestyle that is distinctively different from that of non-believers.

EXPECTATION: A Christian lifestyle is expected of all members of the University family. It consists of demonstrating those attitudes produced by the gift of the Spirit, practicing truthfulness in all relationships or activities, and exhibiting our
dedication to Christ through our commitment to excellence in daily work or academic activities. A Christian lifestyle avoids such specific sins as greed; jealousy; pride; lust; bitterness; uncontrolled anger; prejudice based on race, sex, or socioeconomic status; use of alcohol as an intoxicant; substance abuse; stealing; profanity; dishonesty; occult practices; illegal activities; use of pornography; and sexual sins, such as pre-marital sex, adultery, and homosexual behavior.

**STATEMENT ON SEXUAL STANDARDS**
PRINCIPLE: Scripture teaches that heterosexual union is the only acceptable expression of sexuality and must be reserved for marriage and insists on sexual abstinence for those who are unmarried.
EXPECTATION: All members of the University family should abstain from unbiblical sexual practices and from behavior which may lead to a violation of God's standards on sexual activities.

**STATEMENT ON MARRIAGE AND FAMILY**
PRINCIPLE: God's ideal for marriage is a lifelong covenant between one man and one woman. Scripture views marriage as a witness to the permanent relationship between Christ and His Church and the family as God's first institution.
EXPECTATION: The University has a concern over the increasing pressure being placed by external and internal forces on the institution of marriage. It recognizes the struggle of those within the University family who strive to keep their marriages stable under these pressures. Nevertheless, members of the University community should not enter into divorce except under the most severe circumstances and then only after pursuing all possible options, including counseling, and after considering the impact of divorce on their families, their personal lives, and their professional responsibilities at SBU.

**STATEMENT ON RESPECT FOR PEOPLE AND PROPERTY**
PRINCIPLE: Scripture teaches that all people, regardless of their socioeconomic, physical, mental or spiritual condition, are individuals of worth in the eyes of God. Scripture also teaches that ownership of property is to be respected. It exhorts Christians to look out for the welfare of other people, to be good stewards of the possessions God has given, and to be honest with one another.
EXPECTATION: The University expects behavior from all members of the University family that demonstrates the highest standard of respect for people and property and that exemplifies the Christian commitment to loving one another. Certain behaviors are not acceptable according to this ethical standard. These include sexual harassment, disrupting the rights of others to pursue appropriate University activities, depriving individuals of the use of their property or depriving the University of the use of its property.

**UNIVERSITY RESPONSE**
The University recognizes a responsibility to assist all members of the University family to grow spiritually, mentally, and emotionally. The University responds to that responsibility by offering opportunities for education, ministry, encouragement, and worship. The University encourages members of its family to take advantage of these opportunities. This process of growth sometimes involves failure to meet expectations. The University, as a place of learning, prefers to deal with that failure as an opportunity for redemption and future growth. In those few cases where the individual has willfully ignored the expectations and refuses all opportunities for redemption or where the failure causes substantial public damage to the institution, the University may find it necessary to sever the relationship with the individual.

I, _________________________ (insert name of individual) have read thoroughly the above Southwest Baptist University Principles and Expectations document. I agree to live and abide by these.

______________________________________________  _________________________
(Signature)                                      (Date)
PURPOSE: To ensure integration of materials in related courses and coordination of schedule within a semester/module.

POLICY: All semesters/modules with more than one instructor will have a coordinator to coordinate schedule of classes and materials.

DEFINITION:
1) For the planning and assessment purposes the courses from summer will be rolled into fall, and January term courses will be rolled into spring.
2) Clinical education courses related to planning and assessment will be conducted independent of didactic coursework as part of the ACCE annual report.

PROCEDURE:
Department Chair
1.1 Appoints a faculty member as coordinator during the annual review and development plan process.
1.2 Oversees scheduling of classes.
1.3 Reports class schedule on appropriate University forms.

Coordinator
2.1 Meets with faculty in semester/module to:
2.1.1 develop plan for integration of related material;
2.1.2 coordinate schedule;
2.1.3 initiate evaluation of effectiveness of curriculum within semester/module; and
2.1.4 make recommendations to curriculum committee for curricular changes.
2.2 Reports schedule and any changes to Department Chair.
PURPOSE: To ensure classes meet appropriate to credit hours and semester/module schedule.

POLICY: All classes will be scheduled for 16 (50 minute) hours for each unit of credit. The Entry Level Doctor of Physical Therapy program will be 33 months long.

The Department of Physical Therapy generally follows the normal University semester calendar however; some modifications are made to accommodate the delivery of classes and clinical education. The semester schedules will be posted on the Department of Physical Therapy Community Website. Deviations from the regularly published calendar may be made at times to accommodate guest lecturers and special learning opportunities. Extra morning, afternoon, evening or weekend sessions may be utilized accordingly during the normal semester. It is the responsibility of the learner to adjust their individual schedules to incorporate these changes of scheduling to maximize their learning opportunities. Students are recommended not to hold outside employment that infringes upon the available M – F 8 to 5 p.m. timeslot. This time should be dedicated to attending class, studying, and group work.

Five weeks of predetermined break time are incorporated into the SBU DPT Curriculum. These weeks include one week at Thanksgiving, two weeks at Christmas, one week for Spring Break, and the week after May Commencement. The exact calendar dates of these breaks vary from year to year. It should be noted that the Spring Break week for the final year of the curriculum while on clinical is not guaranteed.

Chapel attendance is not required for graduate students. Students wishing to attend a specific chapel should discuss this individually with the instructor if a conflict arises.

The Department Chair is responsible for overseeing the schedule of classes and reporting the schedule to the university. Semester/module coordinators are responsible for coordinating activities within a given semester or module.

PROCEDURE:

<table>
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<tr>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Department Chair</td>
<td>1.1 Develops overall schedule</td>
</tr>
<tr>
<td></td>
<td>1.2 Communicates schedule to students</td>
</tr>
<tr>
<td>Semester/module coordinator</td>
<td>2.1 Manages and coordinates classes and activities within a given semester or module</td>
</tr>
<tr>
<td></td>
<td>2.2 Consults with department chair as needed</td>
</tr>
</tbody>
</table>
PURPOSE: To ensure relevant program, faculty, and student goals and expected outcomes are being regularly assessed and modified as needed.

POLICY: Assessment of the program and curriculum will be a planned ongoing process with appropriate analysis and reporting of collected data. Formal assessment with identified revisions of the program and/or curriculum will occur at least annually with input from a variety of sources including academic faculty, clinical faculty, students, alumni, and employers. Revisions, modifications and/or updates as deemed necessary will be accomplished through a continuous quality improvement process involving core faculty as well as other pertinent stakeholders as needed (e.g. clinical faculty, employers, administration).

Data sources will include at least:
1. Capstone and practical exams taken by students;
2. Assessment portfolios compiled by students;
3. Post course satisfaction surveys;
4. Student performance on various classroom assignments (written and oral);
5. Clinical education experiences and documentation;
6. Direct student, alumni, academic faculty, clinical faculty, employer input; and
7. Other external performance data (e.g. National Physical Therapy Exam)

The assessment process will be accomplished as follows:
1) University managed post-course evaluations at end of each course (ongoing)
   Interaction: Faculty to use constructive criticism from a variety of sources to make minor course level changes. Forward information to curriculum committee with recommendations of major changes (e.g. textbook changes, objective changes, substantive course changes as defined in the university handbook)
2) Periodic Curriculum Assessment Survey to DPT 1 and DPT 2 Cohorts (Feb for FA JA Terms; Aug for SP SU Terms)
3) Send 1(2)- and 5(6)- year alumni assessment tools (April even years)
4) Exit survey graduating DPT class (May every year)
5) Focus Group interaction to include alumni, clinical faculty, employers (Summer every year at CI workshop, alumni events)
6) Clinical faculty survey as part of clinical education (at end of each rotation)
7) Student performance data and feedback as part of clinical education (at end of each rotation)
8) Collected elements are part of regularly scheduled courses within the curriculum (ongoing)
9) Board licensure rates (annually each fall)

Survey content will be based on the Physical Therapy Program's mission, goals and expected outcomes related to the program, faculty and students levels.
PURPOSE: To define the parameters for paying tuition and fees for the SBU DPT program

POLICY: Tuition and curriculum fees to cover normal enrollment within the SBU DPT program will be collected in two equal annual installments over any given academic year. The administration establishes the rate based upon cost of maintaining the program and comparative regional and/or national rates. The administration reserves the right to increase or decrease rates accordingly and without notice. Courses not regularly scheduled within the normal lockstep sequence will not be covered by the regular annual tuition and are subject to additional tuition and fees.

PROCEDURE

Flat Rate Tuition

1.1 The University will establish and collect an annual tuition.
1.1.1 The university will bill this annual tuition in two equal installments (fall, spring). The fall installment covers summer and fall courses, while the spring installment covers winter and spring courses.
1.2 The annual tuition covers all normal courses within the lockstep curriculum for that given academic year regardless of credit hours.
1.3 An extra per credit hour tuition charge will be applied when a special class that is not regularly part of the lockstep curriculum is established.
1.4 Current tuition rates are published accordingly in department and university catalogs and/or handbooks, university websites, and via accreditation portals.

Fees

2.1 The University will establish and collect appropriate fees including, but not limited to curriculum, course, health, technology, and graduation.
2.1.1 Graduate PT students are not responsible for paying mandatory student activity related fees which may exclude them from certain campus based resources (e.g. intramurals, fitness center). The student has the option to pay these fees and access the resources in an a la carte fashion.
2.1.2 University fees may be billed either per semester basis or one time basis.
2.2 The department will establish and collect a curriculum fee and/or other specific course fees that will be directly used to offset the costs of annual operations of the department.

2.2.1 Department fees will be billed and collected in concert with university tuition (see 1.1).

2.2.2 Curriculum fees may or may not be applied to a course that is not regularly part of the lockstep curriculum depending on the nature and expected extra expenses of running a given course.

2.3 Current fee rates are published accordingly in department and university catalogs and/or handbooks, university websites, and via accreditation portals.
“Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving.”

- Colossians 3:23-24
Graduate level education is a rigorous and exciting challenge. It brings with it many requirements for which the student is ultimately responsible. To facilitate your effort in meeting the demands of the graduate program in physical therapy at Southwest Baptist University you are being provided a copy of the Physical Therapy Student Handbook, the Clinical Education Handbook, the SBU Graduate Catalog, and the SBU Student Handbook. We will follow the policies and procedures found in these documents. Graduate advisors, faculty, and staff are available to assist you if and when you need clarification and guidance.

Please initial below in the available spaces and sign the acknowledgment form returning it to the main office in the Physical Therapy Department.

___ I have received an electronic copy of the Physical Therapy Student Handbook, the Clinical Education Handbook, the SBU Graduate Catalog, and the SBU Student Handbook. I understand that I am responsible for the information found in these documents.

___ Changes in name, address, or phone number must be reported by you immediately to the Office of the Registrar and to the Physical Therapy Department.

___ I have read and understand the SBU DPT attendance policy (found in Physical Therapy Student Handbook).

___ I have read and understand that I must comply with the Essential Functions and Technical Standards policy of the department in order to matriculate in the program (found in Physical Therapy Student Handbook).

___ I have read and understand the SBU FERPA policy related to my academic record (found in SBU Graduate Catalog).

___ I have read and understand grounds for which I may be dismissed from and/or denied the privilege to re-enroll in SBU DPT and/or Southwest Baptist University (found in Physical Therapy Student Handbook and SBU Student Handbook).

___ I understand that I should immediately report known or suspected criminal background issues to the clinical education staff for analysis as placement in clinical settings is often difficult with a history of criminal actions. Students should not assume that a background check is “clean” simply because a lawyer said so or because an active case was dismissed.

___ Students are responsible for all aspects of application for state licensure. Students are encouraged to bring completed application materials on the curriculum wrap up-day for necessary signatures and validations. Successful completion of the SBU DPT program does not ensure that the student will successfully receive licensure from a respective state agency. A professional board examination must be taken and passed, and evidence of good moral character must be demonstrated to the licensing board. Students with history of criminal actions seeking to obtain a license to practice physical therapy may have to submit extra paperwork that could delay or jeopardize the application process.

_______________________________________ Class of ________________
Name (Printed)

_______________________________________ ________________________
Signature Date
RACE/ETHNICITY REPORTING

In October 2007, the US Department of Education posted new requirements for reporting race/ethnicity for all students, faculty, and staff at higher education institutions. In order for us to comply with this reporting, we need information from you. Please respond to the following questions.

1. Are you a US citizen? Yes  No

If you answered “Yes” to the question above, please respond to the following two questions. If your answer was “No”, skip the following two questions.

2. Are you Hispanic/Latino? Yes  No
3. Indicate your race by choosing one or more of the following races:
   a. American Indian or Alaska Native
   b. Asian
   c. Black or African-American
   d. Native Hawaiian or Other Pacific Islander
   e. White
Southwest Baptist University
Department of Physical Therapy

Disclosure of Disability Form
(updated 06.05.12)

Southwest Baptist University is committed to providing all students with optimum learning experiences. This commitment applies to students who have special needs due to a disability. Completing the Disclosure of Disability Form is required of all students whether you are or are not disclosing a disability. This form is required to be submitted at the start of the program and may be updated as needed at any point during the curriculum if the student’s individual situation changes. Please complete the adjacent form and return to:

Steven G. Lesh, PhD, PT, SCS, ATC
Chair of the Physical Therapy Department
Southwest Baptist University
1600 University Avenue
Bolivar, MO 65613

It is the policy of the Southwest Baptist University Physical Therapy Program to provide reasonable accommodation to qualified students with a disability so long as it does not fundamentally alter the nature of the program offered and does not impose an undue hardship. Applicants must be able to meet the requirements of the SBU Physical Therapy Program Technical Standards and Essential Functions to enroll in the physical therapy program. Students will also be required to meet these standards for promotion within the program and for graduation. Inability to meet the requirements set forth in the Technical Standards and Essential Functions, with or without an accommodation, is cause for denial of enrollment or dismissal from the program. If a student cannot meet or demonstrate the Technical Standards and Essential Functions, it is the responsibility of the student to request an appropriate accommodation.

Once the Disclosure of Disability Form has been received and processed, if you are disclosing a disability, then you will be contacted to schedule an appointment with the Chair of the Physical Therapy Department. You should bring all information related to your disability with you to this meeting. You should include any current (last three years) documentation related to your disability that will help SBU meet your needs. A phone conference can be arranged for out-of-state students. All information will be kept in strict confidence. Only information required for successful implementation of granted accommodation(s) will be disclosed when needed to appropriate SBU personnel.

For a graduate of the SBU DPT Program to become a licensed professional, they must successfully sit for and pass appropriate external exams and licensure requirements. It is plausible that accommodations granted as a student within the program may not be accepted by external bodies and it is the responsibility of the student to secure the appropriate documentation to satisfy the requirements of the external agencies related to accommodation requests.
Southwest Baptist University
Department of Physical Therapy

Disclosure of Disability Form
(updated 06.05.12)

Name: _____________________________________ SS#: _____ - _____ - ________

Address: ______________________________________________________________________

City, State, Zip: ________________________________________________________________

Phone: (_____) _____-__________ Email: __________________________________________

Do You Wish to Make a Disclosure of Disability? YES _______ NO _______

Signature: ______________________________________ Date: ________________________

If “No” - please stop here and return the form to the address on the first page.
If “Yes”- please complete the remainder of the form, then return to the address on the first page.

Nature of Your Disability:

_____ Mobility (describe): ______________________________________________________

_____ Hearing (describe): ______________________________________________________

_____ Visual (describe): ______________________________________________________

_____ Learning (describe): ______________________________________________________

_____ Other (describe): ______________________________________________________

Please describe limitations in major life activities and previous accommodations that have been granted:

______________________________________________________________________________

______________________________________________________________________________

Will you be receiving assistance from the Division of Vocational Rehabilitation, the Division of Services for the Blind, or other such agencies? YES _______ NO _______

If “Yes” – please describe: ______________________________________________________

Caseworker: ____________________________ Phone: ____________________
Southwest Baptist University
Department of Physical Therapy
Professional Behaviors Checklist

Remember this: Whoever sows sparingly will also reap sparingly, and whoever sows generously will also reap generously - 2 Cor 9:6

Southwest Baptist University is a Christ-centered, caring academic community preparing students to be servant leaders in a global society. The following standards are by which the faculty and the professional community will measure each graduate student. It is imperative for each student to appreciate that professionalism will impact, either positively or negatively, future curricular elements such as matriculation, clinical placements, references, graduation, and scholarships. The SBU DPT faculty anticipates that each student will exceed all expectations that are established.

Please read the following professional behavior expectations, initial to acknowledge that you have read each one, and return the signed form to the SBU PT Department Office. Please keep a copy for your own personal records and reflection.

Name (Printed): ______________________________________________ Date: ___________________

Signed: _____________________________________________________

SBU DPT Values **Commitment to Learning** as demonstrated by the ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding; formulates appropriate questions; demonstrates positive attitude toward learning; sets personal and professional goals; seeks out professional literature. _____ (initial)

As an example, the faculty expects that every student desires strongly to in the SBU DPT program and that they come to class each and every day with a positive attitude ready to integrate new knowledge and understanding. The student should manage their outside activities accordingly so it does not interfere with the student’s ability to be alert and participative each day.

SBU DPT Values **Interpersonal Skills** as demonstrated by the ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues; maintains professional demeanor; demonstrates empathy and interest in people as individuals; listens actively; cooperates; communicates with others in a respectful, confident manner. _____ (initial)

As an example, the physical therapist must be able to effectively and efficiently work with people of all nationalities, races, and creeds not letting personal opinions or biases interfere with the health management of those who entrust their care to the therapist.

SBU DPT Values **Communication Skills** as demonstrated by the ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes; demonstrates understanding of basic English; uses correct grammar, accurate spelling, and expression; writes legibly; recognizes impact of non-verbal communication; maintains eye contact, listens actively. _____ (initial)

As an example, the student must effectively communicate with the clinical instructor to ensure that a safe environment for the patient is fostered. This skill is perhaps one of the greatest that a future physical therapist must possess as without effective communication, the ability to successfully manage a patient case load is severely diminished.

SBU DPT Values **Effective Use of Time and Resources** as demonstrated by the ability to obtain the maximum benefit from a minimum investment of time and resources; meets external deadlines; demonstrates flexibility / adaptability; recognizes own resource limitations and uses existing resources effectively. _____ (initial)

As an example, please read the attached memo “Time Management Advice” dated June 4, 2014
SBU DPT Values **Use of Constructive Feedback** as demonstrated by the ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction; receptive without becoming defensive; actively seeks feedback and help; demonstrates a positive attitude toward feedback while respecting own limits. _____ (initial)

As an example, the student will be required to maintain a learning portfolio as a graduation requirement. Periodically, each student will seek feedback from peers and advisors to improve the product. Annually, the faculty will assess individual progress and determine readiness to matriculate. The faculty expects the student to welcome and to embrace the feedback as a nurturing and development tool from a personal, professional, and spiritual perspective. Students who fail to use constructive feedback to enhance performance fail to meet this professional behavior expectation. Students must appreciate that constructive feedback is designed to motivate, challenge and enhance performance.

SBU DPT Values **Problem-Solving** as demonstrated by the ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes; states problems clearly; reports or describes known solutions to problem. _____ (initial)

As an example, when a physical therapist presents in a case conference to discuss relative patient issues with the physician and other health care professionals, the therapist must be able to clearly report what issues and problems are being seen with the patient and have solutions and suggestions ready to be presented. Too often students will wait for other people to offer solutions. The faculty expects each student to work hard in order to analyze problems and then seek plausible solutions. The student should not wait for learning to come to them, but rather the student should actively seek out learning opportunities.

SBU DPT Values **Responsibility** as demonstrated by the ability to fulfill commitments and to be accountable for actions and outcomes; demonstrates dependability; demonstrates punctuality; budgets time wisely. _____ (initial)

As an example, the physical therapist must be to work on time to manage the patient load for the day. Showing up late or showing up unprepared reflects negatively upon the person in terms of responsibility and dependability. The faculty expects each student to be in the seat and ready each day before class begins. The student is considered “on-time” when they are “early” to class, however, they will be considered “late” to class if they are merely “on-time.”

SBU DPT Values **Critical Thinking** as demonstrated by the ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; to distinguish the relevant from the irrelevant; raises relevant questions; uses information effectively; thinks analytically: systematically, slow but thorough. _____ (initial)

As an example, the profession is moving toward the management concept of evidence-based practice (EBP) in which the physical therapist selects and applies evaluation and treatment methods that are founded in critically evaluated evidence, not superstition or habitual. The physical therapist must be able to work with a patient and logically think through the best treatment approach not simply regurgitating something in a protocol (i.e. “cook-book” therapy).

SBU DPT Values **Stress Management** as demonstrated by the ability to identify sources of stress and to develop effective coping behaviors; recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance when appropriate; maintains professional behavior regardless of problem situation. _____ (initial)

As an example, the physical therapist faces many daily stressors from working with people with physical limitations and disabilities to the work environment to the personal life. It is imperative that each therapist manages those stressors accordingly and appropriately as to not let the stress impact individual daily performance. Failure to do so may result in physical harm to the patient and / or the therapist.

SBU DPT Values **Professionalism** as demonstrated by the ability to exhibit appropriate professional conduct and to represent the profession effectively; abides by facility policies and procedures; projects professional image; continuous regard for all; describes personal value system. _____ (initial)

As an example, each incoming student had the following presented in their SBU DPT acceptance letter: “By accepting a position in our DPT program, you voluntarily agree to uphold the ideals, standards, and regulations set forth by the University and to respect the principles and traditions it upholds as a church related institution of higher learning.” The faculty expects each and every student to uphold these described standards and by not doing so, it reflects negatively from a professional perspective on the student.
Southwest Baptist University
Physical Therapy Department

Laboratory Experiences Informed Consent and Draping Policy

During the laboratory sessions of the DPT program you will participate in various Physical Therapy techniques as both the person receiving the technique and performing the technique. Each type of participation provides valuable learning for you as students.

Understand that you will participate in these experiences unless there is a medical reason the precludes your participation. It is your individual responsibility to inform the instructors of any condition you have which might affect your participation. For example, if the technique that is under study is ankle joint mobilization range of motion or you have an ankle that is hypermobile and/or injured, please inform one of the instructors of your condition. At that time, a decision will be made as to your involvement in lab.

On rare occasions, while learning a Physical Therapy technique, the recipient of the technique may experience pain or discomfort. If this happens, please inform the primary instructor. A decision will be made as to whether or not medical attention is necessary. If necessary, you will be escorted to the University Health Service or referred to the prompt care or the hospital emergency room.

Physical contact during activities such as manual muscle testing, range of motion, and other therapeutic techniques should be expected during laboratory sessions. If physical contact will pose a problem for you, please discuss with the course instructor. Draping involves exposing of selected body part or area, for the purpose of a “mock treatment”. It is your responsibility to report any unprofessional draping observed from your partner to the instructor. If you have any personal problems with draping, please speak to the director confidentially.

I, ____________________________________________________, understand the above information and recognize that it is my responsibility to inform an instructor and/or director of any known medical/health reason which may preclude my participation as either a provider or recipient of physical therapy techniques taught in this class.

__________________________________________
Signature

__________________________________________
Date

Previewed by Director/Instructor

Used with permission by
R. Mulvany, 1997,
University of Tennessee, Memphis
THE EEOC DEFINITIONS OF SEXUAL HARASSMENT

**Quid Pro Quo Harassment**  We are in position for this - e.g. after hours with student alone.

This is unwelcome conduct on the basis of an employee’s sex that affects a term or condition of employment. This is the traditional demand for sexual favors in exchange for a job benefit.

Quid pro quo (this for that) harassment can be committed only by a supervisor or some member of the company hierarchy with the power to confer or with hold a tangible employment benefit. Employers are strictly liable to victims who suffer economic harm as a result of quid pro quo harassment if the harasser had actual authority to alter the employee’s work conditions regardless of whether the employer had actual knowledge of the harassment when it occurred.

**Hostile Environment Harassment**  This may apply to school, with in limits

This occurs when an employee is subjected to unwelcome sexual conduct based on gender that is sufficiently pervasive or severe to alter the terms or conditions of the victim’s employment and to create an abusive or hostile work environment.

A supervisor, co-worker, or even a non-employee such as vendor or customer can create a hostile environment. Employers are liable for hostile environment. Employers are liable for hostile environment harassment when they know or should know about the harassment and fail to take prompt and reasonable remedial action. Proof of economic loss is not required for an employee to prevail on a claim.

The main issues involved in investigating sexual harassment complaints are:

- **Unwelcomeness**  
  Only unsolicited sexual conduct that the employee regards as undesirable or offensive is unlawful.

- **Hostility**  
  To violate Title VII, the conduct must be sufficiently severe or pervasive to alter the conditions of the victim’s employment and to create an abusive working environment.

- **Liability**  
  Whether an employer can be held liable for the conduct of supervisors, co-workers, or others in the workplace may depend on the type of harassment, the apparent authority of the harasser, the knowledge that can be imputed to the employer, and the action taken to prevent or correct the situation.
Southwest Baptist University
Physical Therapy Department

Participation Consent Form

During the learning process, physical therapy students need to practice newly developed skills with persons having specific problems.

Participation as a subject in the physical therapy program at Southwest Baptist University is voluntary. I understand that I have the right to discontinue at any time. I understand that all information about me will remain confidential and will be shared only in legitimate class discussions and written reports using only initials. The specific purpose and process will be explained to me and any questions or concerns answered by the student or SBU faculty member.

I give permission for this session to be videotaped or photographed and used for educational purposes only. I give permission for my medical records (including history and physical and physical therapy related documentation) to be used for educational purposes only.

<table>
<thead>
<tr>
<th>Name of Client or Participant</th>
<th>Classroom Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Address</td>
<td>City</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Hours of Participation</td>
</tr>
<tr>
<td>Signature of Client or Responsible Party</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Witness</td>
<td>Date</td>
</tr>
</tbody>
</table>

W9 on File: yes/no
## Southwest Baptist University
Physical Therapy Department

### External Complaint Form

<table>
<thead>
<tr>
<th>Date and time of Complaint:</th>
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</thead>
<tbody>
<tr>
<td>Name of Complainant:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Person Receiving Complaint:</td>
<td></td>
</tr>
<tr>
<td>Nature of Complaint:</td>
<td></td>
</tr>
<tr>
<td>Disposition of Complainant:</td>
<td></td>
</tr>
<tr>
<td>(What was said, what was done, and who was notified?)</td>
<td></td>
</tr>
</tbody>
</table>
| Do you feel the explanation was adequate? Are you satisfied with the explanation or resolution? | ___ Satisfied  
___ Refer to Department Chair |
| Follow up:                 |  |
| Signature of Chair or other person making follow up |  |
| Date Completed             |  |
Introduction

Emergencies, disasters, accidents, injuries, and crime can occur without warning at any time. Being physically and psychologically prepared to handle unexpected emergencies is an individual as well as an organizational responsibility.

The Department of Safety and Security developed this guide to assist you in minimizing the negative effects from such events. Please read this guide thoroughly before an emergency occurs. Become acquainted with the contents and keep it for immediate reference.

Once you are familiar with the information enclosed, you will be better prepared to protect yourself and others at Southwest Baptist University. Dial 911 on any phone for emergency dispatch. The Department of Safety and Security can be reached at (417)328-1556 or (417)328-8733.

If you have questions concerning a unique situation not covered in this Emergency Procedures Guide or need additional emergency information, please contact the Department of Safety and Security.

This guide was prepared as a reference resource by the Department of Safety & Security. If you have any suggestions or comments, please contact: Mark Grabowski | Director of Safety and Security mgrabowski@SBUniv.edu | (417) 328-1556
Important Phone Numbers

**24-Hour Emergency (police, fire, EMS)**

- SBU Safety and Security Office: (417) 328-1556
- SBU Safety and Security Cell: (417) 328-8733
- Mercy Springfield Security Department: (417) 820-2832
- Bolivar Police Department: (417) 326-5298
- Bolivar Fire Department: (417) 326-5252
- Mountain View Police Department: (417) 934-2525
- Salem Police Department: (573) 729-4242
- Springfield Police Department: (417) 864-1810
- SBU Counseling Services: (417) 399-5175
- Killian Health Center: (417) 328-1888
- Office of Student Life: (417) 328-1885
- Human Resources: (417) 328-1513
- Physical Plant (Facilities): (417) 328-1550
- Computer Services (Network and Phone): (417) 328-1535
- Office of Marketing and Communications: (417) 328-1803

**Media Communications**

The Office of Marketing and Communications has been established as the media liaison for the university. All employees should refer media inquiries to that office located in the Sells Administration Building.

In the event of an emergency situation, do not address the media until cleared to do so. This is to prevent misinformation and violation of confidentiality laws. Please refer media personnel to the Office of Marketing and Communications. After doing so, please notify the Office of Marketing and Communications of the contact as soon as possible.

**University Closing**

Official closing of the university, for unscheduled reasons, will be ordered only by the President’s office. If the university is closed during working hours, supervisors will give notice.

Notice of closing will be broadcast via the local media, SBU Alert System, University Portal, and other means if necessary. The university cancellation line is: 328-1818. This number will give detailed information concerning the cancellation.

Regardless of the reason for closing, some employees will be expected to report to work. Please call the cancellation number or your supervisor for your status.
Medical Emergencies

To report an Emergency, Call 911.
Remember, it is important to stay on the line until the dispatcher interviews the caller in a systematic way regarding the victim’s location, consciousness, breathing, and chief complaint to determine appropriate response.

When reporting the medical emergency, provide the following information:
• Type of emergency
• Location of the victim
• Condition of the victim
• Any dangerous conditions

Those trained to perform CPR and first aid can act within their expertise while those who are not trained should remain calm and stay with the person. Crowding is generally not helpful unless the presence of others is required.

Have someone stand outside the building to flag down EMS when they reach the vicinity of the building. Once the victim has been cared for and is transported, normal injury procedures should be followed if applicable.

In a non life-threatening event, agencies may be contacted at the following numbers:
Police: 326-5298
Fire: 326-5252
Ambulance: 326-7000
Safety & Security: 328-8733
SBU Health Center: 328-1888

Evacuation

In the event of an emergency, determine the nearest exit to your location and the best route to follow. If time permits during the evacuation, secure your workplace and take personal items. In most emergencies, complete evacuation of the campus is not necessary.

Evacuating from a Building
• Walk, Do Not Run!
• Do not use elevators.
• Those that are unable to rapidly evacuate the building should move to a stairwell landing and wait for assistance from trained first responders. Elevators should not be used in the case of fire. Inform first responders and the SBU Safety and Security of persons who have not been evacuated.
• Gather outside at your designated area. Report any special circumstances a supervisor or SBU Safety and Security.
• Wait for instructions from university officials.
Shelter in Place

“Shelter in Place” is a directive to seek immediate shelter indoors following the announcement of an emergency condition. The act of sheltering in an area inside a building offers occupants an elevated level of protection. Sheltering can be related to a variety of situations: severe weather emergencies, hazardous condition, or chemical release. In some instances it is safer to shelter in place than to evacuate a building.

Lockdown

The directive “LOCKDOWN” is used to stop access and/or egress as appropriate, to all or a portion of the buildings on campus. Unless otherwise directed, consider that all buildings will initiate their “Lockdown” procedures.

Notify your co-workers and others in the area of the situation using any means possible. (i.e., tell them directly, Public Address System (if available), telephone, runners, etc.)

If you are OUTSIDE when a LOCKDOWN is initiated:
• Move as far away as possible from the area under lockdown.
• Go to a safe area away from the scene.
• Check the university’s website and university social media sites for updates and further information as it becomes available.
• Do not call the location that is in lockdown.
• Do not call anyone inside a building that is in lockdown as it may endanger them.
• Information updates will be provided by police and university officials as soon as possible and safe to do so.

Lockdown - Threat Outside Your Building
• If the doors are not electronic and it is safe to move to the exterior doors and lock them.
• If safe, leave a person at the door to let others (non-threatening) outside in.
• Close interior doors. Lock doors if possible.
• Use cell phones only to notify law enforcement of critical information.
• Close any blinds or curtains on windows.
• Stay away from doors and try to keep out of the line of sight of windows.
• If you are directed to leave your secured area by police, do so as quickly and quietly as possible and follow their specific directions. Assist those who may require help moving.
• Should the fire alarm be activated during a lockdown, wait for direction on the PA system or from the police before evacuating the building. If there is smoke or fire present, ensure it is as safe as possible before attempting to evacuate.

Lockdown - Threat Inside Your Building
• Do not lock exterior doors.
• Close interior doors. Lock doors if possible.
• Barricade the doors.
• If the lights in the room can be turned off - turn them off; turn off computers, mobile devices, radios, or any device that may indicate the room is occupied.
• Close any blinds or curtains on windows.
• Stay away from doors and try to keep out of the line of sight of windows.
• Sit or lie on the floor or crouch behind or under desks. Be as invisible as possible.
• Be quiet.
• Do not respond to anyone at the door while you are in lockdown mode. Law enforcement will announce themselves. Verify if possible. They will release anyone in that room.
• Updated information may be delivered over the Public Address System, when appropriate, if available in the building.
• If you are directed to leave your secured area by police, do so as quickly and quietly as possible and follow their specific directions. Assist those who may require help moving.
• Should the fire alarm be activated during a lockdown, wait for direction on the Public Address System or from the police before evacuating the building if there is no immediate danger. If there is smoke or fire present, ensure it is as safe as possible before attempting to evacuate.
• Use cell phones only to notify law enforcement of emergency information.

Fire Emergencies

If You Discover Fire on Your Floor:
• Manually activate the fire alarm system.
• If safe to do so, immediately exit the building, closing the doors behind you. (Do not utilize elevators during an evacuation)
• Call 911 or SBU Safety and Security.

Once Fire Alarm Is Activated:
• Check the door for heat to ensure it is safe to exit the room you are in.
• Walk to nearest exit. (Do Not Use Elevator).
• Those that are unable to rapidly evacuate the building should move to a stairwell landing and wait for assistance from trained first responders. Inform first responders and SBU Safety and Security of persons who have not been evacuated.
• Notify responders if you know that someone is trapped.
• Gather outside at a designated assembly area and do not attempt to re-enter the building until instructed to do so by an authorized university representative.

If Trapped in a Room:
• Place wet cloth material around or under the door to prevent smoke from entering the room.
• Close as many doors as possible between you and the fire.
• Be prepared to signal someone outside but DO NOT BREAK GLASS unless absolutely necessary as outside smoke may be drawn into the room.
If Caught in Smoke:
• Drop to hands and knees and crawl toward exit.
• Stay low to the floor, as smoke rises to the ceiling level.
• Hold your breath as much as possible.
• Breath shallow, through your nose and use a filter such as your shirt or towel.

Using a Fire Extinguisher
When safe to do so, use the nearest appropriate extinguisher to fight small fires.
• Pull safety pin from handle.
• Aim at base of fire.
• Squeeze the trigger handle.
• Sweep from side to side at the base of the fire.

Weather Emergencies

Flash Flooding
• When heavy rain threatens, get out of areas subject to flooding. This includes creeks, streams, dips, washes, low spots, and low water crossings.
• Do not park vehicles along streams and creeks, particularly during threatening weather.
• Avoid already flooded and high-velocity flow areas. Do not cross, on foot or in your vehicle, quickly flowing creeks, streams, or low water crossings, especially if you do not know the water depth.
• Road beds may not be intact in low-water crossings during flash flood episodes. Be especially cautious at night when it is harder to recognize flood dangers.
• If your vehicle stalls in high water, leave it. Immediately and seek high ground.

Lightning
• If you hear thunder, you are close enough to the thunderstorm to be struck by lightning. Go to safe shelter immediately.
• Go to a sturdy building or to an automobile. Stay away from water.
• If shelter is not available, find a low spot away from trees, fences, and poles. In wooded areas, take shelter under shorter trees.
• If you feel your skin begin to tingle or your hair starts to stand on end, squat low to the ground on the balls of your feet. Place your hands on your knees with your head between your knees and hands. Make yourself the smallest target possible; minimize your contact with the ground.

Severe Thunderstorms
• Remain indoors and away from windows until the severe storm passes. If large hail begins to fall, seek shelter immediately.
• Report any injuries and damage.
• Be prepared to give the following information:
  Your Name   Building Name
  Type of injury or damage   The location of any injured person(s) or building damage
A **Severe Thunderstorm WATCH** means that conditions are favorable for a severe thunderstorm. Continue with normal activities, but monitor the situation.

A **Severe Thunderstorm WARNING** indicates that severe thunderstorms are occurring. Be prepared to move to a place of shelter if threatening weather approaches.

**Tornadoes**
If inside a building:
- Go to the lowest level of the building, if possible.
- Stay away from windows.
- Go to an interior hallway.
- Use arms to protect head and neck in a “drop and tuck” position.

If there is no time to get inside:
- Lie in a ditch or low-lying area or crouch near a strong building.
- Use arms to protect head and neck in a “drop and tuck” position.
- Use jacket, cap, backpack, or any similar items, if available, to protect face and eyes.

A **Tornado WATCH** means that conditions are favorable for tornadic thunderstorms. Continue with normal activities, but monitor the weather conditions.

A **Tornado WARNING** indicates that severe thunderstorm with rotation has been spotted by trained personnel in person or on radar. Warnings may be issued prior to a storm arrival to provide time to seek shelter.

**Weather Warning Systems**
The city of Bolivar operates a local emergency alert system using several sirens throughout the city. The sirens are activated to notify persons in the city of emergency situations. In the event of a known tornado or similar weather emergency, SBU will activate the SBU Alert system. This system can include email alert, text alert, SBU IP Phone Message and Information Display messages. All members of the SBU Community are encouraged to sign up for the SBU Alert.

**Earthquakes**
- **IF INDOORS:** Stay indoors unless you are in immediate personal danger. Take cover under a desk or table, or brace yourself in a doorway. Stay away from windows. Protect yourself from objects that can fall on you or items that might shatter.
- **IF OUTDOORS:** Move to an open area away from overhead hazards, like power lines or trees. Stay away from buildings, as bricks, glass or other objects might fall on you. Stay away from parking lots. Cars might be thrown into you by the force of the earthquake.
- **AFTER AN EARTHQUAKE:** If significant damage is evident, evacuate the building and go to the designated assembly area for your hall. Wear sturdy shoes to protect your feet from broken glass. Do not use the telephone unless it is an emergency. Check media for news. Do not use the elevators due to possible damage or aftershocks.
Students: Do not leave campus without notifying residential life staff. Employees: Do not leave campus without notifying your supervisor.

Violence / Threats of Violence

Assault
- Call SBU Safety and Security or 911 immediately.
- If you witness an assault, remain calm and stay with the victim until assistance arrives, provided it is safe to do.

Active Shooter / Armed Threat
In the event of an active shooter or armed subject on campus; contact 911 and SBU Safety and Security as soon as possible. We recommend the following 3 options when confronted with active shooters or armed threats: Run, Hide, Fight.

Run / Evacuate
If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any security or police officers
- Do not attempt to move wounded people
- Call 911 when safe

Hide / Barricade
If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.
Your hiding place should:
- Provide protection if shots are fired in your direction
- Be out of the active shooter’s view
- Not trap you or restrict your options for movement
To prevent an active shooter from entering your hiding place:
- Lock the door
- Blockade the door with heavy furniture
If the active shooter is nearby:
- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise
- Hide behind large items like cabinets and desks
- Remain quiet
If evacuation or hiding is not possible:
- Remain calm
- Dial 911, if possible, to alert police to the active shooter’s location
- If you cannot speak, leave the line open and allow the dispatcher to listen

**Fight / Attack**
As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling and screaming
If you decide to attack you MUST fully commit to your actions.

**Civil Disturbance**
Civil disturbance includes riots, demonstrations, threatening individuals, crimes in progress, or assemblies that have become significantly disruptive.
- Notify SBU Safety and Security.
- Avoid the disturbance.
- Avoid provoking or obstructing demonstrators.
- Secure your area (lock doors, safes, files, vital records and expensive equipment).
- Continue with normal routine as much as possible.
- If the disturbance is outside, stay away from doors or windows. Stay indoors!

**Stalking/Harassment**

**In Person**
- Seek the safety of others.
- Call 911 if Police response is needed.
- Do not confront alleged stalker.
- Report incident to SBU Safety and Security as soon as possible
- Record known information such as Names, vehicles, descriptions, etc.

**Phone Calls:**
If you receive a harassing phone call, hang up the phone quickly. Do not respond to the caller.
When receiving threatening phone calls or persistent harassing calls, report the situation to safety and security immediately.

**Text, email, social media, recorded media:**
Save copies of contact for evidence then report to SBU Safety and Security.

**Report of Relationship Violence**
- Call 911 if there is a medical emergency or immediate threat.
- Support may be found through the Employee Assistance Program or SBU counseling center.
- Report incident to local law enforcement.
**Sexual Assault**

In the event of a sexual assault, the victim should be aware of the following procedures:

- Report the incident to the following:
  - Bolivar Police; 345 South Main Avenue; #(417) 326-5298
  - A victim that is a student should inform the vice-president for student development; Goodson Student Union; #(417) 328-1827 (A member of the residence life staff may serve as a liaison for a student/victim residing in a residence hall). Employees should inform one of the following designated “reporting officials”: president, provost, vice-president for administration, athletic director, and director of safety and security.
  - Seek medical assistance (student health center: #(417) 328-1888) (Ambulance: #(417) 326-7000) (Citizen’s Memorial Hospital Emergency Room: #(417) 326-0301)
  - Consider the importance of preserving evidence
  - Seek counseling on or off campus (SBU Counseling Center: #(417) 328-1736)
  - Consider pressing charges
  - University officials will cooperate with local officials
  - If the accused is a student, university disciplinary measures may also be taken at the appropriate time with both the accused and the accuser informed of the outcome.
  - Consider requesting changes regarding academic and living situations. Changes will be made if requests are received that may be reasonably accommodated. Requests for changes should be addressed to the vice-president for student development.
  - The accuser and accused are entitled to the same opportunities to have others present during a disciplinary proceeding.
  - Both the accuser and the accused shall be informed of the outcome of any institutional disciplinary proceeding brought alleging a sex offense (the institution’s final determination and any sanction against the accused).
  - Refer to the student guidelines and expectation section of the handbook to learn about discipline and sanctions related to sexual assault.

**Bomb Threat**

Upon receiving a bomb threat the department of safety and security, along with local law enforcement agencies, will evaluate the validity of the threat.

**Phone Call:**

- Try to obtain as much information as possible from the caller. Use the Bomb Threat Checklist on the next page.
- Notify Safety and Security immediately.
- If the threat is immediate, evacuate the building.

**Suspicious Item:**

- If you find a suspicious item, DO NOT TOUCH IT.
- Clear the area
- Call Safety and Security immediately.
Bomb Threat Checklist

Be Calm, Be Courteous, Listen, Do Not Interrupt.

Exact words of the caller:
___________________________________________________________________________

Questions to ask:
1. When is the bomb going to explode? ___________________________________
2. Where is the bomb right now? ________________________________________
3. What kind of bomb is it? _____________________________________________
4. What does it look like? ______________________________________________
5. Why did you place it? _______________________________________________
6. Where are you calling from? _________________________________________
7. Who are you? _____________________________________________________

Caller’s Voice
Male
Accent
Foul
Slow
Laughter
Nasal
Clearing Throat
Cracking Voice
Female
Well Spoken
Calm
Rapid
Crying
Speech Impediment
Deep
Familiar
Adult
Irrational
Angry
Soft
Normal
Speech Impediment
High
Taped
Juvenile
Incoherent
Excited
Loud
Slurred
Disguised
Message Read

If the voice was familiar, who did it sound like? ________________________________

Did the caller indicate knowledge of SBU? Yes No

If Yes, Explain: ____________________________________________________________

Background Sounds
Street Noises
Music
Quiet
Static
Dishes
House Noises
Office Machinery
Factory Machinery
Voices
Motor
Animal Noises
Pa System
Aircraft
Long Distance
Children
Other

Noise Description: _____________________________________________________________________

Name:_____________________________________ Department: ______________________________

Phone Number: _________ Date received: ________ Time Received: _______ Time Ended: ________
Vehicle Accidents

Accident Involving a University Vehicle

Check for injuries and render aid as appropriate. Call 911 for assistance if injuries are present or the accident is off campus.

- Remain calm and be cooperative and not argumentative. Remember that you are representing Southwest Baptist University.
- Be prepared to report the accident. Gather as much information as possible at the scene including the following:
  - The other driver’s name, phone number, and insurance information
  - Information about other vehicles involved—year, make, license plate
  - The names and phone numbers of any potential witnesses
- Do not admit fault and do not make any claims regarding the university’s insurance coverage to anyone else involved in the accident.

Building/System Failures

Power Outages

The inherent danger during a major power outage is panic; therefore, all university personnel should stay calm. To report a power outage, call the physical plant at (417) 328-1550.

In Case of a Major Campus-Wide Power Outage:

- Remain calm.
- Follow directions from the physical plant or safety and security.
- Do not light candles or other types of flame for light.
- If evacuation of a building is required, see “Evacuation” section of this guide.
- Laboratory personnel should follow laboratory specific procedures prior to evacuating.

If People Are Trapped in an Elevator:

- Should you ever become stuck in an elevator, don't panic. Remain calm and use the in-car emergency phone to call for help. Under no circumstances should you attempt to exit the elevator by yourself. You may be inconvenienced by the delay, but you are much safer in the cab as opposed to exposing yourself to the dangers of moving equipment in open hoist ways. A technician will be dispatched as quickly as possible to assist you and correct the problem.
- Call SBU Safety and Security and provide information.
- Stay near passengers until assistance arrives, provided it is safe to stay in the building.
Hazardous Materials

It is the responsibility of faculty, staff, and students to know the proper procedures and precautions of the chemicals and material they work with. ONLY trained and authorized personnel are permitted to respond to hazardous material incidents!

For a Minor Hazardous Spill or Leak:

• Notify Safety and Security and your supervisor as soon as possible.
• Follow departmental safety protocol.

For a Major Hazardous Spill or Leak:

• Activate the nearest fire alarm.
• Immediately evacuate the area, closing doors behind you!
• Call 911 or SBU Safety and Security. Provide information regarding any spills including: injuries, type of chemicals, flammability of substance, etc.
• Do not attempt to clean up the spill yourself. Provide clean-up/rescue personnel with appropriate Materials Safety Data Sheets (MSDS) and other pertinent information.

Shelter in Place - Chemical, Biological, or Radiological

A place of shelter is an area inside a building that offers occupants an elevated level of protection during an accident or intentional release of a chemical, biological, or radiological agent. [Note: Many toxic chemicals have a vapor density greater than that of air and will seek lowest ground. In the case of a shelter in place due to a chemical spill, do NOT shelter below grade. Follow instructions provided by emergency personnel.]

Treating Exposed Persons:

Refer to Material Safety Data Sheet (MSDS) for the proper method for treatment of injuries. Most exposure can be treated in the following way.

• Skin Contact: Assist the person to the sink or shower station flushing the area affected thoroughly and continuously for 15 minutes. Remove contaminated clothing.
• Eye Contact: Assist the person to the eyewash station, water fountain or sink and flush the eyes thoroughly and continuously for 15 minutes.
• Inhalation: Move the individual to fresh air. Do NOT perform mouth to mouth, as it will contaminate you.
Material Safety Data Sheet

1. Product and Company Identification

Product Name: Duall 88 Thinner
Chemical Name: Solvent Blend
Manufacturer: R-H Products Co. Inc. 308 Old High Street Acton, MA USA 01720
Information Telephone Number: 1-978-897-8000
Emergency Telephone Number: 1-800-535-5053 INFOTRAC
Foreign Emergency Telephone Number: 1-352-323-3500 INFOTRAC

2. Composition/Information on Ingredients

<table>
<thead>
<tr>
<th>Hazardous Components (Specific Chemical Identity, Common Name(s))</th>
<th>OSHA PEL</th>
<th>ACGIH TLV</th>
<th>Other Limits Recommended</th>
<th>By Weight % (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heptane</td>
<td>CAS# 142-82-5</td>
<td>500 ppm</td>
<td>500 ppm</td>
<td>53.3 %</td>
</tr>
<tr>
<td>Toluene</td>
<td>CAS# 108-88-3</td>
<td>100 ppm</td>
<td>100 ppm</td>
<td>50 ppm Skin</td>
</tr>
</tbody>
</table>

3. Hazards Identification

<table>
<thead>
<tr>
<th>Route(s) of Entry</th>
<th>Primary</th>
<th>Inhalation?</th>
<th>Yes</th>
<th>Skin?</th>
<th>Yes</th>
<th>Ingestion?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Hazards (Acute and Chronic)</td>
<td>Eyes – Liquid mildly irritating. Overexposure may also cause irritation. Skin – Prolonged contact can cause irritation and possible dermatitis. Breathing – Overexposure may cause irritation to respiratory system. Extreme overexposure to vapors may result in central nervous system, liver and kidney damage. Ingestion – May cause gastrointestinal irritation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carcinogenicity</td>
<td>None (No)</td>
<td>NTP?</td>
<td>N/A</td>
<td>IARC Monographs?</td>
<td>N/A</td>
<td>OSHA Regulated?</td>
<td>N/A</td>
</tr>
<tr>
<td>Signs and Symptoms of Exposure</td>
<td>Eyes – Redness, tearing and swelling. Skin – Dryness of skin including cracking. Breathing – Overexposure include dizziness, headache, nausea, and light headedness. Swallowing – Nausea, vomiting, and diarrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medical Conditions
Skin – Prolonged contact will irritate skin and may cause dermatitis. Breathing – Extreme overexposure to vapors may cause nervous system damage. Swallowing – May cause nausea, vomiting and diarrhea. Aspiration into the lungs as a result of vomiting may cause lung damage.

Generally Aggravated by Exposure

4. First Aid Measures

Emergency and First Aid Procedures
Eye contact – Flush immediately with water. Call a physician. Skin contact – Wash area with soap and water. Breathing – Move affected person to fresh air at once. Restore breathing. Call a physician if difficulties persist. If swallowed – DO NOT INDUCE VOMITING. Call a physician. Give water to victim. If vomiting occurs, prevent aspiration into lungs by lowering head between knees.

5. Fire Fighting Measures

<table>
<thead>
<tr>
<th>Flash Point (Method Used)</th>
<th>Flammable Limits</th>
<th>LEL</th>
<th>UEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>26F Heptane/45F Toluene ASTM d-56</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Extinguishing Media
FOAM, DRY CHEMICAL, CO₂

Special Fire Fighting Procedures
Fire Fighters should be equipped with self-contained breathing apparatus when fighting fires involving this material.

Unusual Fire and Explosion Hazards
Extremely Flammable. Overheated, closed container near a fire could explode due to pressure buildup.

6. Accidental Release Measures

Steps to Be Taken in Case Material Is Released or Spilled
Extinguish all sources of ignition in area. Collect spilled material and place in a closed container for disposal or salvage.

7. Handling and Storage

Precautions to Be Taken in Handling and Storing
Keep away from heat; open flames and sparks. Use and store with adequate ventilation to prevent vapor buildup. Vapors released by product can easily ignite.

Other Precautions
Avoid contact with skin and eyes. Avoid prolonged breathing of vapors. Keep container closed when not in use.

KEEP OUT OF REACH OF CHILDREN
8. Exposure Control/Personal Protection

Respiratory Protection (Specify Type)

If exposure exceeds occupational exposure limits use a NIOSH approved respirator to prevent overexposure. Per 29 CFR 1910.134 CCROV or SA types recommended.

<table>
<thead>
<tr>
<th>Initiator/Local Exhaust</th>
<th>Should be used to maintain exposure below TLV(s)</th>
<th>Special</th>
<th>Explosion proof ventilation maybe required to control vapor concentrations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanical (General)</td>
<td>Should be used to maintain exposure below TLV(s)</td>
<td>Other</td>
<td>N/D</td>
</tr>
</tbody>
</table>

Protective Gloves

Impervious gloves; (for Solvent)  | Eye Protection  | Chemical goggles or safety glasses |

Other Protective Clothing or Equipment

Work apron to avoid contact with personal clothing and skin.

Good Hygienic Practices

Keep area clean. Wash hands thoroughly after working with product.

9. Physical and Chemical Properties

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiling Point</td>
<td>Heptane (Component)</td>
</tr>
<tr>
<td></td>
<td>Specific Gravity (H₂O = 1)</td>
</tr>
<tr>
<td>Vapor Pressure (mm Hg)</td>
<td>at 68°F</td>
</tr>
<tr>
<td></td>
<td>Melting Point</td>
</tr>
<tr>
<td>Vapor Density (AIR = 1)</td>
<td>Heavier</td>
</tr>
<tr>
<td></td>
<td>Evaporation Rate (Butyl Acetate = 1)</td>
</tr>
<tr>
<td>Solubility in Water</td>
<td>Insoluble in water</td>
</tr>
<tr>
<td>Appearance and Odor</td>
<td>Normal Physical State: Liquid, clear with strong aromatic/gasoline like odor</td>
</tr>
</tbody>
</table>

10. Stability and Reactivity

<table>
<thead>
<tr>
<th>Stability</th>
<th>Conditions to Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unstable</td>
<td></td>
</tr>
<tr>
<td>Stable</td>
<td>X</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Material to Avoid

Oxidizing Agents

CO₂ and CO when subjected to flames or excessive heat

Polymerization

May Occur                     | Conditions to Avoid |
Will Not Occur                |                      |
| X                            | N/A                  |
11. Toxicological Information

Route(s) of Entry: Skin contact, inhalation, eye contact and ingestion. Irritant. No other data.

12. Ecological Information

No data available

13. Disposal Considerations

<table>
<thead>
<tr>
<th>Waste Disposal Method</th>
<th>Dispose in accordance with local and current U.S. E.P.A. regulations.</th>
</tr>
</thead>
</table>

U.S. E.P.A. Hazardous Waste Number: D001 (Ignitable)

14. Transport Information

DOT Info: UN1263 PAINT RELATED MATERIAL 3 PGII
UN1263 PAINT RELATED MATERIAL 3 PGII LTD. QTY.

(1.3gal)
Optional information: Consumer Commodity ORM-D until 1-1-2014
IMO Information: see US DOT above.
ERG #128

15. Regulatory Information

Federal and State and Other regulations:
Toluene is subject to the reporting requirements of section 313 of SARA Title III
TASCA 8(b) inventory: all components are listed.
Components only are listed under various state RTK and reporting lists.
EINECS: Components are on the European Inventory of Existing Commercial Chemical Substances
WHMIS (Canada) Class B-2(flash point) and Class D-2B (toxic)
16. Other Information

Regulated VOC’s by weight 100% - 6.4 lbs/gal - 768 g/l

HMIS Ratings: Health-1; Flammability-3; Reactivity-0  Key- 4 Extreme, 3 High, 2 Moderate, 1 Slight

NFPA Ratings: Health-2; Flammability-3; Reactivity-0

Dated January 6, 2012

The information above is believed to be accurate and represents the information currently available to us. We however, make no warranty of merchantability or any other warranty, express or implied, with respect to this information, and we assume no liability resulting from its use.
Material Safety Data Sheet
Formaldehyde 37% solution MSDS

Section 1: Chemical Product and Company Identification

Product Name: Formaldehyde 37% solution
Catalog Codes: SLF1426
CAS#: Mixture.
RTECS: LP8925000
TSCA: TSCA 8(b) inventory: Formaldehyde; Methyl alcohol; Water
CI#: Not applicable.
Synonym: Formalin
Chemical Name: Formaldehyde
Chemical Formula: HCHO

Contact Information:
Sciencelab.com, Inc.
14025 Smith Rd.
Houston, Texas 77396
US Sales: 1-800-901-7247
International Sales: 1-281-441-4400
Order Online: ScienceLab.com
CHEMTREC (24HR Emergency Telephone), call: 1-800-424-9300
International CHEMTREC, call: 1-703-527-3887
For non-emergency assistance, call: 1-281-441-4400

Section 2: Composition and Information on Ingredients

Composition:

<table>
<thead>
<tr>
<th>Name</th>
<th>CAS #</th>
<th>% by Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formaldehyde</td>
<td>50-00-0</td>
<td>36.5-38</td>
</tr>
<tr>
<td>Methyl alcohol</td>
<td>67-56-1</td>
<td>10-15</td>
</tr>
<tr>
<td>Water</td>
<td>7732-18-5</td>
<td>47-53.5</td>
</tr>
</tbody>
</table>

Toxicological Data on Ingredients: Formaldehyde: ORAL (LD50): Acute: 100 mg/kg [Rat]. 42 mg/kg [Mouse]. 260 mg/kg [Guinea pig], MIST (LC50): Acute: 454000 mg/m 4 hours [Mouse]. Methyl alcohol: ORAL (LD50): Acute: 5628 mg/kg [Rat]. DERMAL (LD50): Acute: 15800 mg/kg [Rabbit]. VAPOR (LC50): Acute: 64000 ppm 4 hours [Rat].

Section 3: Hazards Identification

Potential Acute Health Effects:
Very hazardous in case of eye contact (irritant), of ingestion, . Hazardous in case of skin contact (irritant, sensitizer, permeator), of eye contact (corrosive). Slightly hazardous in case of skin contact (corrosive). Severe over-exposure can result in death. Inflammation of the eye is characterized by redness, watering, and itching.

Potential Chronic Health Effects:
Hazardous in case of skin contact (sensitizer). CARCINOGENIC EFFECTS: Classified A2 (Suspected for human.) by ACGIH, 2A (Probable for human.) by IARC [Formaldehyde]. MUTAGENIC EFFECTS: Mutagenic for mammalian somatic cells. [Formaldehyde]. Mutagenic for bacteria and/or yeast. [Formaldehyde]. Mutagenic for mammalian somatic cells. [Methyl
alcohol. Mutagenic for bacteria and/or yeast. [Methyl alcohol]. TERATOGENIC EFFECTS: Classified POSSIBLE for human [Methyl alcohol]. DEVELOPMENTAL TOXICITY: Not available The substance may be toxic to kidneys, liver, skin, central nervous system (CNS). Repeated or prolonged exposure to the substance can produce target organs damage. Repeated exposure to a highly toxic material may produce general deterioration of health by an accumulation in one or many human organs.

Section 4: First Aid Measures

**Eye Contact:**
Check for and remove any contact lenses. Immediately flush eyes with running water for at least 15 minutes, keeping eyelids open. Cold water may be used. Get medical attention immediately.

**Skin Contact:**
In case of contact, immediately flush skin with plenty of water. Cover the irritated skin with an emollient. Remove contaminated clothing and shoes. Cold water may be used. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention.

**Serious Skin Contact:**
Wash with a disinfectant soap and cover the contaminated skin with an anti-bacterial cream. Seek immediate medical attention.

**Inhalation:**
If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention immediately.

**Serious Inhalation:**
Evacuate the victim to a safe area as soon as possible. Loosen tight clothing such as a collar, tie, belt or waistband. If breathing is difficult, administer oxygen. If the victim is not breathing, perform mouth-to-mouth resuscitation. WARNING: It may be hazardous to the person providing aid to give mouth-to-mouth resuscitation when the inhaled material is toxic, infectious or corrosive. Seek immediate medical attention.

**Ingestion:**
If swallowed, do not induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention immediately.

**Serious Ingestion:** Not available.

Section 5: Fire and Explosion Data

**Flammability of the Product:** Flammable.

**Auto-Ignition Temperature:** 430°C (806°F)

**Flash Points:** CLOSED CUP: 50°C (122°F). OPEN CUP: 60°C (140°F).

**Flammable Limits:** The greatest known range is LOWER: 6% UPPER: 36.5% (Methyl alcohol)

**Products of Combustion:** These products are carbon oxides (CO, CO2).

**Fire Hazards in Presence of Various Substances:**

**Explosion Hazards in Presence of Various Substances:** Non-explosive in presence of open flames and sparks, of shocks.

**Fire Fighting Media and Instructions:**
Flammable liquid, soluble or dispersed in water. SMALL FIRE: Use DRY chemical powder. LARGE FIRE: Use alcohol foam, water spray or fog. Cool containing vessels with water jet in order to prevent pressure build-up, autoignition or explosion.

**Special Remarks on Fire Hazards:**
Explosive in the form of vapor when exposed to heat or flame. Vapor may travel considerable distance to source of ignition and flash back. When heated to decomposition, it emits acrid smoke and irritating fumes. CAUTION: MAY BURN WITH NEAR INVISIBLE FLAME (Methyl alcohol)
**Special Remarks on Explosion Hazards:**
Reaction with peroxide, nitrogen dioxide, and permformic acid can cause an explosion. (Formaldehyde gas)

---

### Section 6: Accidental Release Measures

**Small Spill:**
Dilute with water and mop up, or absorb with an inert dry material and place in an appropriate waste disposal container. If necessary: Neutralize the residue with a dilute solution of sodium carbonate.

**Large Spill:**
Flammable liquid. Poisonous liquid. Keep away from heat. Keep away from sources of ignition. Stop leak if without risk. Absorb with DRY earth, sand or other non-combustible material. Do not get water inside container. Do not touch spilled material. Use water spray to reduce vapors. Prevent entry into sewers, basements or confined areas; dike if needed. Call for assistance on disposal. Neutralize the residue with a dilute solution of sodium carbonate. Be careful that the product is not present at a concentration level above TLV. Check TLV on the MSDS and with local authorities.

---

### Section 7: Handling and Storage

**Precautions:**
Keep away from heat. Keep away from sources of ignition. Ground all equipment containing material. Do not ingest. Do not breathe gas/fumes/vapor/spray. In case of insufficient ventilation, wear suitable respiratory equipment. If ingested, seek medical advice immediately and show the container or the label. Avoid contact with skin and eyes. Keep away from incompatibles such as oxidizing agents, reducing agents, acids, alkalis, moisture.

**Storage:**
Store in a segregated and approved area. Keep container in a cool, well-ventilated area. Keep container tightly closed and sealed until ready for use. Avoid all possible sources of ignition (spark or flame).

---

### Section 8: Exposure Controls/Personal Protection

**Engineering Controls:**
Provide exhaust ventilation or other engineering controls to keep the airborne concentrations of vapors below their respective threshold limit value. Ensure that eyewash stations and safety showers are proximal to the work-station location.

**Personal Protection:**
Safety glasses. Lab coat. Vapor respirator. Be sure to use an approved/certified respirator or equivalent. Gloves (impervious).

**Personal Protection in Case of a Large Spill:**
Splash goggles. Full suit. Vapor respirator. Boots. Gloves. A self contained breathing apparatus should be used to avoid inhalation of the product. Suggested protective clothing might not be sufficient; consult a specialist BEFORE handling this product.

**Exposure Limits:**
Formaldehyde gas STEL: 0.3 (ppm) from ACGIH (TLV) [United States] STEL: 0.37 (mg/m3) from ACGIH (TLV) [United States] TWA: 0.75 STEL: 2 (ppm) from OSHA (PEL) [United States] TWA: 2 STEL: 2 (ppm) [United Kingdom (UK)] TWA: 2.5 STEL: 2.5 (mg/m3) [United Kingdom (UK)] Methyl alcohol TWA: 200 from OSHA (PEL) [United States] TWA: 200 STEL: 250 (ppm) from ACGIH (TLV) [United States] [1999] STEL: 250 from NIOSH [United States] TWA: 200 STEL: 250 (ppm) from NIOSH SKIN TWA: 200 STEL: 250 (ppm) [Canada] Consult local authorities for acceptable exposure limits.

---

### Section 9: Physical and Chemical Properties

**Physical state and appearance:** Liquid.

**Odor:** Pungent. Suffocating. (Strong.)

**Taste:** Not available.
Molecular Weight: 30.02
Color: Clear Colorless.
pH (1% soln/water): 3 [Acidic.] pH of the solution as is.
Boiling Point: 98°C (208.4°F)
Melting Point: -15°C (5°F)
Critical Temperature: The lowest known value is 240°C (464°F) (Methyl alcohol).
Specific Gravity: 1.08 (Water = 1)
Vapor Pressure: 2.4 kPa (@ 20°C)
Vapor Density: 1.03 (Air = 1)
Volatile: 100% (w/w).
Odor Threshold: The highest known value is 100 ppm (Methyl alcohol)
Water/Oil Dist. Coeff.: Not available.
Dispersion Properties: See solubility in water, diethyl ether, acetone.
Solubility: Easily soluble in cold water, hot water. Soluble in diethyl ether, acetone, alcohol

Section 10: Stability and Reactivity Data

Stability: The product is stable.
Instability Temperature: Not available.
Conditions of Instability: Heat, ignition sources (flames, sparks), incompatible materials
Incompatibility with various substances: Reactive with oxidizing agents, reducing agents, acids, alkalis. Slightly reactive to reactive with metals.
Corrosivity: Non-corrosive in presence of glass.
Special Remarks on Reactivity: Also incompatible with urea, phenol, isocyanates, anhydrides, amines, AZO compounds, carbonyl compounds, oxides(e.g. nitrogen dioxide), performic acid, dithiocarbmates, or peroxides. Polymerization can be inhibited by the addition of methanol or stabilizers such as hydorxypropyl methyl cellulose, methyl ethyl celluloses, or isophthalobisguanamine.
Special Remarks on Corrosivity: Not available.
Polymerization: Will not occur.

Section 11: Toxicological Information

Routes of Entry: Absorbed through skin. Dermal contact. Eye contact. Inhalation.
Toxicity to Animals:
Acute oral toxicity (LD50): 42 mg/kg [Mouse]. (Formaldehyde) Acute dermal toxicity (LD50): 15800 mg/kg [Rabbit]. (Methyl alcohol). Acute toxicity of the mist(LC50): 454000 mg/m 4 hours [Mouse]. (Formaldehyde) 3
Chronic Effects on Humans:
Other Toxic Effects on Humans:
Very hazardous in case of ingestion. Hazardous in case of skin contact (irritant, sensitiser, permeator), of eye contact (corrosive), of inhalation (lung corrosive). Slightly hazardous in case of skin contact (corrosive).

Special Remarks on Toxicity to Animals:
Formaldehyde: LD50 [Rabbit] - Route: Skin; Dose: 270 ul/kg

Special Remarks on Chronic Effects on Humans:
Exposure to Formaldehyde and Methanol may affect genetic material (mutagenic). Exposure to Formaldehyde and Methanol may cause adverse reproductive effects and birth defects (teratogenic). Adverse reproductive effects of Formaldehyde as well as Methanol are primarily based on animal studies. Very few human studies have been done on the adverse reproductive effects from exposure to Formaldehyde. Studies produced a weak association (limited evidence) between adverse human female reproductive effects and occupational exposure. Furthermore, no human data could be found on adverse reproductive effects from occupational exposure to Methanol. Exposure to Formaldehyde may cause cancer.

Special Remarks on other Toxic Effects on Humans:
Acute Potential Health Effects: Skin: Corrosive. Causes skin irritation which may range from mild to severe with possible burns depending on the extent of exposure and concentration of solution. Other symptoms may include brownish discoloration of the skin, urticaria, and pustulovesiccular eruptions. May be absorbed through skin with symptoms paralleling those of ingestion. Eyes: Corrosive. Contact with liquid causes severe eye irritation and burns. It may cause irreversible eye damage (severe corneal Solutions containing low formaldehyde concentrations may produce transient discomfort and irritation. Inhalation: Causes irritation of the respiratory tract (nose, throat, airways). Symptoms may include dry and sore mouth and throat, thirst, and sleep disturbances, difficulty breathing, shortness of breath, coughing, sneezing, wheezing rhinitis, chest tightness, pulmonary edema, bronchitis, tracheitis, laryngospasm, pneumonia, palpitations. It may also affect metabolism weight loss, metabolic acidosis), behavior/central nervous system (excitement, central nervous system depression, somnolence, convulsions, stupor, aggression, headache, weakness, dizziness, drowsiness, coma), peripheral nervous system, and blood. Ingestion: Harmful if swallowed. May be fatal. Causes gastrointestinal irritation with nausea, vomiting (possibly with blood), diarrhea, severe pain in mouth, throat and stomach, and possible corrosive injury to the gastrointestinal mucosa/ulceration or bleeding from stomach. May also affect the liver (jaundice), urinary system/kidneys (difficulty urinating, albuminuria, hematuria, anuria), blood, endocrine system, respiration (respiratory obstruction, pulmonary edema, bronchiolar obstruction), cardiovascular system (hypotension), metabolism (metabolic acidosis), eyes (retinal changes, visual field changes), and behavior/central nervous system (symptoms similar to those for inhalation). Contains Methanol which may cause blindness if swallowed. Chronic Potential Health Effects: Skin: Prolonged or repeated exposure may cause contact dermatitis both irritant and allergic. It may also cause skin discoloration. Inhalation: Although there is no clear evidence, prolonged or repeated exposure may induce allergic asthma. Other effects are similar to that of acute exposure. Ingestion: Prolonged or repeated ingestion may cause gastrointestinal tract irritation and ulceration or bleeding from the stomach. Other effects may be similar to that of acute ingestion.

Section 12: Ecological Information

Ecotoxicity: Not available.

BOD5 and COD: Not available.

Products of Biodegradation:
Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

Toxicity of the Products of Biodegradation: The products of degradation are less toxic than the product itself.

Special Remarks on the Products of Biodegradation:
Methanol in water is rapidly biodegraded and volatilized. Aquatic hydrolysis, oxidation, photolysis, adsorption to sediment, and biocentrification are not significant fate processes. The half-life of methanol in surface water ranges from 24 hrs. to 168 hrs. Based on its vapor pressure, methanol exists almost entirely in the vapor phase in the ambient atmosphere. It is degraded by reaction with photochemically produced hydroxyl radicals and has an estimated half-life of 17.8 days. Methanol is physically removed from air by rain due to its solubility. Methanol can react with NO2 in polluted to form methyl nitrate. The half-life of methanol in air ranges from 71 hrs. (3 days) to 713 hrs. (29.7 days) based on photooxidation half-life in air. (Methyl alcohol)

Section 13: Disposal Considerations
Waste Disposal:
Waste must be disposed of in accordance with federal, state and local environmental control regulations.

### Section 14: Transport Information

**DOT Classification:**
CLASS 3: Flammable liquid. Class 8: Corrosive material

**Identification:** Formaldehyde Solution, flammable (Methyl alcohol) UNNA: 1198 PG: III

**Special Provisions for Transport:** Not available.

### Section 15: Other Regulatory Information

**Federal and State Regulations:**
California prop. 65: This product contains the following ingredients for which the State of California has found to cause cancer, birth defects or other reproductive harm, which would require a warning under the statute: Formaldehyde California prop. 65 (no significant risk level): Formaldehyde: 0.04 mg/day (inhalation) California prop. 65: This product contains the following ingredients for which the State of California has found to cause cancer which would require a warning under the statute:

### Other Regulations:

**Other Classifications:**
WHMIS (Canada): CLASS B-3: Combustible liquid with a flash point between 37.8°C (100°F) and 93.3°C (200°F). CLASS D-1A: Material causing immediate and serious toxic effects (VERY TOXIC). CLASS D-2A: Material causing other toxic effects (VERY TOXIC).

DSCL (EEC):

**HMIS (U.S.A.):**
- **Health Hazard:** 3
- **Fire Hazard:** 2
- **Reactivity:** 0
- **Personal Protection:** G

**National Fire Protection Association (U.S.A.):**
- **Health:** 3
- **Flammability:** 2
- **Reactivity:** 0
- **Specific hazard:**
Protective Equipment:
Gloves (impervious). Lab coat. Vapor respirator. Be sure to use an approved/certified respirator or equivalent. Wear appropriate respirator when ventilation is inadequate. Safety glasses.

Section 16: Other Information

References: Not available.
Other Special Considerations: Not available.

Created: 10/09/2005 05:35 PM
Last Updated: 11/01/2010 12:00 PM

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Material Safety Data Sheet
Glycerin MSDS

Section 1: Chemical Product and Company Identification

<table>
<thead>
<tr>
<th>Product Name: Glycerin</th>
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<tbody>
<tr>
<td>Catalog Codes: SLG1171, SLG1894, SLG1111, SLG1615</td>
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<tr>
<td>CAS#: 56-81-5</td>
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<tr>
<td>RTECS: MA8050000</td>
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<tr>
<td>TSCA: TSCA 8(b) inventory: Glycerin</td>
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<tr>
<td>CI#: Not available.</td>
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<tr>
<td>Synonym: 1,2,3-Propanetriol; Glycerol</td>
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<tr>
<td>Chemical Name: Glycerin</td>
</tr>
<tr>
<td>Chemical Formula: C3H5(OH)3</td>
</tr>
</tbody>
</table>

Contact Information:
Sciencelab.com, Inc.
14025 Smith Rd.
Houston, Texas 77396
US Sales: 1-800-901-7247
International Sales: 1-281-441-4400
Order Online: ScienceLab.com
CHEMTREC (24HR Emergency Telephone), call:
1-800-424-9300
International CHEMTREC, call: 1-703-527-3887
For non-emergency assistance, call: 1-281-441-4400

Section 2: Composition and Information on Ingredients

Composition:

<table>
<thead>
<tr>
<th>Name</th>
<th>CAS #</th>
<th>% by Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glycerin</td>
<td>56-81-5</td>
<td>100</td>
</tr>
</tbody>
</table>

Toxicological Data on Ingredients: Glycerin: ORAL (LD50): Acute: 12600 mg/kg [Rat]. 4090 mg/kg [Mouse]. DERMAL (LD50): Acute: 10000 mg/kg [Rabbit]. MIST(LC50): Acute: &gt;570 mg/m 1 hours [Rat].

Section 3: Hazards Identification

Potential Acute Health Effects: Slightly hazardous in case of skin contact (irritant, permeator), of eye contact (irritant), of ingestion, of inhalation.

Potential Chronic Health Effects: CARCINOGENIC EFFECTS: Not available. MUTAGENIC EFFECTS: Not available. TERATOGENIC EFFECTS: Not available. DEVELOPMENTAL TOXICITY: Not available. The substance may be toxic to kidneys. Repeated or prolonged exposure to the substance can produce target organs damage.

Section 4: First Aid Measures

Eye Contact:
Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Cold water may be used. Get medical attention if irritation occurs.
Skin Contact:
Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops. Cold water may be used.

Serious Skin Contact: Not available.

Inhalation:
If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention immediately.

Serious Inhalation: Not available.

Ingestion:
Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention if symptoms appear.

Serious Ingestion: Not available.

Section 5: Fire and Explosion Data

Flammability of the Product: May be combustible at high temperature.

Auto-Ignition Temperature:

Flash Points:

Flammable Limits: LOWER: 0.9%

Products of Combustion: These products are carbon oxides (CO, CO2), irritating and toxic fumes.

Fire Hazards in Presence of Various Substances:
Slightly flammable to flammable in presence of open flames and sparks, of heat, of oxidizing materials. Non-flammable in presence of shocks.

Explosion Hazards in Presence of Various Substances:

Fire Fighting Media and Instructions:
SMALL FIRE: Use DRY chemical powder. LARGE FIRE: Use water spray, fog or foam. Do not use water jet.

Special Remarks on Fire Hazards: Not available.

Special Remarks on Explosion Hazards:
Glycerin is incompatible with strong oxidizers such as chromium trioxide, potassium chloride, or potassium permanganate and may explode on contact with these compounds. Explosive glyceryl nitrate is formed from a mixture of glycerin and nitric and sulfuric acids. Perchloric acid, lead oxide + glycerin form perchloric esters which may be explosive. Glycerin and chlorine may explode if heated and confined.

Section 6: Accidental Release Measures

Small Spill:
Dilute with water and mop up, or absorb with an inert dry material and place in an appropriate waste disposal container. Finish cleaning by spreading water on the contaminated surface and dispose of according to local and regional authority requirements.

Large Spill:
Section 7: Handling and Storage

Precautions:
Keep away from heat. Keep away from sources of ignition. Ground all equipment containing material. Do not ingest. Do not breathe gas/fumes/vapor/spray. Wear suitable protective clothing. If ingested, seek medical advice immediately and show the container or the label. Keep away from incompatibles such as oxidizing agents.

Storage: Keep container tightly closed. Keep container in a cool, well-ventilated area. Hygroscopic

Section 8: Exposure Controls/Personal Protection

Engineering Controls:
Provide exhaust ventilation or other engineering controls to keep the airborne concentrations of vapors below their respective threshold limit value. Ensure that eyewash stations and safety showers are proximal to the work-station location.

Personal Protection:
Safety glasses. Lab coat. Vapor respirator. Be sure to use an approved/certified respirator or equivalent. Gloves.

Personal Protection in Case of a Large Spill:
Splash goggles. Full suit. Vapor respirator. Boots. Gloves. A self contained breathing apparatus should be used to avoid inhalation of the product. Suggested protective clothing might not be sufficient; consult a specialist BEFORE handling this product.

Exposure Limits:
TWA: 10 (mg/m3) from ACGIH (TLV) [United States] [1999] Inhalation Total. TWA: 15 (mg/m3) from OSHA (PEL) [United States] Inhalation Total. TWA: 10 STEL: 20 (mg/m3) [Canada] TWA: 5 (mg/m3) from OSHA (PEL) [United States] Inhalation Respirable. Consult local authorities for acceptable exposure limits.

Section 9: Physical and Chemical Properties

Physical state and appearance: Liquid. (Viscous (Syrupy) liquid.)
Odor: Mild
Taste: Sweet.
Molecular Weight: 92.09 g/mole
Color: Clear Colorless.
pH (1% soln/water): Not available.
Boiling Point: 290°C (554°F)
Melting Point: 19°C (66.2°F)
Critical Temperature: Not available.
Specific Gravity: 1.2636 (Water = 1)
Vapor Pressure: 0 kPa (@ 20°C)
Vapor Density: 3.17 (Air = 1)
**Volatility:** Not available.

**Odor Threshold:** Not available.

**Water/Oil Dist. Coeff.:** The product is more soluble in water; log(oil/water) = -1.8

**Ionicity (in Water):** Not available.

**Dispersion Properties:** See solubility in water, acetone.

**Solubility:**
Miscible in cold water, hot water and alcohol. Partially soluble in acetone. Very slightly soluble in diethyl ether (ethyl ether). Limited solubility in ethyl acetate. Insoluble in carbon tetrachloride, benzene, chloroform, petroleum ethers, and oils

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**Section 10: Stability and Reactivity Data**

**Stability:** The product is stable.

**Instability Temperature:** Not available.

**Conditions of Instability:** Avoid contact with incompatible materials, excess heat and ignition, sources, moisture.

**Incompatibility with various substances:** Highly reactive with oxidizing agents.

**Corrosivity:** Non-corrosive in presence of glass.

**Special Remarks on Reactivity:**
Hygroscopic. Glycerin is incompatible with strong oxidizers such as chromium trioxide, potassium chloride, or potassium permanganate. Glycerin may react violently with acetic anhydride, aniline and nitrobenzene, chromic oxide, lead oxide and fluorine, phosphorous triiodide, ethylene oxide and heat, silver perchlorate, sodium peroxide, sodium hydride.

**Special Remarks on Corrosivity:** Not available.

**Polymerization:** Will not occur.

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**Section 11: Toxicological Information**

**Routes of Entry:** Absorbed through skin. Eye contact.

**Toxicity to Animals:**
WARNING: THE LC50 VALUES HEREUNDER ARE ESTIMATED ON THE BASIS OF A 4-HOUR EXPOSURE. Acute oral toxicity (LD50): 4090 mg/kg [Mouse]. Acute dermal toxicity (LD50): 10000 mg/kg [Rabbit]. Acute toxicity of the mist (LC50): >570 mg/m3 1 hours [Rat].

**Chronic Effects on Humans:** May cause damage to the following organs: kidneys.

**Other Toxic Effects on Humans:** Slightly hazardous in case of skin contact (irritant), of ingestion, of inhalation.

**Special Remarks on Toxicity to Animals:**
TDL (rat) - Route: Oral; Dose: 100 mg/kg 1 day prior to mating. TDL (human) - Route: Oral; Dose: 1428 mg/kg

**Special Remarks on Chronic Effects on Humans:**
Glycerin is transferred across the placenta in small amounts. May cause adverse reproductive effects based on animal data (Paternal Effects (Rat): Spermatogenesis (including genetic material, sperm morphology, motility, and count), Testes, epididymis, sperm duct). May affect genetic material.

**Special Remarks on other Toxic Effects on Humans:**
Acute Potential Health Effects: Low hazard for normal industrial handling or normal workplace conditions. Skin: May cause skin irritation. May be absorbed through skin Eyes: May cause eye irritation with stinging, redness, burning sensation, and tearing, but no eye injury. Ingestion: Low hazard. Low toxicity except with very large doses. When large doses are ingested, it can cause gastrointestinal tract irritation with thirst (dehydration), nausea or vomiting diarrhea. It may also affect behavior/central nervous system/nervous system (central nervous system depression, general anesthetic, headache, dizziness, confusion, insomnia, toxic psychosis, muscle weakness, paralysis/convulsions), urinary system/kidneys (renal failure,
hemoglobinuria), cardiovascular system (cardiac arrhythmias), liver. It may also cause elevated blood sugar. Inhalation: Due to low vapor pressure, inhalation of the vapors at room temperature is unlikely. Inhalation of mist may cause respiratory tract irritation. Chronic Potential Health Effects: Ingestion: Prolonged or repeated ingestion may affect the blood (hemolysis, changes in white blood cell count), endocrine system (changes in adrenal weight), respiratory system, and may cause kidney injury.

### Section 12: Ecological Information

**Ecotoxicity:** Ecotoxicity in water (LC50): 58.5 ppm 96 hours [Trout].

**BOD5 and COD:** Not available.

**Products of Biodegradation:**
Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

**Toxicity of the Products of Biodegradation:** The products of degradation are less toxic than the product itself.

**Special Remarks on the Products of Biodegradation:** Not available.

### Section 13: Disposal Considerations

**Waste Disposal:**
Waste must be disposed of in accordance with federal, state and local environmental control regulations.

### Section 14: Transport Information

**DOT Classification:** Not a DOT controlled material (United States).

**Identification:** Not applicable.

**Special Provisions for Transport:** Not applicable.

### Section 15: Other Regulatory Information

**Federal and State Regulations:**
Illinois toxic substances disclosure to employee act: Glycerin Rhode Island RTK hazardous substances: Glycerin Pennsylvania RTK: Glycerin Minnesota: Glycerin Massachusetts RTK: Glycerin Tennessee - Hazardous Right to Know: Glycerin TSCA 8(b) inventory: Glycerin

**Other Regulations:**

**Other Classifications:**
WHMIS (Canada): Not controlled under WHMIS (Canada).

**DSCL (EEC):**
Not available S24/25- Avoid contact with skin and eyes.

**HMIS (U.S.A.):**
- **Health Hazard:** 1
- **Fire Hazard:** 1
- **Reactivity:** 0
- **Personal Protection:** g
National Fire Protection Association (U.S.A.):

- **Health:** 1
- **Flammability:** 1
- **Reactivity:** 0
- **Specific hazard:**

**Protective Equipment:**
Gloves. Lab coat. Vapor respirator. Be sure to use an approved/certified respirator or equivalent. Wear appropriate respirator when ventilation is inadequate. Safety glasses.

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**Section 16: Other Information**

**References:** Not available.

**Other Special Considerations:** Not available.

**Created:** 10/10/2005 08:38 PM

**Last Updated:** 11/01/2010 12:00 PM

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Material Safety Data Sheet
Hydrogen Peroxide 30% MSDS

Section 1: Chemical Product and Company Identification

Product Name: Hydrogen Peroxide 30%
Catalog Codes: SLH1552
CAS#: Mixture.
RTECS: Not applicable.
TSCA: TSCA 8(b) inventory: Water; Hydrogen Peroxide
CI#: Not applicable.
Synonym: Hydrogen Peroxide 30%
Chemical Name: Not applicable.
Chemical Formula: Not applicable.

Contact Information:
Sciencelab.com, Inc.
14025 Smith Rd.
Houston, Texas 77396
US Sales: 1-800-901-7247
International Sales: 1-281-441-4400
Order Online: ScienceLab.com
CHEMTREC (24HR Emergency Telephone), call:
1-800-424-9300
International CHEMTREC, call: 1-703-527-3887
For non-emergency assistance, call: 1-281-441-4400

Section 2: Composition and Information on Ingredients

Composition:

<table>
<thead>
<tr>
<th>Name</th>
<th>CAS #</th>
<th>% by Weight</th>
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<tbody>
<tr>
<td>Water</td>
<td>7732-18-5</td>
<td>70</td>
</tr>
<tr>
<td>Hydrogen Peroxide</td>
<td>7722-84-1</td>
<td>30</td>
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</tbody>
</table>


Section 3: Hazards Identification

Potential Acute Health Effects:
Very hazardous in case of skin contact (irritant), of eye contact (irritant). Hazardous in case of skin contact (corrosive), of eye contact (corrosive), of ingestion, . Slightly hazardous in case of inhalation (lung sensitizer). Liquid or spray mist may produce tissue damage particularly on mucous membranes of eyes, mouth and respiratory tract. Skin contact may produce burns. Inhalation of the spray mist may produce severe irritation of respiratory tract, characterized by coughing, choking, or shortness of breath. Prolonged exposure may result in skin burns and ulcerations. Over-exposure by inhalation may cause respiratory irritation. Inflammation of the eye is characterized by redness, watering, and itching. Skin inflammation is characterized by itching, scaling, reddening, or, occasionally, blistering.

Potential Chronic Health Effects:
CARCINOGENIC EFFECTS: Not available. MUTAGENIC EFFECTS: Not available. TERATOGENIC EFFECTS: Not available. DEVELOPMENTAL TOXICITY: Not available. The substance is toxic to lungs, mucous membranes. Repeated or prolonged exposure to the substance can produce target organs damage.
Section 4: First Aid Measures

**Eye Contact:**
Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Cold water may be used. Get medical attention immediately.

**Skin Contact:**
In case of contact, immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Cover the irritated skin with an emollient. Cold water may be used. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.

**Serious Skin Contact:**
Wash with a disinfectant soap and cover the contaminated skin with an anti-bacterial cream. Seek immediate medical attention.

**Inhalation:**
If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention immediately.

**Serious Inhalation:**
Evacuate the victim to a safe area as soon as possible. Loosen tight clothing such as a collar, tie, belt or waistband. If breathing is difficult, administer oxygen. If the victim is not breathing, perform mouth-to-mouth resuscitation. WARNING: It may be hazardous to the person providing aid to give mouth-to-mouth resuscitation when the inhaled material is toxic, infectious or corrosive. Seek immediate medical attention.

**Ingestion:**
Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention if symptoms appear.

**Serious Ingestion:** Not available.

Section 5: Fire and Explosion Data

**Flammability of the Product:** Non-flammable.

**Auto-Ignition Temperature:** Not applicable.

**Flash Points:** Not applicable.

**Flammable Limits:** Not applicable.

**Products of Combustion:** Not available.

**Fire Hazards in Presence of Various Substances:** combustible materials

**Explosion Hazards in Presence of Various Substances:** Slightly explosive in presence of open flames and sparks, of heat, of organic materials, of metals, of acids.

**Fire Fighting Media and Instructions:**
Fire: Small fires: Use water. Do not use dry chemicals or foams. CO2, or Halon may provide limited control. Large fires: Flood fire area with water from a distance. Move containers from fire area if you can do it without risk. Do not move cargo or vehicle if cargo has been exposed to heat. Fight fire from maximum distance or use unmanned hose holders or monitor nozzles. Cool containers with flooding quantities of water until well after fire is out. ALWAYS stay away from tanks engulfed in fire. For massive fire, use unmanned hose holders or monitor nozzles; if this is impossible, withdraw from area and let fire burn. / Hydrogen peroxide, aqueous solution, with not less than 8% but less than 20% Hydrogen peroxide; Hydrogen peroxide, aqueous solution, with not less than 20% but not more than 60% Hydrogen peroxide (stabilized as necessary) / [QC Reviewed]


**Special Remarks on Fire Hazards:**
Most cellulose (wood, cotton) materials contain enough catalyst to cause spontaneous ignition with 90% Hydrogen Peroxide. Hydrogen Peroxide is a strong oxidizer. It is not flammable itself, but it can cause spontaneous combustion of flammable materials and continued support of the combustion because it liberates oxygen as it decomposes. Hydrogen peroxide mixed with magnesium and a trace of magnesium dioxide will ignite immediately.

**Special Remarks on Explosion Hazards:**
Soluble fuels (acetone, ethanol, glycerol) will detonate on a mixture with peroxide over 30% concentration, the violence increasing with concentration. Explosive with acetic acid, acetic anhydride, acetone, alcohols, carboxylic acids, nitrogen containing bases, As2S3, Cl2 + KOH, FeS, FeSO4 + 2 methylpyridine + H2SO4, nitric acid, potassium permanganate, P2O5, H2Se, Alcohols + H2SO4, Alcohols + tin chloride, Antimoy trisulfide, chlorosulfonic acid, Aromatic hydrocarbons + trifluoroacetic acid, Azellic acid + sulfuric acid (above 45°C), Benzenesulfonic anhydride, tert-butanol + sulfuric acid, Hydrazine, Sulfuric acid, Sodium iodate, Tetrahydrothiophene, Thiodiglycol, Mercurous oxide, mercuric oxide, Lead dioxide, Lead oxide, Manganese dioxide, Lead sulfide, Gallium + HCl, Ketenes + nitric acid, Iron (II) sulfate + 2-methylpyridine + sulfuric acid, Iron (II) sulfate + nitric acid, + sodium carboxymethylcellulose (when evaporated), Vinyl acetate, trioxane, water + oxygenated compounds (eg: acetaldehyde, acetic acid, acetone, ethanol, formaldehyde, formic acid, methanol, 2-propanol, propionaldehyde), organic compounds. Beware: Many mixtures of hydrogen peroxide and organic materials may not explode upon contact. However, the resulting combination is detonatable either upon catching fire or by impact. EXPLOSION HAZARD: SEVERE, WHEN HIGHLY CONCENTRATED OR PURE H2O2 IS EXPOSED TO HEAT, MECHANICAL IMPACT, OR CAUSED TO DECOMPOSE CATALYTICALLY BY METALS & THEIR SALTS, DUSTS & ALKALIES. ANOTHER SOURCE OF HYDROGEN PEROXIDE EXPLOSIONS IS FROM SEALING THE MATERIAL IN STRONG CONTAINERS. UNDER SUCH CONDITIONS EVEN GRADUAL DECOMPOSITION OF HYDROGEN PEROXIDE TO WATER + 1/2 OXYGEN CAN CAUSE LARGE PRESSURES TO BUILD UP IN THE CONTAINERS WHICH MAY BURST EXPLOSIVELY. Fire or explosion: May explode from friction, heat or contamination. These substances will accelerate burning when involved in a fire. May ignite combustibles (wood, paper, oil, clothing, etc.). Some will react explosively with hydrocarbons (fuels). Containers may explode when heated. Runoff may create fire or explosion hazard. /Hydrogen peroxide, aqueous solution, with not less than 8% but less than 20% Hydrogen peroxide; Hydrogen peroxide, aqueous solution, with not less than 20% but not more than 60% Hydrogen peroxide (stabilized as necessary)/ [QC Reviewed] [U.S. Department of Transportation. 2000 Emergency Response Guidebook. RSPA P 5800.8 Edition. Washington, D.C: U.S. Government Printing Office, 2000,p. G-143]. Fire or explosion: These substances will accelerate burning when involved in a fire. Some may decompose explosively when heated or involved in a fire. May explode from heat or contamination. Some will react explosively with hydrocarbons (fuels). May ignite combustibles (wood, paper, oil, clothing, etc.). Containers may explode when heated. Runoff may create fire or explosion hazard. /Hydrogen peroxide, aqueous solution, with not less than 8% but less than 20% Hydrogen peroxide; Hydrogen peroxide, aqueous solution, with not less than 20% but not more than 60% Hydrogen peroxide (stabilized as necessary)/ [QC Reviewed] [U.S. Department of Transportation. 2000 Emergency Response Guidebook. RSPA P 5800.8 Edition. Washington, D.C: U.S. Government Printing Office, 2000,p. G-140] (Hydrogen Peroxide)
**Engineering Controls:**
Provide exhaust ventilation or other engineering controls to keep the airborne concentrations of vapors below their respective threshold limit value. Ensure that eyewash stations and safety showers are proximal to the work-station location.

**Personal Protection:**

**Personal Protection in Case of a Large Spill:**
Splash goggles. Full suit. Vapor respirator. Boots. Gloves. A self contained breathing apparatus should be used to avoid inhalation of the product. Suggested protective clothing might not be sufficient; consult a specialist BEFORE handling this product.

**Exposure Limits:**
Hydrogen Peroxide TWA: 1 (ppm) from ACGIH (TLV) [United States] TWA: 1 (ppm) from OSHA (PEL) [United States] TWA: 1 STEL: 2 [Canada] TWA: 1.4 (mg/m3) from NIOSH TWA: 1.4 (mg/m3) from OSHA (PEL) [United States] TWA: 1 (ppm) [United Kingdom (UK)] TWA: 1.4 (mg/m3) [United Kingdom (UK)] Consult local authorities for acceptable exposure limits.

---

### Section 9: Physical and Chemical Properties

<table>
<thead>
<tr>
<th>Physical state and appearance:</th>
<th>Liquid.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odor:</td>
<td>Odorless.</td>
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<tr>
<td>Taste:</td>
<td>Slightly acid. Bitter</td>
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<tr>
<td>Molecular Weight:</td>
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</tr>
<tr>
<td>Color:</td>
<td>Clear Colorless.</td>
</tr>
<tr>
<td>pH (1% soln/water):</td>
<td>Not available</td>
</tr>
<tr>
<td>Boiling Point:</td>
<td>108°C (226.4°F)</td>
</tr>
<tr>
<td>Melting Point:</td>
<td>-33°C (-27.4°F)</td>
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<tr>
<td>Critical Temperature:</td>
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</tr>
<tr>
<td>Specific Gravity:</td>
<td>1.1 (Water = 1)</td>
</tr>
<tr>
<td>Vapor Pressure:</td>
<td>3.1 kPa (@ 20°C)</td>
</tr>
<tr>
<td>Vapor Density:</td>
<td>1.1 (Air = 1)</td>
</tr>
<tr>
<td>Volatility:</td>
<td>Not available.</td>
</tr>
<tr>
<td>Odor Threshold:</td>
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</tr>
<tr>
<td>Water/Oil Dist. Coeff.:</td>
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</tr>
<tr>
<td>Ionicity (in Water):</td>
<td>Not available.</td>
</tr>
<tr>
<td>Dispersion Properties:</td>
<td>See solubility in water, diethyl ether.</td>
</tr>
<tr>
<td>Solubility:</td>
<td>Easily soluble in cold water. Soluble in diethyl ether.</td>
</tr>
</tbody>
</table>

---

### Section 10: Stability and Reactivity Data

| Stability: | The product is stable. It contains a stabilizer. |
| Instability Temperature: | Not available. |
| Conditions of Instability: | Excess heat, incompatible materials |
| Incompatibility with various substances: | Reactive with reducing agents, combustible materials, organic materials, metals, acids, alkalis. |
Section 11: Toxicological Information

Routes of Entry: Absorbed through skin. Eye contact.

Toxicity to Animals:
Acute oral toxicity (LD50): 6667 mg/kg (Mouse) (Calculated value for the mixture). Acute dermal toxicity (LD50): 6667 mg/kg (pig) (Calculated value for the mixture).

Chronic Effects on Humans:
CARCINOGENIC EFFECTS: Classified A3 (Proven for animal.) by ACGIH [Hydrogen Peroxide]. Classified 3 (Not classifiable for human.) by IARC [Hydrogen Peroxide]. MUTAGENIC EFFECTS: Mutagenic for mammalian somatic cells. [Hydrogen Peroxide]. Mutagenic for bacteria and/or yeast. [Hydrogen Peroxide]. Contains material which may cause damage to the following organs: blood, upper respiratory tract, skin, eyes, central nervous system (CNS).

Other Toxic Effects on Humans:
Very hazardous in case of skin contact (irritant). Hazardous in case of skin contact (corrosive), of eye contact (corrosive), of ingestion, of inhalation (lung corrosive).

Special Remarks on Toxicity to Animals: Not available.

Special Remarks on Chronic Effects on Humans:
May cause cancer and may affect genetic material based on animal data. May be tumorigenic. (Hydrogen Peroxide)

Special Remarks on other Toxic Effects on Humans:
Acute Potential Health Effects: Skin: Causes severe skin irritation and possible burns. Absorption into skin may affect behavior/central nervous system (tremor, ataxia, convulsions), respiration (dyspnea, pulmonary emboli), brain. Eyes: Causes severe eye irritation, superficial clouding, corneal edema, and may cause burns. Inhalation: Causes respiratory tract irritation with coughing, lacrimation. May cause chemical burns to the respiratory tract. May affect behavior/central nervous system (insomnia, headache, ataxia, nervous tremors with numb extremities) and may cause ulceration of nasal tissue, and , chemical pneumonia, unconsciousness, and possible death. At high concentrations, respiratory effects may include acute lung damage, and delayed pulmonary edema. May affect blood. Ingestion: Causes gastrointestinal tract irritation with nausea, vomiting, hypermotility, and diarrhea. Causes gastrointestinal tract burns. May affect cardiovascular system and cause vascular collapse and damage. May affect blood (change in leukocyte count, pigmented or nucleated red blood cells). May cause difficulty in swallowing, stomach distension and possible cerebral swelling. May affect behavior/central nervous system (tetany, excitement). Chronic Potential Health Effects: Prolonged or repeated skin contact may cause dermatitis. Repeated contact may also cause corneal damage. Prolonged or repeated ingestion may affect metabolism (weight loss). Prolonged or repeated inhalation may affect respiration, blood. (Hydrogen Peroxide)

Section 12: Ecological Information

Ecotoxicity: Not available.
**BOD5 and COD:** Not available.

**Products of Biodegradation:** Possibly hazardous short/long term degradation products are to be expected.

**Toxicity of the Products of Biodegradation:** The products of degradation are less toxic than the product itself.

**Special Remarks on the Products of Biodegradation:** Not available.

### Section 13: Disposal Considerations

**Waste Disposal:**
Waste must be disposed of in accordance with federal, state and local environmental control regulations.

### Section 14: Transport Information

**DOT Classification:** CLASS 5.1: Oxidizing material.

**Identification:** Hydrogen peroxide, aqueous solution UNNA: 2014 PG: II

**Special Provisions for Transport:** Not available.

### Section 15: Other Regulatory Information

**Federal and State Regulations:**


**Other Classifications:**

**WHMIS (Canada):**
CLASS C: Oxidizing material. CLASS E: Corrosive liquid. CLASS F: Dangerously reactive material.

**DSCL (EEC):**

**HMIS (U.S.A.):**
- Health Hazard: 3
- Fire Hazard: 0
- Reactivity: 1

**Personal Protection:**

**National Fire Protection Association (U.S.A.):**
- Health: 2
- Flammability: 0
- Reactivity: 1

**Protective Equipment:**
Gloves. Full suit. Vapor respirator. Be sure to use an approved/certified respirator or equivalent. Wear appropriate respirator when ventilation is inadequate. Face shield.
**Section 16: Other Information**

**References:** Not available.

**Other Special Considerations:** Not available.

**Created:** 10/09/2005 05:46 PM

**Last Updated:** 11/01/2010 12:00 PM

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Material Safety Data Sheet  
Isopropyl alcohol MSDS

Section 1: Chemical Product and Company Identification

<table>
<thead>
<tr>
<th>Product Name: Isopropyl alcohol</th>
<th>Contact Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Catalog Codes:</strong> SLI1153, SLI1579, SLI1906, SLI1246, SLI1432</td>
<td><strong>Sciencelab.com, Inc.</strong></td>
</tr>
<tr>
<td><strong>CAS#:</strong> 67-63-0</td>
<td>14025 Smith Rd.</td>
</tr>
<tr>
<td><strong>RTECS:</strong> NT8050000</td>
<td>Houston, Texas 77396</td>
</tr>
<tr>
<td><strong>TSCA:</strong> TSCA 8(b) inventory: Isopropyl alcohol</td>
<td>US Sales: 1-800-901-7247</td>
</tr>
<tr>
<td><strong>CI#:</strong> Not available.</td>
<td>International Sales: 1-281-441-4400</td>
</tr>
<tr>
<td><strong>Synonym:</strong> 2-Propanol</td>
<td>Order Online: ScienceLab.com</td>
</tr>
<tr>
<td><strong>Chemical Name:</strong> isopropanol</td>
<td>CHEMTREC (24HR Emergency Telephone), call:</td>
</tr>
<tr>
<td><strong>Chemical Formula:</strong> C3-H8-O</td>
<td>1-800-424-9300</td>
</tr>
<tr>
<td></td>
<td>International CHEMTREC, call: 1-703-527-3887</td>
</tr>
<tr>
<td></td>
<td>For non-emergency assistance, call: 1-281-441-4400</td>
</tr>
</tbody>
</table>

Section 2: Composition and Information on Ingredients

<table>
<thead>
<tr>
<th>Composition:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>Isopropyl alcohol</td>
</tr>
</tbody>
</table>

**Toxicological Data on Ingredients:** Isopropyl alcohol: ORAL (LD50): Acute: 5045 mg/kg [Rat]. 3600 mg/kg [Mouse]. 6410 mg/kg [Rabbit]. DERMAL (LD50): Acute: 12800 mg/kg [Rabbit].

Section 3: Hazards Identification

<table>
<thead>
<tr>
<th>Potential Acute Health Effects:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous in case of eye contact (irritant), of ingestion, of inhalation. Slightly hazardous in case of skin contact (irritant, sensitizer, permeator).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential Chronic Health Effects:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slightly hazardous in case of skin contact (sensitizer). CARCINOGENIC EFFECTS: A4 (Not classifiable for human or animal.) by ACGIH, 3 (Not classifiable for human.) by IARC. MUTAGENIC EFFECTS: Not available. TERATOGENIC EFFECTS: Not available. DEVELOPMENTAL TOXICITY: Classified Reproductive system/toxin/female, Development toxin [POSSIBLE]. The substance may be toxic to kidneys, liver, skin, central nervous system (CNS). Repeated or prolonged exposure to the substance can produce target organs damage.</td>
</tr>
</tbody>
</table>

Section 4: First Aid Measures
Eye Contact:
Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Cold water may be used. Get medical attention.

Skin Contact:
Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops. Cold water may be used.

Serious Skin Contact: Not available.

Inhalation:
If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention if symptoms appear.

Serious Inhalation:
Evacuate the victim to a safe area as soon as possible. Loosen tight clothing such as a collar, tie, belt or waistband. If breathing is difficult, administer oxygen. If the victim is not breathing, perform mouth-to-mouth resuscitation. Seek medical attention.

Ingestion:
Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention if symptoms appear.

Serious Ingestion: Not available.

---

**Section 5: Fire and Explosion Data**

**Flammability of the Product:** Flammable.

**Auto-Ignition Temperature:** 399°C (750.2°F)

**Flash Points:** CLOSED CUP: 11.667°C (53°F) - 12.778 deg. C (55 deg. F) (TAG)

**Flammable Limits:** LOWER: 2% UPPER: 12.7%

**Products of Combustion:** These products are carbon oxides (CO, CO2).

**Fire Hazards in Presence of Various Substances:**

**Explosion Hazards in Presence of Various Substances:**
Risks of explosion of the product in presence of mechanical impact: Not available. Explosive in presence of open flames and sparks, of heat.

**Fire Fighting Media and Instructions:**
Flammable liquid, soluble or dispersed in water. SMALL FIRE: Use DRY chemical powder. LARGE FIRE: Use alcohol foam, water spray or fog.

**Special Remarks on Fire Hazards:**
Vapor may travel considerable distance to source of ignition and flash back. CAUTION: MAY BURN WITH NEAR INVISIBLE FLAME. Hydrogen peroxide sharply reduces the autoignition temperature of Isopropyl alcohol. After a delay, Isopropyl alcohol ignites on contact with dioxygenyl tetrafluoroborate, chromium trioxide, and potassium tert-butoxide. When heated to decomposition it emits acrid smoke and fumes.

**Special Remarks on Explosion Hazards:**
Secondary alcohols are readily autooxidized in contact with oxygen or air, forming ketones and hydrogen peroxide. It can become potentially explosive. It reacts with oxygen to form dangerously unstable peroxides which can concentrate and explode during distillation or evaporation. The presence of 2-butanone increases the reaction rate for peroxide formation. Explosive in the form of vapor when exposed to heat or flame. May form explosive mixtures with air. Isopropyl alcohol + phosgene forms isopropyl chloroformate and hydrogen chloride. In the presence of iron salts, thermal decomposition can occur, which in some cases can become explosive. A homogeneous mixture of concentrated peroxides + isopropyl alcohol are capable of detonation by shock or heat. Barium perchlorate + isopropyl alcohol gives the highly explosive alkyl perchlorates.
It forms explosive mixtures with trinitormethane and hydrogen peroxide. It produces a violent explosive reaction when heated with aluminum isopropoxide + crotonaldehyde. Mixtures of isopropyl alcohol + nitroform are explosive.

Section 6: Accidental Release Measures

Small Spill:
Dilute with water and mop up, or absorb with an inert dry material and place in an appropriate waste disposal container.

Large Spill:
Flammable liquid. Keep away from heat. Keep away from sources of ignition. Stop leak if without risk. Absorb with DRY earth, sand or other non-combustible material. Do not touch spilled material. Prevent entry into sewers, basements or confined areas; dike if needed. Be careful that the product is not present at a concentration level above TLV. Check TLV on the MSDS and with local authorities.

Section 7: Handling and Storage

Precautions:
Keep away from heat. Keep away from sources of ignition. Ground all equipment containing material. Do not ingest. Do not breathe gas/fumes/ vapor/spray. Avoid contact with eyes. Wear suitable protective clothing. In case of insufficient ventilation, wear suitable respiratory equipment. If ingested, seek medical advice immediately and show the container or the label. Keep away from incompatibles such as oxidizing agents, acids.

Storage:
Store in a segregated and approved area. Keep container in a cool, well-ventilated area. Keep container tightly closed and sealed until ready for use. Avoid all possible sources of ignition (spark or flame).

Section 8: Exposure Controls/Personal Protection

Engineering Controls:
Provide exhaust ventilation or other engineering controls to keep the airborne concentrations of vapors below their respective threshold limit value. Ensure that eyewash stations and safety showers are proximal to the work-station location.

Personal Protection:
Splash goggles. Lab coat. Vapor respirator. Be sure to use an approved/certified respirator or equivalent. Gloves.

Personal Protection in Case of a Large Spill:
Splash goggles. Full suit. Vapor respirator. Boots. Gloves. A self contained breathing apparatus should be used to avoid inhalation of the product. Suggested protective clothing might not be sufficient; consult a specialist BEFORE handling this product.

Exposure Limits:
TWA: 983 STEL: 1230 (mg/m3) [Australia] TWA: 200 STEL: 400 (ppm) from ACGIH (TLV) [United States] [1999] TWA: 980 STEL: 1225 (mg/m3) from NIOSH TWA: 400 STEL: 500 (ppm) [United Kingdom (UK)] TWA: 999 STEL: 1259 (mg/m3) [United Kingdom (UK)] TWA: 400 STEL: 500 (ppm) from OSHA (PEL) [United States] TWA: 980 STEL: 1225 (mg/m3) from OSHA (PEL) [United States] Consult local authorities for acceptable exposure limits.

Section 9: Physical and Chemical Properties

Physical state and appearance: Liquid.
Odor:
Pleasant. Odor resembling that of a mixture of ethanol and acetone.
Taste: Bitter. (Slight.)
Molecular Weight: 60.1 g/mole
Color: Colorless.

pH (1% soln/water): Not available.

Boiling Point: 82.5°C (180.5°F)

Melting Point: -88.5°C (-127.3°F)

Critical Temperature: 235°C (455°F)

Specific Gravity: 0.78505 (Water = 1)

Vapor Pressure: 4.4 kPa (@ 20°C)

Vapor Density: 2.07 (Air = 1)

Volatile: Not available.

Odor Threshold:
22 ppm (Sittig, 1991) 700 ppm for unadapted panelists (Verschuren, 1983).

Water/Oil Dist. Coeff.: The product is equally soluble in oil and water; log(oil/water) = 0.1

Ionicity (in Water): Not available.

Dispersion Properties: See solubility in water, methanol, diethyl ether, n-octanol, acetone.

Solubility:
Easily soluble in cold water, hot water, methanol, diethyl ether, n-octanol, acetone. Insoluble in salt solution. Soluble in benzene. Miscible with most organic solvents including alcohol, ethyl alcohol, chloroform.

Section 10: Stability and Reactivity Data

Stability: The product is stable.

Instability Temperature: Not available.

Conditions of Instability: Heat, Ignition sources, incompatible materials

Incompatibility with various substances: Reactive with oxidizing agents, acids, alkalis.

Corrosivity: Non-corrosive in presence of glass.

Special Remarks on Reactivity:
Reacts violently with hydrogen + palladium combination, nitroform, oleum, COCl2, aluminum triisopropoxide, oxidants Incompatible with acetaldehyde, chlorine, ethylene oxide, isocyanates, acids, alkaline earth, alkali metals, caustics, amines, crotonaldehyde, phosgene, ammonia. Isopropyl alcohol reacts with metallic aluminum at high temperatures. Isopropyl alcohol attacks some plastics, rubber, and coatings. Vigorous reaction with sodium dichromate + sulfuric acid.

Special Remarks on Corrosivity: May attack some forms of plastic, rubber and coating

Polymerization: Will not occur.

Section 11: Toxicological Information

Routes of Entry: Absorbed through skin. Dermal contact. Eye contact. Inhalation.

Toxicity to Animals:
WARNING: THE LC50 VALUES HEREUNDER ARE ESTIMATED ON THE BASIS OF A 4-HOUR EXPOSURE. Acute oral toxicity (LD50): 3600 mg/kg [Mouse]. Acute dermal toxicity (LD50): 12800 mg/kg [Rabbit]. Acute toxicity of the vapor (LC50): 16000 8 hours [Rat].

Chronic Effects on Humans:
CARCINOGENIC EFFECTS: A4 (Not classifiable for human or animal.) by ACGIH, 3 (Not classifiable for human.) by IARC. DEVELOPMENTAL TOXICITY: Classified Reproductive system/toxin/female, Development toxin [POSSIBLE]. May cause damage to the following organs: kidneys, liver, skin, central nervous system (CNS).
Other Toxic Effects on Humans:
Hazardous in case of ingestion, of inhalation. Slightly hazardous in case of skin contact (irritant, sensitizer, permeator).

Special Remarks on Toxicity to Animals: Not available.

Special Remarks on Chronic Effects on Humans:
May cause adverse reproductive/teratogenic effects (fertility, fetotoxicity, developmental abnormalities) based on animal studies. Detected in maternal milk in human.

Special Remarks on other Toxic Effects on Humans:
Acute Potential Health Effects: Skin: May cause mild skin irritation, and sensitization. Eyes: Can cause eye irritation. Inhalation: Breathing in small amounts of this material during normal handling is not likely to cause harmful effects. However, breathing large amounts may be harmful and may affect the respiratory system and mucous membranes (irritation), behavior and brain (Central nervous system depression - headache, dizziness, drowsiness, stupor, incoordination, unconsciousness, coma and possible death), peripheral nerve and sensation, blood, urinary system, and liver. Ingestion: Swallowing small amounts during normal handling is not likely to cause harmful effects. Swallowing large amounts may be harmful. Swallowing large amounts may cause gastrointestinal tract irritation with nausea, vomiting and diarrhea, abdominal pain. It also may affect the urinary system, cardiovascular system, sense organs, behavior or central nervous system (somnolence, generally depressed activity, irritability, headache, dizziness, drowsiness), liver, and respiratory system (breathing difficulty). Chronic Potential Health Effects: May cause defatting of the skin and dermatitis and allergic reaction. May cause adverse reproductive effects based on animal data (studies).

Section 12: Ecological Information

Ecotoxicity: Ecotoxicity in water (LC50): 100000 mg/l 96 hours [Fathead Minnow]. 64000 mg/l 96 hours [Fathead Minnow].

BOD5 and COD: Not available.

Products of Biodegradation:
Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

Toxicity of the Products of Biodegradation: The product itself and its products of degradation are not toxic.

Special Remarks on the Products of Biodegradation: Not available.

Section 13: Disposal Considerations

Waste Disposal:
Waste must be disposed of in accordance with federal, state and local environmental control regulations.

Section 14: Transport Information

DOT Classification: CLASS 3: Flammable liquid.

Identification: Isopropyl Alcohol UNNA: 1219 PG: II

Special Provisions for Transport: Not available.

Section 15: Other Regulatory Information

Federal and State Regulations:
and S data reporting: Isopropyl alcohol: Effective date: 12/15/86 Sunset Date: 12/15/96 TSCA 12(b) one time export: Isopropyl alcohol SARA 313 toxic chemical notification and release reporting: Isopropyl alcohol

Other Regulations:

Other Classifications:
WHMIS (Canada):
CLASS B-2: Flammable liquid with a flash point lower than 37.8°C (100°F). CLASS D-2B: Material causing other toxic effects (TOXIC).

DSCL (EEC):
R11- Highly flammable. R36- Irritating to eyes. S7- Keep container tightly closed. S16- Keep away from sources of ignition - No smoking. S24/25- Avoid contact with skin and eyes. S26- In case of contact with eyes, rinse immediately with plenty of water and seek medical advice.

HMIS (U.S.A.):

Health Hazard: 2
Fire Hazard: 3
Reactivity: 0
Personal Protection: h

National Fire Protection Association (U.S.A.):

Health: 1
Flammability: 3
Reactivity: 0
Specific hazard:

Protective Equipment:
Gloves. Lab coat. Vapor respirator. Be sure to use an approved/certified respirator or equivalent. Wear appropriate respirator when ventilation is inadequate. Splash goggles.

Section 16: Other Information

References: Not available.

Other Special Considerations: Not available.

Created: 10/09/2005 05:53 PM

Last Updated: 11/01/2010 12:00 PM

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Material Safety Data Sheet  
Methyl alcohol MSDS

Section 1: Chemical Product and Company Identification

<table>
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<tr>
<th>Product Name:</th>
<th>Methyl alcohol</th>
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<tr>
<td>Catalog Codes:</td>
<td>SLM3064, SLM3952</td>
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<tr>
<td>CAS#:</td>
<td>67-56-1</td>
</tr>
<tr>
<td>RTECS:</td>
<td>PC1400000</td>
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<tr>
<td>TSCA:</td>
<td>TSCA 8(b) inventory: Methyl alcohol</td>
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<tr>
<td>CI#:</td>
<td>Not applicable.</td>
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<tr>
<td>Synonym:</td>
<td>Wood alcohol, Methanol; Methylol; Wood Spirit; Carbinol</td>
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<tr>
<td>Chemical Name:</td>
<td>Methanol</td>
</tr>
<tr>
<td>Chemical Formula:</td>
<td>CH3OH</td>
</tr>
</tbody>
</table>

Contact Information:

Sciencelab.com, Inc.  
14025 Smith Rd.  
Houston, Texas 77396

US Sales: 1-800-901-7247  
International Sales: 1-281-441-4400

CHEMTREC (24HR Emergency Telephone), call:  
1-800-424-9300

International CHEMTREC, call: 1-703-527-3887

For non-emergency assistance, call: 1-281-441-4400

Section 2: Composition and Information on Ingredients

<table>
<thead>
<tr>
<th>Name</th>
<th>CAS #</th>
<th>% by Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methyl alcohol</td>
<td>67-56-1</td>
<td>100</td>
</tr>
</tbody>
</table>

Toxicological Data on Ingredients: Methyl alcohol: ORAL (LD50): Acute: 5628 mg/kg [Rat]. DERMAL (LD50): Acute: 15800 mg/kg [Rabbit]. VAPOR (LC50): Acute: 64000 ppm 4 hours [Rat].

Section 3: Hazards Identification

Potential Acute Health Effects:

Hazardous in case of skin contact (irritant), of eye contact (irritant), of ingestion, of inhalation. Slightly hazardous in case of skin contact (permeator). Severe over-exposure can result in death.

Potential Chronic Health Effects:

Slightly hazardous in case of skin contact (sensitizer). CARCINOGENIC EFFECTS: Not available. MUTAGENIC EFFECTS: Mutagenic for mammalian somatic cells. Mutagenic for bacteria and/or yeast. TERATOGENIC EFFECTS: Classified POSSIBLE for human. DEVELOPMENTAL TOXICITY: Not available. The substance is toxic to eyes. The substance may be toxic to blood, kidneys, liver, brain, peripheral nervous system, upper respiratory tract, skin, central nervous system (CNS), optic nerve. Repeated or prolonged exposure to the substance can produce target organs damage. Repeated exposure to a highly toxic material may produce general deterioration of health by an accumulation in one or many human organs.

Section 4: First Aid Measures
Eye Contact:
Check for and remove any contact lenses. Immediately flush eyes with running water for at least 15 minutes, keeping eyelids open. Cold water may be used. Get medical attention.

Skin Contact:
In case of contact, immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Cover the irritated skin with an emollient. Cold water may be used. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.

Serious Skin Contact:
Wash with a disinfectant soap and cover the contaminated skin with an anti-bacterial cream. Seek immediate medical attention.

Inhalation:
If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention immediately.

Serious Inhalation:
Evacuate the victim to a safe area as soon as possible. Loosen tight clothing such as a collar, tie, belt or waistband. If breathing is difficult, administer oxygen. If the victim is not breathing, perform mouth-to-mouth resuscitation. WARNING: It may be hazardous to the person providing aid to give mouth-to-mouth resuscitation when the inhaled material is toxic, infectious or corrosive. Seek immediate medical attention.

Ingestion:
If swallowed, do not induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention immediately.

Serious Ingestion: Not available.

Section 5: Fire and Explosion Data

Flammability of the Product: Flammable.

Auto-Ignition Temperature: 464°C (867.2°F)

Flash Points: CLOSED CUP: 12°C (53.6°F). OPEN CUP: 16°C (60.8°F).

Flammable Limits: LOWER: 6% UPPER: 36.5%

Products of Combustion: These products are carbon oxides (CO, CO2).

Fire Hazards in Presence of Various Substances:
Highly flammable in presence of open flames and sparks, of heat. Non-flammable in presence of shocks.

Explosion Hazards in Presence of Various Substances:
Risks of explosion of the product in presence of mechanical impact: Not available. Explosive in presence of open flames and sparks, of heat.

Fire Fighting Media and Instructions:
Flammable liquid, soluble or dispersed in water. SMALL FIRE: Use DRY chemical powder. LARGE FIRE: Use alcohol foam, water spray or fog.

Special Remarks on Fire Hazards:
Explosive in the form of vapor when exposed to heat or flame. Vapor may travel considerable distance to source of ignition and flash back. When heated to decomposition, it emits acrid smoke and irritating fumes. CAUTION: MAY BURN WITH NEAR INVISIBLE FLAME

Special Remarks on Explosion Hazards:
Forms an explosive mixture with air due to its low flash point. Explosive when mixed with Choroform + sodium methoxide and diethyl zinc. It boils violently and explodes.

Section 6: Accidental Release Measures
**Small Spill:**
Dilute with water and mop up, or absorb with an inert dry material and place in an appropriate waste disposal container.

**Large Spill:**
Flammable liquid. Poisonous liquid. Keep away from heat. Keep away from sources of ignition. Stop leak if without risk. Absorb with DRY earth, sand or other non-combustible material. Do not get water inside container. Do not touch spilled material. Use water spray to reduce vapors. Prevent entry into sewers, basements or confined areas; dike if needed. Call for assistance on disposal. Be careful that the product is not present at a concentration level above TLV. Check TLV on the MSDS and with local authorities.

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**Section 7: Handling and Storage**

**Precautions:**
Keep locked up. Keep away from heat. Keep away from sources of ignition. Ground all equipment containing material. Do not ingest. Do not breathe gas/fumes/vapor/spray. Wear suitable protective clothing. In case of insufficient ventilation, wear suitable respiratory equipment. If ingested, seek medical advice immediately and show the container or the label. Avoid contact with skin and eyes. Keep away from incompatibles such as oxidizing agents, metals, acids.

**Storage:**
Store in a segregated and approved area. Keep container in a cool, well-ventilated area. Keep container tightly closed and sealed until ready for use. Avoid all possible sources of ignition (spark or flame).

---

**Section 8: Exposure Controls/Personal Protection**

**Engineering Controls:**
Provide exhaust ventilation or other engineering controls to keep the airborne concentrations of vapors below their respective threshold limit value. Ensure that eyewash stations and safety showers are proximal to the work-station location.

**Personal Protection:**
Splash goggles. Lab coat. Vapor respirator. Be sure to use an approved/certified respirator or equivalent. Gloves.

**Personal Protection in Case of a Large Spill:**
Splash goggles. Full suit. Vapor respirator. Boots. Gloves. A self contained breathing apparatus should be used to avoid inhalation of the product. Suggested protective clothing might not be sufficient; consult a specialist BEFORE handling this product.

**Exposure Limits:**

---

**Section 9: Physical and Chemical Properties**

**Physical state and appearance:** Liquid.

**Odor:** Alcohol like. Pungent when crude.

**Taste:** Not available.

**Molecular Weight:** 32.04 g/mole

**Color:** Colorless.

**pH (1% soln/water):** Not available.

**Boiling Point:** 64.5°C (148.1°F)

**Melting Point:** -97.8°C (-144°F)

**Critical Temperature:** 240°C (464°F)
Specific Gravity: 0.7915 (Water = 1)
Vapor Pressure: 12.3 kPa (@ 20°C)
Vapor Density: 1.11 (Air = 1)
Volatile: Not available.
Odor Threshold: 100 ppm
Water/Oil Dist. Coeff.: The product is more soluble in water; log(oil/water) = -0.8
Dispersion Properties: See solubility in water.
Solubility: Easily soluble in cold water, hot water.

Section 10: Stability and Reactivity Data

Stability: The product is stable.
Instability Temperature: Not available.
Conditions of Instability: Heat, ignition sources, incompatible materials
Incompatibility with various substances: Reactive with oxidizing agents, metals, acids.
Corrosivity: Non-corrosive in presence of glass.
Special Remarks on Reactivity: Can react vigorously with oxidizers. Violent reaction with alkyl aluminum salts, acetyl bromide, chloroform + sodium methoxide, chromic anhydride, cyanuric chloride, lead perchlorate, phosphorous trioxide, nitric acid. Exothermic reaction with sodium hydroxide + chloroform. Incompatible with beryllium dihydride, metals (potassium and magnesium), oxidants (barium perchlorate, bromine, sodium hypochlorite, chlorine, hydrogen peroxide), potassium tert-butoxide, carbon tetrachloride, alkali metals, metals (aluminum, potassium magnesium, zinc), and dichloromethane. Rapid autocatalytic dissolution of aluminum, magnesium or zinc in 9:1 methanol + carbon tetrachloride - sufficiently vigorous to be rated as potentially hazardous. May attack some plastics, rubber, and coatings.
Special Remarks on Corrosivity: Not available.
Polymerization: Will not occur.

Section 11: Toxicological Information

Routes of Entry: Absorbed through skin. Eye contact. Inhalation. Ingestion.
Toxicity to Animals:
WARNING: THE LC50 VALUES HEREUNDER ARE ESTIMATED ON THE BASIS OF A 4-HOUR EXPOSURE. Acute oral toxicity (LD50): 5628 mg/kg [Rat]. Acute dermal toxicity (LD50): 15800 mg/kg [Rabbit]. Acute toxicity of the vapor (LC50): 64000 4 hours [Rat].
Chronic Effects on Humans:
MUTAGENIC EFFECTS: Mutagenic for mammalian somatic cells. Mutagenic for bacteria and/or yeast. TERATOGENIC EFFECTS: Classified POSSIBLE for human. Causes damage to the following organs: eyes. May cause damage to the following organs: blood, kidneys, liver, brain, peripheral nervous system, upper respiratory tract, skin, central nervous system (CNS), optic nerve.
Other Toxic Effects on Humans:
Hazardous in case of skin contact (irritant), of ingestion, of inhalation. Slightly hazardous in case of skin contact (permeator).
Special Remarks on Toxicity to Animals: Not available.
Special Remarks on Chronic Effects on Humans:
Passes through the placental barrier. May affect genetic material. May cause birth defects and adverse reproductive effects (paternal and maternal effects and fetotoxicity) based on animal studies.

**Special Remarks on other Toxic Effects on Humans:**

### Section 12: Ecological Information

**Ecotoxicity:** Ecotoxicity in water (LC50): 29400 mg/l 96 hours [Fathead Minnow].

**BOD5 and COD:** Not available.

**Products of Biodegradation:**
Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

**Toxicity of the Products of Biodegradation:** The products of degradation are less toxic than the product itself.

**Special Remarks on the Products of Biodegradation:**
Methanol in water is rapidly biodegraded and volatilized. Aquatic hydrolysis, oxidation, photolysis, adsorption to sediment, and bioconcentration are not significant fate processes. The half-life of methanol in surfact water ranges from 24 hrs. to 168 hrs. Based on its vapor pressure, methanol exists almost entirely in the vapor phase in the ambient atmosphere. It is degraded by reaction with photochemically produced hydroxyl radicals and has an estimated half-life of 17.8 days. Methanol is physically removed from air by rain due to its solubility. Methanol can react with NO2 in polluted to form methyl nitrate. The half-life of methanol in air ranges from 71 hrs. (3 days) to 713 hrs. (29.7 days) based on photooxidation half-life in air.

### Section 13: Disposal Considerations

**Waste Disposal:**
Waste must be disposed of in accordance with federal, state and local environmental control regulations.

### Section 14: Transport Information

**DOT Classification:** CLASS 3: Flammable liquid.

**Identification:** Methyl alcohol UNNA: 1230 PG: II

**Special Provisions for Transport:** Not available.

### Section 15: Other Regulatory Information

**Federal and State Regulations:**

**Other Regulations:**

**Other Classifications:**

**WHMIS (Canada):**
CLASS B-2: Flammable liquid with a flash point lower than 37.8°C (100°F). CLASS D-1B: Material causing immediate and serious toxic effects (TOXIC). CLASS D-2A: Material causing other toxic effects (VERY TOXIC). Class D-2B: Material causing other toxic effects (TOXIC).
DSCL (EEC):
R11- Highly flammable. R23/24/25- Toxic by inhalation, in contact with skin and if swallowed. R39- Danger of very serious irreversible effects. R39/23/24/25- Toxic: danger of very serious irreversible effects through inhalation, in contact with skin and if swallowed. S7- Keep container tightly closed. S16- Keep away from sources of ignition - No smoking. S36/37- Wear suitable protective clothing and gloves. S45- In case of accident or if you feel unwell, seek medical advice immediately (show the label where possible).

HMIS (U.S.A.):
- Health Hazard: 2
- Fire Hazard: 3
- Reactivity: 0
- Personal Protection: h

National Fire Protection Association (U.S.A.):
- Health: 1
- Flammability: 3
- Reactivity: 0
- Specific hazard:

Protective Equipment:
Gloves. Lab coat. Vapor respirator. Be sure to use an approved/certified respirator or equivalent. Wear appropriate respirator when ventilation is inadequate. Splash goggles.

Section 16: Other Information

References:

Other Special Considerations: Not available.

Created: 10/10/2005 08:23 PM
Last Updated: 11/01/2010 12:00 PM

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Material Safety Data Sheet
Phenol MSDS

Section 1: Chemical Product and Company Identification

Product Name: Phenol
Catalog Codes: SLP4453, SLP5251
CAS#: 108-95-2
RTECS: SJ3325000
TSCA: TSCA 8(b) inventory: Phenol
CI#: Not available.
Synonym: Monohydroxybenzene; Benzenol; Phenyl hyroxide; Phenolic acid
Chemical Name: Carbolic Acid
Chemical Formula: C6H5OH

Contact Information:
Scientelab.com, Inc.
14025 Smith Rd.
Houston, Texas 77396
US Sales: 1-800-901-7247
International Sales: 1-281-441-4400
Order Online: ScienceLab.com
CHEMTREC (24HR Emergency Telephone), call:
1-800-424-9300
International CHEMTREC, call: 1-703-527-3887
For non-emergency assistance, call: 1-281-441-4400

Section 2: Composition and Information on Ingredients

Composition:

<table>
<thead>
<tr>
<th>Name</th>
<th>CAS #</th>
<th>% by Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenol</td>
<td>108-95-2</td>
<td>100</td>
</tr>
</tbody>
</table>

Toxicological Data on Ingredients: Phenol: ORAL (LD50): Acute: 317 mg/kg [Rat]. 270 mg/kg [Mouse]. DERMAL (LD50): Acute: 630 mg/kg [Rabbit]. 669 mg/kg [Rat].

Section 3: Hazards Identification

Potential Acute Health Effects:
Very hazardous in case of skin contact (corrosive, irritant), of eye contact (irritant), of ingestion, of inhalation. Hazardous in case of skin contact (sensitizer, permeator). The amount of tissue damage depends on length of contact. Eye contact can result in corneal damage or blindness. Skin contact can produce inflammation and blistering. Inhalation of dust will produce irritation to gastro-intestinal or respiratory tract, characterized by burning, sneezing and coughing. Severe over-exposure can produce lung damage, choking, unconsciousness or death. Inflammation of the eye is characterized by redness, watering, and itching. Skin inflammation is characterized by itching, scaling, reddening, or, occasionally, blistering.

Potential Chronic Health Effects:
CARCINOGENIC EFFECTS: A4 (Not classifiable for human or animal.) by ACGIH, 3 (Not classifiable for human.) by IARC.
MUTAGENIC EFFECTS: Mutagenic for mammalian somatic cells. Mutagenic for bacteria and/or yeast. TERATOGENIC EFFECTS: Not available. DEVELOPMENTAL TOXICITY: Not available. The substance may be toxic to kidneys, liver, central nervous system (CNS). Repeated or prolonged exposure to the substance can produce target organs damage. Repeated
exposure of the eyes to a low level of dust can produce eye irritation. Repeated skin exposure can produce local skin destruction, or dermatitis. Repeated inhalation of dust can produce varying degree of respiratory irritation or lung damage. Repeated exposure to a highly toxic material may produce general deterioration of health by an accumulation in one or many human organs.

### Section 4: First Aid Measures

**Eye Contact:**
Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Cold water may be used. Get medical attention immediately.

**Skin Contact:**
In case of contact, immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Cover the irritated skin with an emollient. Cold water may be used. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.

**Serious Skin Contact:**
Wash with a disinfectant soap and cover the contaminated skin with an anti-bacterial cream. Seek immediate medical attention.

**Inhalation:**
If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention immediately.

**Serious Inhalation:**
Evacuate the victim to a safe area as soon as possible. Loosen tight clothing such as a collar, tie, belt or waistband. If breathing is difficult, administer oxygen. If the victim is not breathing, perform mouth-to-mouth resuscitation. **WARNING:** It may be hazardous to the person providing aid to give mouth-to-mouth resuscitation when the inhaled material is toxic, infectious or corrosive. Seek immediate medical attention.

**Ingestion:**
Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. If large quantities of this material are swallowed, call a physician immediately. Loosen tight clothing such as a collar, tie, belt or waistband.

**Serious Ingestion:** Not available.

### Section 5: Fire and Explosion Data

**Flammability of the Product:** May be combustible at high temperature.

**Auto-Ignition Temperature:** 715°C (1319°F)

**Flash Points:** CLOSED CUP: 79°C (174.2°F). OPEN CUP: 85°C (185°F).

**Flammable Limits:** LOWER: 1.7% UPPER: 8.6%

**Products of Combustion:** These products are carbon oxides (CO, CO2).

**Fire Hazards in Presence of Various Substances:**
Flammable in presence of open flames and sparks, of heat. Non-flammable in presence of shocks.

**Explosion Hazards in Presence of Various Substances:**
Risks of explosion of the product in presence of mechanical impact: Not available. Risks of explosion of the product in presence of static discharge: Not available.

**Fire Fighting Media and Instructions:**
SMALL FIRE: Use DRY chemical powder. LARGE FIRE: Use water spray, fog or foam. Do not use water jet.

**Special Remarks on Fire Hazards:**
Phenol + nitrides results in heat and flammable gas generation. Phenol + mineral oxidizing acids results in fire. Phenol + calcium hypochlorite is an exothermic reaction producing toxic fumes which may ignite.
Special Remarks on Explosion Hazards:
Phenol + sodium nitrite causes explosion on heating. Peroxydisulfuric acid + phenol causes explosion.

Section 6: Accidental Release Measures

**Small Spill:** Use appropriate tools to put the spilled solid in a convenient waste disposal container.

**Large Spill:**
Corrosive solid. Stop leak if without risk. Do not get water inside container. Do not touch spilled material. Use water spray to reduce vapors. Prevent entry into sewers, basements or confined areas; dike if needed. Eliminate all ignition sources. Call for assistance on disposal. Be careful that the product is not present at a concentration level above TLV. Check TLV on the MSDS and with local authorities.

Section 7: Handling and Storage

**Precautions:**
Keep locked up.. Keep container dry. Keep away from heat. Keep away from sources of ignition. Empty containers pose a fire risk, evaporate the residue under a fume hood. Ground all equipment containing material. Do not ingest. Do not breathe dust. Never add water to this product. In case of insufficient ventilation, wear suitable respiratory equipment. If ingested, seek medical advice immediately and show the container or the label. Avoid contact with skin and eyes. Keep away from incompatibles such as oxidizing agents, acids.

**Storage:**

Section 8: Exposure Controls/Personal Protection

**Engineering Controls:**
Use process enclosures, local exhaust ventilation, or other engineering controls to keep airborne levels below recommended exposure limits. If user operations generate dust, fume or mist, use ventilation to keep exposure to airborne contaminants below the exposure limit.

**Personal Protection:**
Splash goggles. Synthetic apron. Vapor and dust respirator. Be sure to use an approved/certified respirator or equivalent. Gloves.

**Personal Protection in Case of a Large Spill:**
Splash goggles. Full suit. Vapor and dust respirator. Boots. Gloves. A self contained breathing apparatus should be used to avoid inhalation of the product. Suggested protective clothing might not be sufficient; consult a specialist BEFORE handling this product.

**Exposure Limits:**
TWA: 5 (ppm) from ACGIH (TLV) [United States] SKIN TWA: 19 (mg/m3) from ACGIH (TLV) [United States] SKIN TWA: 5 from NIOSH [United States] TWA: 19 (mg/m3) from NIOSH [United States] TWA: 5 (ppm) from OSHA (PEL) [United States] TWA: 19 (mg/m3) from OSHA (PEL) [United States] TWA: 5 (ppm) [Canada] TWA: 19 (mg/m3) [Canada] Consult local authorities for acceptable exposure limits.

Section 9: Physical and Chemical Properties

**Physical state and appearance:** Solid.

**Odor:**
Distinct, aromatic, somewhat sickening sweet and acrid

**Taste:** Burning.
**Molecular Weight:** 94.11 g/mole  
**Color:** Colorless to light pink  
**pH (1% soln/water):** Not available.  
**Boiling Point:** 182°C (359.6°F)  
**Melting Point:** 42°C (107.6°F)  
**Critical Temperature:** 694.2 (1281.6°F)  
**Specific Gravity:** 1.057 (Water = 1)  
**Vapor Pressure:** Not applicable.  
**Vapor Density:** 3.24 (Air = 1)  
**Volatile:** Not available.  
**Odor Threshold:** 0.048 ppm  
**Water/Oil Dist. Coeff.:** The product is more soluble in oil; log(oil/water) = 1.5  
**Ionicity (in Water):** Not available.  
**Dispersion Properties:** See solubility in water, methanol, diethyl ether, acetone.  
**Solubility:**  

### Section 10: Stability and Reactivity Data

**Stability:** The product is stable.  
**Instability Temperature:** Not available.  
**Conditions of Instability:** Heat, ignition sources (flames, sparks), light, incompatible materials  
**Incompatibility with various substances:** Reactive with oxidizing agents, metals, acids, alkalis.  
**Corrosivity:**  
Extremely corrosive in presence of copper. Slightly corrosive in presence of stainless steel(304), of stainless steel(316). Non-corrosive in presence of glass, of aluminum.  
**Special Remarks on Reactivity:**  
Air and light sensitive. Prone to redden on exposure to light and air. Incompatible with aluminum chloride, peroxydisulfuirc acid, acetaldehyde, sodium nitrite, boron trifluoride diethyl ether + 1,3-butadiene, isocyanates, nitrides, mineral oxidizing acids, calcium hypochlorite, halogens, formaldehyde, metals and alloys, lead, zinc, magnesium and their alloys, plastics, rubber, coatings, sodium nitrate + trifluoroacetic acid. Phenol + isocyanates results in heat generation, and violent polymerization. Phenol + 1,3-butadiene and boron trifluoride diethyl ether complex results in intense exothermic reaction. Phenol + acetaldehyde results in violent condensation.  
**Special Remarks on Corrosivity:**  
Minor corrosive effect on bronze. Severe corrosive effect on brass.  
**Polymerization:** Will not occur.

### Section 11: Toxicological Information

**Routes of Entry:** Absorbed through skin. Dermal contact. Eye contact. Inhalation. Ingestion.
Toxicity to Animals:
Acute oral toxicity (LD50): 270 mg/kg [Mouse]. Acute dermal toxicity (LD50): 630 mg/kg [Rabbit].

Chronic Effects on Humans:
CARCINOGENIC EFFECTS: A4 (Not classifiable for human or animal.) by ACGIH, 3 (Not classifiable for human.) by IARC. MUTAGENIC EFFECTS: Mutagenic for mammalian somatic cells. Mutagenic for bacteria and/or yeast. May cause damage to the following organs: kidneys, liver, central nervous system (CNS).

Other Toxic Effects on Humans:
Very hazardous in case of skin contact (corrosive, irritant), of ingestion, . Hazardous in case of skin contact (sensitizer, permeator), of eye contact (corrosive), of inhalation (lung corrosive).

Special Remarks on Toxicity to Animals:
Lowest Published Lethal Dose: LDL [Human] - Route: Oral; Dose: 140 mg/kg LDL [Infant] - Route: Oral; Dose: 10,000 mg/kg

Special Remarks on Chronic Effects on Humans:
Animal: passes through the placental barrier. May cause adverse reproductive effects and birth defects (teratogenic) Embryotoxic and/or foetotoxic in animal. May affect genetic material (mutagenic).

Special Remarks on other Toxic Effects on Humans:

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Section 12: Ecological Information

Ecotoxicity:
Ecotoxicity in water (LC50): 125 mg/l 24 hours [Fish (Goldfish)]. >50 mg/l 1 hours [Fish (Fathead minnow)]. >50 mg/l 24 hours [Fish (Fathead minnow)]. >33 mg/l 72 hours [Fish (Fathead minnow)]. >33 ppm 96 hours [Fish (Fathead minnow)].

BOD5 and COD: Not available.

Products of Biodegradation:
Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

Toxicity of the Products of Biodegradation: The products of degradation are less toxic than the product itself.

Special Remarks on the Products of Biodegradation: Not available.

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Section 13: Disposal Considerations

Waste Disposal:
Waste must be disposed of in accordance with federal, state and local environmental control regulations.

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Section 14: Transport Information

DOT Classification: CLASS 6.1: Poisonous material.

Identification: Phenol, solid UNNA: 1671 PG: II

Special Provisions for Transport: Not available.

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Section 15: Other Regulatory Information

Federal and State Regulations:
6/01/97 SARA 302/304/311/312 extremely hazardous substances: Phenol SARA 313 toxic chemical notification and release reporting: Phenol CERCLA: Hazardous substances.: Phenol: 1000 lbs. (453.6 kg)

Other Regulations:

Other Classifications:

WHMIS (Canada):

DSCL (EEC):
R24/25- Toxic in contact with skin and if swallowed. R34- Causes burns. R40- Possible risks of irreversible effects. R43- May cause sensitization by skin contact. R52- Harmful to aquatic organisms. S1/2- Keep locked up and out of the reach of children. S24- Avoid contact with skin. S26- In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. S28- After contact with skin, wash immediately with plenty of water S37/39- Wear suitable gloves and eye/face protection. S45- In case of accident or if you feel unwell, seek medical advice immediately (show the label where possible). S46- If swallowed, seek medical advice immediately and show this container or label. S56- Dispose of this material and its container at hazardous or special waste collection point.

HMIS (U.S.A.):

- Health Hazard: 3
- Fire Hazard: 2
- Reactivity: 0
- Personal Protection: j

National Fire Protection Association (U.S.A.):

- Health: 4
- Flammability: 2
- Reactivity: 0
- Specific hazard:

Protective Equipment:
Gloves. Synthetic apron. Vapor and dust respirator. Be sure to use an approved/certified respirator or equivalent. Wear appropriate respirator when ventilation is inadequate. Splash goggles.

Section 16: Other Information

References: Not available.

Other Special Considerations: Not available.

Created: 10/10/2005 11:17 AM

Last Updated: 11/01/2010 12:00 PM

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I. PRODUCT IDENTIFICATION

TRADE NAME: GEBAUER’S SPRAY AND STRETCH

SYNONYM: Current Issue Date: July 28, 2008

CHEMICAL NAME: 1,1,1,3,3-Pentafluoropropane
SYNONYMS: Chemical Family: Halogenated Hydrocarbon

FORMULA: CHF₂CH₂CF₃ \ F₃CH₂CF₂

II. COMPOSITION/INFORMATION ON INGREDIENTS

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>CAS NO.</th>
<th>Concentration</th>
<th>OSHA PEL</th>
<th>ACGIH TLV-TWA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,1,1,3,3-Pentafluoropropane</td>
<td>460-73-1</td>
<td>95%</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>1,1,1,2-Tetrafluoroethane</td>
<td>811-97-1</td>
<td>5%</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

III. HAZARDS IDENTIFICATION

Health Rating: 2
Flammability Rating: 0
Reactivity Rating: 1
Special Rating: None
Lab Protective Equipment: Neoprene, PVA, or Butyl Rubber gloves, labcoat, goggles or face shield, vent hood.

Inhalation: When oxygen levels in air are reduced to 12-14% by displacement, symptoms of asphyxiation, loss of coordination, increased pulse rate and deeper respiration will occur. At high levels, cardiac arrhythmia may occur.

Ingestion: Unlikely route of exposure due to gaseous nature. Discomfort due to volatility would be expected.

Skin Contact: Over application could cause frostbite. Liquid contact is non-irritating.

Eye Contact: Liquid contact can cause irritation and frostbite.

Delayed Effects: None Known

IV. FIRST AID MEASURES

Inhalation: Immediately remove patient to fresh air. If breathing has stopped, give artificial respiration. Use oxygen as required, provided a qualified operator is available. DO NOT give epinephrine (adrenaline). Get medical attention immediately.

Ingestion: Unlikely route of exposure due to gaseous nature. DO NOT induce vomiting unless instructed to do so by a physician. DO NOT give stimulants. Get medical attention immediately.

Skin Contact: If there is evidence of frostbite seek medical attention.

Eye Contact: Immediately flush eyes with copious amounts of water for at least 15 minutes (in case of frostbite water should be lukewarm, not hot) lifting lids occasionally to facilitate irrigation. Get medical attention.

V. FIRE FIGHTING MEASURES

Flash point: - None
Autoignition temperature: - Unknown
Flammable Limits In Air (% by volume): - Nonflammable

Special Fire Fighting Procedures: Fire fighters should wear self-contained, NIOSH approved breathing apparatus for protection against possible toxic decomposition products. Proper eye and skin protection should be provided. Use spray to keep fire-exposed containers cool.

Unusual Fire and Explosion Hazards: Not flammable at ambient temperatures and atmospheric pressure. However this material will become combustible when mixed with air under pressure and exposed to strong ignition sources contact with certain reactive metals may result in formation of explosive or exothermic reactions under specific conditions (e.g. very high temperatures and/or appropriate pressures).

VI. ACCIDENTAL RELEASE MEASURES

Spill and Leak Response: Evacuate unprotected personnel. Protected personnel should eliminate all sources of ignition and shut off leak, if without risk, and provide ventilation.

Waste Disposal Method: Comply with federal, state and local laws.

VII. HANDLING AND STORAGE

Storage Precautions: Store in cool, dry, well ventilated area of low fire risk. Protect against physical damage. Do not subject to temperatures above 120°F (50°C).

Usage and Handling Precautions: Use in well-ventilated areas. Do not use near temperatures above 120°F (50°C).

VIII. EXPOSURE CONTROLS – PERSONAL PROTECTION

Engineering Controls: Provide local ventilation at filling zones and where leakage is probable. Use with adequate ventilation.

Respiratory Protection: None generally required for adequately ventilated work situations. For accidental release in confined space, where the concentration may be above the PEL of 1,000 ppm, use a NIOSH approved, self contained, positive pressure respirator for emergencies and in situations where air may be displaced by vapors.
Skin Protection
Use protective, impervious gloves and clothing made of neoprene, nitrile or butyl rubber if prolonged or repeated contact with liquid is anticipated. Wash clothing promptly, if wet. Remove any non-impervious clothing and wash before re-use.

Eye Protection
For normal conditions, wear safety glasses. Where there is reasonable probability of liquid contact, wear splash-proof goggles. Contact lenses should not be worn under such conditions.

Exposure Limits
OSHA PEL: None  
ACGIH TLV: None  
TWA (8 hours): 300 ppm

IX. PHYSICAL AND CHEMICAL PROPERTIES

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiling Point</td>
<td>44.6ºF (7.0ºC)</td>
</tr>
<tr>
<td>Vapor Pressure</td>
<td>At 72ºF (22ºC) = 10.8 psig</td>
</tr>
<tr>
<td>Vapor Density</td>
<td>Air = 1 at BP 4.7</td>
</tr>
<tr>
<td>Solubility in Water</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Appearance &amp; Odor</td>
<td>Colorless liquid, faint ethereal, sweetish odor</td>
</tr>
<tr>
<td>Specific Gravity (H2O)</td>
<td>1.33 at 72ºF</td>
</tr>
<tr>
<td>% Volatile by Volume</td>
<td>100</td>
</tr>
<tr>
<td>Evaporation Rate</td>
<td>&gt;1 (Carbon Tetrachloride = 1)</td>
</tr>
</tbody>
</table>

X. STABILITY AND REACTIVITY

Stability
Product is stable under normal conditions.

Hazardous Decomposition Products
Halogen and halogen acids; and possibly carbonyl halides.

Incompatible Materials
Strong acids and alkalis, reactive metals e.g., powdered or freshly abraded aluminum (may cause strong exothermic reaction), sodium, potassium, calcium, magnesium, zinc, molten aluminum, barium and lithium shavings. Strong oxidizing agents.

Hazardous Polymerization
Will not occur.

Conditions to Avoid
Avoid sources of ignition such as sparks, hot spots, welding flames and lighted cigarettes which may yield toxic and/or corrosive decomposition products. Do not mix with oxygen or air above atmospheric pressure.

XI. TOXICOLOGICAL INFORMATION

Dermal Irritation
Non-irritation and not a skin sensitizer.

Eye Irritation
Very slight irritation.

Inhalation
Evidence of transient anesthetic effect. HFC-134a: Lowest observed adverse effect level for cardiac sensitization was 75,000ppm.

XII. ECOLOGICAL INFORMATION

Environmental Stability
Gas is dissipated rapidly in a ventilated area.

Effect on Aquatic Life
CAS 40-73-1: Acute Toxicity to Rainbow Trout (Limit Test): NOEC >10 mg/L; 96 hr. EC50 >8108 mg/L
CAS 811-97-1: Acute Toxicity to Rainbow Trout (Limit Test): 96 hr. LC50 is 450 mg/L

XIII. DISPOSAL CONSIDERATIONS

Waste disposal must be in accordance with appropriate Federal, State and local regulations.

XIV. TRANSPORT INFORMATION

Proper Shipping Name
Gebauer's Spray and Stretch

US DOT Hazard Class
Not Regulated

US DOT Identification Number
Not Applicable

XV. REGULATORY INFORMATION

USA TSCA
Not Listed

Europe EINECS
Not Listed

SARA Title III
RQ’s and EHS TPQ: Not Listed. Sections 311, 312: Not Listed

WHMIS Classification (Canada)
MSDS meets requirements of CPR.

European Union
Not Listed as Hazardous Substance

Additional Regulatory Information
Contains greenhouse gases, which may contribute to global warming. Regulated in the US under Section 612 (SNAP) of the Clean Air Act and 40 CFR Part 82, subpart G.

XVI. OTHER INFORMATION

MSDS Revision on May 6, 2005. Format changes only.
SECTION II - HAZARDOUS INGREDIENTS

** QUATERNARY AMMONIUM CHLORIDES ** Blend of alkyl dimethylbenzyl ammonium chlorides (CAS# 68424-85-1), alkyl dimethyl ammonium chlorides (CAS# 68424-95-3), and ethanol (CAS# 64-17-5); OSHA PEL-N/D; TLV - N/D; EFFECTS - COR TOX CBL; % IN PROD - 10-20

** TETRASODIUM ETHYLENEDIAMINE TETRAACETATE ** ethylenedinitrilo tetraacetic acid, tetrasodium salt; EDTA; CAS# 64-02-8; RTECS# AH5075000; OSHA PEL N/D ; TLV - N/D; EFFECTS - IRR; % IN PROD - < 5

SECTION III - HEALTH HAZARD DATA

SPECIAL NOTE: MSDS data pertains to the product as dispensed from the container. Adverse health effects would not be expected under recommended conditions of use (diluted) so long as prescribed safety precautions are practiced.

ACUTE EFFECTS OF OVEREXPOSURE:
This product can be corrosive to eyes and skin. Eye contact can cause corneal damage or blindness. Skin contact can produce inflammation, reddening, and blistering. Inhalation of spray mist or vapors may cause respiratory tract irritation. Overexposure by ingestion may produce central nervous system effects characterized by circulatory shock, difficulty in breathing, skeletal muscle paralysis, or convulsions.

CHRONIC EFFECTS OF OVEREXPOSURE:
Repeated or prolonged exposure of skin can produce chronic dermatitis characterized by redness, scaling, and blistering. Repeated exposure to spray mists may lead to chronic eye inflammation, chronic respiratory tract irritation or lung damage. None of the ingredients are listed as carcinogens by IARC, NTP, or OSHA.

EST'D PEL/TLV: Not established

PRIMARY ROUTES OF ENTRY: Ing.

HMIS CODES: HEALTH 3; FLAM 0; REACT 0; PERS. PROTECT B; CHRONIC HAZ NO

FIRST AID PROCEDURES:
SKIN: Flush contaminated skin with plenty of water. Consult a physician if irritation develops.
EYES: Immediately flush eyes with plenty of water for at least 15 minutes, occasionally lifting upper and lower lids. Get medical attention at once.
INHALE: If symptoms occur, move affected person to fresh air. If symptoms persist, get medical attention promptly.
INGEST: If this product is swallowed, do not induce vomiting. If individual is alert, give plenty of water to drink. Get medical attention at once.

SECTION IV - SPECIAL PRECAUTION INFORMATION

PROTECTIVE CLOTHING: Wear neoprene, nitrile, or natural rubber gloves or gloves with proven resistance to the ingredients listed.

EYE PROTECTION: Wear tight-fitting safety glasses when using or handling this product.

RESPIRATORY PROTECTION: In the unlikely event that exposure levels exceed the PEL/TLV, use an organic vapor respirator.

VENTILATION: Provide local exhaust/ventilation as needed to keep concentration of vapors below exposure limits (PEL/TLV).

SECTION V - PHYSICAL DATA

BOILING POINT (F) - 220
VAPOR PRESSURE(mmHg) - N/D
VAPOR DENSITY(AIR-1) - N/D
SOLUBILITY IN WATER - COMPLETE
pH(USE DILUTION OF) - 1:100 10.7
VOC CONTENT (CONCENTRATE) - 3.1% 0.26 lb/gl
APPERANCE AND ODOR - CLEAR GREEN LIQUID WITH A PLEASANT ODOR.
SECTION VI - FIRE AND EXPLOSION DATA

FLASH POINT (F) (METHOD USED): None  TCC
FLAMMABLE LIMITS: LEL: N/A  UEL: N/A
EXTINGUISHING MEDIA: Carbon dioxide, dry chemical, water fog, and alcohol foam.
SPECIAL FIRE FIGHTING: Wear self-contained positive pres. breathing apparatus.
UNUSUAL FIRE HAZARDS: Fire exposed drums should be cooled with stream of water.

SECTION VII - REACTIVITY DATA

STABILITY: Stable
INCOMPATIBILITY (AVOID): Strong oxidizing agents.
POLYMERIZATION: Will not occur.
HAZARDOUS DECOMPOSITION: Carbon dioxide, carbon monoxide, ammonia, oxides of nitrogen, hydrogen chloride.

SECTION VIII - SPILL AND DISPOSAL PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIALS IS RELEASED OR SPILLED:
Observe safety precautions in sections 4 & 9 during clean-up. Absorb spill on an inert absorbent material; pick up and place in a clean D.O.T. specification container for disposal. Wash area thoroughly with a detergent solution and then rinse well with water.
WASTE DISPOSAL METHOD:
Liquids cannot be sent to landfills unless solidified. Unusable product and some collected, spent use-dilutions may require disposal as a hazardous waste at a permitted treatment/storage/disposal facility. In most states hazardous wastes in total amounts of 220 lbs. or less per month may be disposed of in a chemical or industrial waste landfill. If company effluent is ultimately treated by a publicly owned treatment works, neutralization of spent tank-solutions with subsequent discharge to the sewer may be possible. Consult local, state and federal agencies for proper disposal method in your area.
RCRA HAZ WASTE NOS: D002

SECTION IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN WHEN HANDLING AND STORING
Store tightly closed container in a dry area at temps. between 40-120 degrees F. Do not breathe spray mists or vapors. Keep product out of eyes. Avoid prolonged contact with skin. Clothing or shoes which become contaminated with substance should be removed promptly and not reworn until thoroughly cleaned. Keep out of the reach of children.

SECTION X - REGULATORY INFORMATION

DOT PROPER SHIPPING NAME: INDUSTRIAL CLEANERS N.O.I., LIQUID KEEP FROM FREEZING
NOTE: DOT information applies to larger package sizes of affected products. For some products, DOT may require alternate names and labeling in accordance with packaging group requirements.
DOT I.D. NUMBER:          DOT LABEL/PLACARD:
DOT HAZARD CLASS: NA      DOT PACKING GROUP:
EPA TSCA CHEMICAL INVENTORY - ALL INGREDIENTS ARE LISTED
EPA CWA 40CFR PART 117 SUBSTANCE (RQ IN A SINGLE CONTAINER): NONE
EPA CAA: N/A
MATERIAL SAFETY DATA SHEET

NOTICE

Thank you for your interest in, and use of, this product. Acuity Specialty Products Group is pleased to be of service to you by supplying this Material Safety Data Sheet for your files. Acuity Specialty Products Group is concerned for your health and safety. This product and all others supplied by Acuity Specialty Products Group companies can be used safely with proper protective equipment and proper handling practices consistent with label instructions and the MSDS. Before using any this product, be sure to read the complete label and the Material Safety Data Sheet.

As a further word of caution, Acuity Specialty Products Group wishes to advise that serious accidents have resulted from the misuse of "emptied" containers. "Empty" containers retain residue (liquid and/or vapor) and can be dangerous. DO NOT pressurize, cut, weld, braze, solder, drill, grind or expose such containers to heat, flame, sparks, or other sources of ignition; they may explode or develop harmful vapors and possibly cause injury or death. Clean empty containers by triple rinsing with water or an appropriate solvent. Empty containers may develop harmful vapors and possibly cause injury or death. Clean empty containers before a drum reconditioner before reuse.

TERMS AND ABBREVIATIONS

Listed Alphabetically by Section

SECTION II: HAZARDOUS INGREDIENTS

CAR: Carcinogen - A chemical listed by the National Toxicology Program (NTP), the International Agency for Research on Cancer (IARC) or OSHA as a definite or possible human cancer causing agent.
CAS#: Chemical Abstract Services Registry Number - A universally accepted numbering system for chemical substances.
CBL: Combustible - At temperatures between 100°F and 200°F chemical gives off enough vapor to ignite if a source of ignition is present as tested with a closed cup tester.
CNS: Central Nervous System depressant that reduces the activity of the brain and spinal cord.
COR: Corrosive - Causes irreversible injury to living tissue (e.g. burns).
DESIGNATIONS: Chemical and common names of hazardous ingredients.
EIR: Eye Irritant Only - Causes reversible reddening and/or inflammation of eye tissues.
EXPOSURE LIMITS: The time weighted average (TWA) airborne concentration at which most workers can be exposed without any expected adverse effects. Primary sources include ACGIH TLVs, and OSHA PELs.
ACGIH: American Conference of Governmental Industrial Hygienists
CEILING: "The concentration that should not be exceeded in the workplace during any part of the working exposure." Source, ACGIH
OSHA: Occupational Safety and Health Administration
PEL: Permissible Exposure Limit - A set of time weighted average exposure values, established by OSHA, for a normal 8-hour day and a 40-hour workweek.
PPM: Parts per million - unit of measure for exposure limits.
(S) SKIN: Skin contact with substance can contribute to overall exposure.
STEL: Short Term Exposure Limit - Maximum concentration for a continuous 15-minute exposure period.
TLV: Threshold Limit Value - A set of time weighted average exposure limits, established by the ACGIH, for a normal 8-hour day and a 40-hour workweek.
FBL: Flammable - At temperatures under 100°F, chemical gives off enough vapors to ignite if a source of ignition is present as tested with a closed cup tester.
HAZARDOUS INGREDIENTS: Chemical substances that are determined to be potential health or physical hazards based on the criteria established in the OSHA Hazard Communication Standard - 29 CFR 1910.1200
HTX: Highly toxic - the probable lethal dose for a 70 kg (150 lb.) man, which may be approximated as less than 6 teaspoons (2 tablespoons) of a liquid, or less than 0.25 grams (1/8 teaspoon) of a solid.
IRR: Irritant - Causes reversible effects in living tissues (e.g. inflammation) - primarily skin and eyes.
N/A: Not Applicable - Category is not applicable for this product.
N/D: Not Determined - Insufficient information to make a determination for this item.
RTCS#: Registry of Toxic Effects of Chemical Substances - an unreviewed listing of published toxicology data on chemical substances.
SARA: Superfund Amendment and Reauthorization Act - Section 313 designates certain chemicals for possible reporting for the Toxic Chemical Release Inventory.
SEN: Sensitizer - Causes allergic reaction after repeated exposure.
TOX: Toxic - The probable lethal dose for a 70 kg (150 kg) man is one ounce (2 tablespoons) or more.

SECTION II: HEALTH HAZARD DATA

ACUTE EFFECT: An adverse effect on the human body from a single exposure with symptoms developing almost immediately after exposure or within a relatively short time.

CHRONIC EFFECT: Adverse effects that are most likely to occur from repeated exposure over a long period of time.
EST'D PEL/TLV: This estimated, time-weighted-average, exposure limit, developed by using a formula provided by the ACGIH, pertains to airborne concentrations from the product as a whole. This value should serve as a guide for providing safe workplace conditions to nearly all workers.
HMSIS CODES: Hazardous Material Identification System - a rating system developed, by the National Paint and Coating Association for estimating the hazard potential of a chemical under normal workplace conditions. These risk estimates are indicated by a numerical rating given in each of three hazard areas (Health/flammability/reactivity) ranging from a low of zero to a high of 4. The presence of a chronic hazard is indicated by a "YES". Consult HMSIS training guides for Personal Protection letter codes, which indicate necessary protective equipment.
PRIMARY ROUTE OF ENTRY: The way one or more hazardous ingredients may enter the body and cause a generalized systemic or specific-organ toxic effect.
ING: Ingestion - A primary route of exposure through swallowing of material.
INH: Inhalation - A primary route of exposure through breathing of vapors.
SKIN: A primary route of exposure through contact with the skin.

SECTION IV: SPECIAL PROTECTION INFORMATION

Where respiratory protection is recommended, use only MSHA and NIOSH approved respirators and dust masks.
MSHA: Mine Safety and Health Administration
NIOSH: National Institute for Occupational Safety and Health.

SECTION V: PHYSICAL DATA

EVAPORATION RATE: Refers to the rate of change from the liquid state to the vapor state at ambient temperature and pressure in comparison to a given substance (e.g. water).
pH: A value representing the acidity or alkalinity of an aqueous solution (Highly Acidic pH = 1; Neutral pH = 7; Highly Alkaline pH = 14)
VOC CONTENT: The percentage or amount in pounds per gallon of the product that is regulated as a Volatile Organic Compound under the Clean Air Act of 1990 and various state jurisdictions.
SOLUBILITY IN WATER: A description of the ability of the product to dissolve in water.

SECTION VII: REACTIVITY DATA

HAZARDOUS DECOMPOSITION: Breakdown products expected to be produced upon product decomposition by extreme heat or fire.
INCOMPATIBILITY: Keep product away from listed substances or conditions to prevent hazardous reactions.
POLYMERIZATION: Indicates the tendency of the product's molecules to combine with themselves in a chemical reaction releasing excess pressure and heat.
STABILITY: Indicates the susceptibility of the product to decompose spontaneously and dangerously.

SECTION VIII: SPILL AND DISPOSAL PROCEDURES

RCRA WASTE NOs: RCRA (Resource Conservation and Recovery Act) waste codes (40 CFR 261) applicable to the disposal of spilled or unusable product from the original container.

SECTION X: TRANSPORTATION DATA

CWA: Clean Water Act - Federal law that regulates chemical releases to bodies of water.
RQ: Reportable Quantity - The amount of the specific ingredient that, when spilled to the ground and, can enter a storm sewer or natural watershed, must be reported to the National Response Center, and other regulatory agencies.
TSCA: Toxic Substances Control Act - A federal law requiring all commercial chemical substances to appear on an inventory maintained by the EPA.

DISCLAIMER

All statements, technical information, and recommendations contained herein are based on available scientific tests or data that we believe to be reliable. The accuracy and completeness of such data are not warranted or guaranteed. We cannot anticipate all conditions under which this information and our products, or the products of other manufacturers in combination with our products, may be used. Acuity Specialty Products Group assumes no liability or responsibility for loss or damage resulting from the improper use or handling of our products, from incompatible product combinations, or from the failure to follow instructions, warnings, and advisories in the product label and Material Safety Data Sheet
Southwest Baptist University
Department of Physical Therapy

Request for Excused Absence (DPT 1 or DPT 2)

The student may request excused time off for special once in a lifetime events (e.g. weddings; graduations) only if by missing the scheduled class, the otherwise unexcused absence would have a detrimental impact on a course grade (e.g. at least lowering of final course grade by one letter).

Name: _______________________________ ID: __________________

Advisor: ______________________________ Date: __________________

Instructor*: ___________________________ Course Number*: ______________

Will missing class as requested result in an unexcused absence AND the lowering of final letter grade by at least one letter grade? Yes No#

Please describe nature of special once in a lifetime event that will cause you to miss class (e.g. wedding, graduation): ______________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Date(s) of Event: __________________________ How many class days will be missed? ______________

Currently in good academic standing? Yes No

Number of Unexcused Absences for this course: ______ In curriculum to date: ______________

Have you made a previous request for an Excused Absence under this policy? Yes No

Please submit form at least 60 calendar days in advance of event to the Course Instructor
*if more than one course is involved, list additional courses here: ____________________________
#If No, then student need not submit request form, simply communicate with instructor related to unexcused absence as per policy as missing class will not negatively impact final grade.

***************************************************************************

Course Instructor: __________________________ Approved Not Approved

Student Advisor or At Large Faculty: __________________________ Approved Not Approved

Coordinator or At Large Faculty: __________________________ Approved Not Approved

At Large Faculty (if needed): __________________________ Approved Not Approved

At Large Faculty (if needed): __________________________ Approved Not Approved

Please file completed form in student academic file. Course instructor to notify student in writing of final decision.
The Doctor of Physical Therapy Program at Southwest Baptist University utilizes a comprehensive learning portfolio that is compiled by the individual learner as a formal assessment tool. The portfolio fosters learner ownership of the assessment process and encourages growth and reflection over the breadth and depth of the doctoral studies. The process should be viewed as continuous, ongoing, and in constant flux as the learner contributes to and expands upon learning and growth elements submitted to the portfolio. Multiple sources of data may be used to contribute to the portfolio in terms of constructive feedback including self, advisor, faculty and peers. In the simplest terms, the learner will compile a “robust” curriculum vitae (CV) that demonstrates superlative achievement and provide evidence of successful professional behaviors. Reflection by the learner of the selected elements will add meaning and insight to where the curriculum, instruction and formal assessment converge.

The organization of the portfolio will be as follows:
1) Robust CV (page/section 1)
2) Goal self-assessment/reflections (page/section 2)
3) Professional Behaviors self-assessment / reflections (page/section 3)
4) Advisor Feedback (page/section 4)

Timeframe for turn-in to Advisor is no earlier than March 1 but no later than April 1 of Spring semester.

The portfolio is a graded element of the professional development seminars for year one and two and for clinical education IV during the third year. Consequence for failing to meet this expectation may result in a student failing the respective course with subsequent review by the PT Review committee.
CURRICULUM VITAE

Name:
Address:
Telephone:
Name of Educational Program and Institution:

Education:  post high school, from most recent to earliest, including:
  institution
  location
  duration of study (from – to -)
  field of study
  degree received/anticipated and date

Licensure Information/Registration Number and Certifications:

Employment and Positions Held:  from most recent to earliest as appropriate.

Peer Reviewed Scientific and Professional Presentations:
  from the most recent to the earliest
  include: presenter(s), title, occasion, and date

Current/Active Research Activity:  as appropriate.

Membership in Scientific/Professional Organizations:  include positions held

Community Service:  CWV and/or SPTA, include title or nature (note if chair held)
  agency
  duration (from – to --)

Honors and Awards:  include title or nature
  awarding agency
  date

Continuing Education Attended:  while attending the PT program
Program Goals Self-Assessment

Southwest Baptist University PT Program Goals:
1. **Integrate the Christian worldview into the practice of physical therapy.** *(Student will reflect in one comprehensive paragraph how they have met the program level goals using objectives as reference material to include or relate to in their written reflection for each given year)*
   - Year 1:
   - Year 2:
   - Year 3:

2. **Engage in professional practice expectations on a diverse patient and client population throughout the lifespan.**

3. **Educate and communicate with appropriate stakeholders in the health care environment.**

4. **Serve the profession and society to promote and improve evolving health care delivery.**

5. **Reflectively practice the art and science of physical therapy by critically evaluating, integrating, and contributing to the expanding professional knowledge base.**

6. **Formulate a plan for life-long learning coupled with professional, personal, and spiritual growth.**
Professional Behaviors Self-Assessment

Physical Therapist Professional Behavior Assessment:

1. Critical Thinking –
   (Students will self-rate and reflect based on associated documents given as reference materials. They will justify how they meet the given rating and develop an improvement plan for future cycles. This professional behavior assessment is completed only for year 1 and 2, as during the third year, a separate professional behavior rating system is presented as part of the clinical education assessment process.)

   Year 1:

   Year 2:

2. Communication –

3. Problem Solving –

4. Interpersonal Skills –

5. Responsibility –

6. Professionalism –

7. Use of Constructive Feedback –

8. Effective Use of Time and Resources –

9. Stress Management –

10. Commitment to Learning –
Faculty Advisor Feedback

Year 1:

Year 2:

Year 3:
The graduate of Southwest Baptist University Doctor of Physical Therapy Program will be able to:

1.0 Integrate the Christian worldview into the practice of physical therapy.

1.1 Practice academic and professional integrity.
1.2 Manifest a Christian lifestyle while practicing physical therapy.
1.3 Demonstrate a Christlike caring and concern for people regardless of their socioeconomic, physical, mental, or spiritual condition.
1.4 Use Christian principles to guide ethical decision making.
1.5 Manifest compassion in the delivery of physical therapy services.

2.0 Engage in professional practice expectations on a diverse patient and client population throughout the lifespan.

2.1 Respect the dignity and confidentiality of the patient/client in all actions.
2.2 Demonstrate professional behaviors in all interactions.
2.3 Follow legal practice standards and regulations in the delivery and management of physical therapy services.
2.4 Practice consistently following the APTA’s Code of Ethics.
2.5 Demonstrate cultural sensitivity in the delivery of physical therapy services.
2.6 Incorporate an understanding of individual differences in the delivery of physical therapy services.
2.7 Apply the Patient/Client Management model appropriately and consistently.
2.8 Take appropriate action in an emergency in any practice setting.
2.9 Assume responsibility for the management of care founded on patient/client outcomes, including situations where the physical therapist is serving as the primary care provider.
2.10 Supervise and manage support personnel effectively in the delivery of physical therapy services.
2.11 Manage resources efficiently to provide quality, cost-effective physical therapy services.
2.12 Participate in the design and implementation of decision-making guidelines.
3.0 Educate and communicate with appropriate stakeholders in the health care environment.

3.1 Report and discuss the results of Patient/Client Management model with patient/client and/or other integral persons such as other health care professionals, payers, and family.
3.2 Collaborate with appropriate persons to determine an intervention that is feasible given the resources and patient/client desires.
3.3 Perform accurate, thorough, legible, and timely documentation according to the standards established in the APTA Guidelines for Physical Therapy Documentation.
3.4 Communicate (verbally and nonverbally) appropriate to the situation and needs of the other person.
3.5 Demonstrate active listening techniques.
3.6 Provide patient and client-related consultation appropriate to the needs of the individual or organization.
3.7 Provide education to other practitioners, patient/client, or family regarding the physical therapy plan of care.
3.8 Participate in clinical and in-service education to a variety of healthcare providers.

4.0 Serve the profession and society to promote and improve evolving health care delivery.

4.1 Provide information on the promotion of health, prevention of dysfunction, and restoration of function in persons with movement dysfunction.
4.2 Provide consultation to individuals, businesses, schools, government agencies, or other organizations.
4.3 Advocate for the promotion of health through participation in community, service or professional organizations.
4.4 Advocate for and provide input to health laws and reform.
4.5 Collaborate with other health care professionals, families, community agencies, and other support systems.
5.0 Reflectively practice the art and science of physical therapy by critically evaluating, integrating, and contributing to the expanding professional knowledge base.

5.1 Critically evaluate and incorporate physical therapy and other professional literature into contemporary practice.
5.2 Analyze, integrate or reject, as appropriate, information related to new physical therapy techniques, procedures, or technology.
5.3 Use decision-making skills of clinical reasoning, clinical judgment, and reflective practice.
5.4 Participate in scholarly activities.

6.0 Formulate a plan for life-long learning coupled with professional, personal and spiritual growth.

6.1 Participate in professional organizations and activities.
6.2 Formulate and implement a plan for personal and professional career development based on self-assessment, reflection, and feedback from others.
6.3 Seek opportunities for spiritual growth and nurturing based on the Christian worldview.
6.4 Incorporate self-directed and active learning behaviors into a plan for growth and development.
Professional Behaviors Assessment Reference Resource - SBU Physical Therapy Program

This resource is used by students as a reference in helping them to assess their level of professional behavior for the 10 different items as well as assist them to write a reflection at an appropriate depth and breadth.

Directions:
1. Read the description of each Professional Behavior.
2. Become familiar with the behavioral criteria described in each of the levels.
3. Self assess your performance continually, relative to the Professional Behaviors, using the behavioral criteria.
4. Identify the level within which you predominately function at a given point in time. Document specific examples of when you demonstrated behaviors from the lowest to the highest levels noted.
5. Utilize the examples and assessment as you write your reflection for your portfolio.

**Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities. This form is modified from Marquette University**
1. **Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

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<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post-Entry Level:</th>
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<tbody>
<tr>
<td>Raises relevant questions</td>
<td>Feels challenged to examine ideas</td>
<td>Distinguishes relevant from irrelevant patient data</td>
<td>Develops new knowledge through research, professional writing and/or professional presentations</td>
</tr>
<tr>
<td>Considers all available information</td>
<td>Critically analyzes the literature and applies it to patient management</td>
<td>Readily formulates and critiques alternative hypotheses and ideas</td>
<td>Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process</td>
</tr>
<tr>
<td>Articulates ideas</td>
<td>Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas</td>
<td>Infers applicability of information across populations</td>
<td>Weighs information value based on source and level of evidence</td>
</tr>
<tr>
<td>Understands the scientific method</td>
<td>Seeks alternative ideas</td>
<td>Exhibits openness to contradictory ideas</td>
<td>Identifies complex patterns of associations</td>
</tr>
<tr>
<td>States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)</td>
<td>Formulates alternative hypotheses</td>
<td>Identifies appropriate measures and determines effectiveness of applied solutions efficiently</td>
<td>Distinguishes when to think intuitively vs. analytically</td>
</tr>
<tr>
<td>Recognizes holes in knowledge base</td>
<td>Critiques hypotheses and ideas at a level consistent with knowledge base</td>
<td>Justifies solutions selected</td>
<td>Recognizes own biases and suspends judgmental thinking</td>
</tr>
<tr>
<td>Demonstrates acceptance of limited knowledge and experience in knowledge base</td>
<td>Acknowledges presence of contradictions</td>
<td></td>
<td>Challenges others to think critically</td>
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2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

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<tr>
<td>Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting</td>
<td>Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</td>
<td>Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</td>
<td>Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning</td>
</tr>
<tr>
<td>Recognizes impact of non-verbal communication in self and others</td>
<td>Restates, reflects and clarifies message(s)</td>
<td>Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing</td>
<td>Effectively delivers messages capable of influencing patients, the community and society</td>
</tr>
<tr>
<td>Recognizes the verbal and non-verbal characteristics that portray confidence</td>
<td>Communicates collaboratively with both individuals and groups</td>
<td>Maintains open and constructive communication</td>
<td>Provides education locally, regionally and/or nationally</td>
</tr>
<tr>
<td>Utilizes electronic communication appropriately</td>
<td>Collects necessary information from all pertinent individuals in the patient/client management process</td>
<td>Utilizes communication technology effectively and efficiently</td>
<td>Mediates conflict</td>
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</table>
### 3. Problem Solving – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

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<tbody>
<tr>
<td>Recognizes problems</td>
<td>Prioritizes problems</td>
<td>Independently locates, prioritizes and uses resources to solve problems</td>
<td>Weighs advantages and disadvantages of a solution to a problem</td>
</tr>
<tr>
<td>States problems clearly</td>
<td>Identifies contributors to problems</td>
<td>Accepts responsibility for implementing solutions</td>
<td>Participates in outcome studies</td>
</tr>
<tr>
<td>Describes known solutions to problems</td>
<td>Consists with others to clarify problems</td>
<td>Implements solutions</td>
<td>Participates in formal quality assessment in work environment</td>
</tr>
<tr>
<td>Identifies resources needed to develop solutions</td>
<td>Appropriately seeks input or guidance</td>
<td>Reassesses solutions</td>
<td>Seeks solutions to community health-related problems</td>
</tr>
<tr>
<td>Uses technology to search for and locate resources</td>
<td>Prioritizes resources (analysis and critique of resources)</td>
<td>Evaluates outcomes</td>
<td>Considers second and third order effects of solutions chosen</td>
</tr>
<tr>
<td>Identifies possible solutions and probable outcomes</td>
<td>Considers consequences of possible solutions</td>
<td>Modifies solutions based on the outcome and current evidence</td>
<td>Evaluates generalizability of current evidence to a particular problem</td>
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### 4. Interpersonal Skills – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

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<tbody>
<tr>
<td>Maintains professional demeanor in all interactions</td>
<td>Recognizes the non-verbal communication and emotions that others bring to professional interactions</td>
<td>Demonstrates active listening skills and reflects back to original concern to determine course of action</td>
<td>Establishes mentor relationships</td>
</tr>
<tr>
<td>Demonstrates interest in patients as individuals</td>
<td>Establishes trust</td>
<td>Responds effectively to unexpected situations</td>
<td>Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction</td>
</tr>
<tr>
<td>Communicates with others in a respectful and confident manner</td>
<td>Seeks to gain input from others</td>
<td>Demonstrates ability to build partnerships</td>
<td>Applies conflict management strategies when dealing with challenging interactions</td>
</tr>
<tr>
<td>Respects differences in personality, lifestyle and learning styles during interactions with all persons</td>
<td>Respects role of others</td>
<td>Applies conflict management strategies when dealing with challenging interactions</td>
<td>Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</td>
</tr>
<tr>
<td>Maintains confidentiality in all interactions</td>
<td>Accommodates differences in learning styles as appropriate</td>
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<tr>
<td>Recognizes the emotions and bias that one brings to all professional interactions</td>
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</table>
5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

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<th><strong>Post Entry Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates punctuality</td>
<td>Displays awareness of and sensitivity to diverse populations</td>
<td>Educates patients as consumers of health care services</td>
<td>Recognizes role as a leader</td>
</tr>
<tr>
<td>Provides a safe and secure environment for patients</td>
<td>Completes projects without prompting</td>
<td>Encourages patient accountability</td>
<td>Encourages and displays leadership</td>
</tr>
<tr>
<td>Assumes responsibility for actions</td>
<td>Delegates tasks as needed</td>
<td>Directs patients to other health care professionals as needed</td>
<td>Facilitates program development and modification</td>
</tr>
<tr>
<td>Follows through on commitments</td>
<td>Collaborates with team members, patients and families</td>
<td>Acts as a patient advocate</td>
<td>Promotes clinical training for students and coworkers</td>
</tr>
<tr>
<td>Articulates limitations and readiness to learn</td>
<td>Provides evidence-based patient care</td>
<td>Promotes evidence-based practice in health care settings</td>
<td>Monitors and adapts to changes in the health care system</td>
</tr>
<tr>
<td>Abides by all policies of academic program and clinical facility</td>
<td></td>
<td>Accepts responsibility for implementing solutions</td>
<td>Promotes service to the community</td>
</tr>
<tr>
<td>Attends class/clinical or academic activities as scheduled</td>
<td></td>
<td>Demonstrates accountability for all decisions and behaviors in academic and clinical settings</td>
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</tbody>
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6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

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<thead>
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</thead>
<tbody>
<tr>
<td>Abides by all aspects of the academic program honor code and the APTA Code of Ethics</td>
<td>Identifies positive professional role models within the academic and clinical settings</td>
<td>Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary</td>
<td>Actively promotes and advocates for the profession</td>
</tr>
<tr>
<td>Demonstrates awareness of state licensure regulations</td>
<td>Acts on moral commitment during all academic and clinical activities</td>
<td>Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity</td>
<td>Pursues leadership roles</td>
</tr>
<tr>
<td>Projects professional image</td>
<td>Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making</td>
<td>Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development</td>
<td>Supports research</td>
</tr>
<tr>
<td>Attends professional meetings</td>
<td>Discusses societal expectations of the profession</td>
<td>Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices</td>
<td>Participates in program development</td>
</tr>
<tr>
<td>Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</td>
<td></td>
<td>Discusses role of physical therapy within the healthcare system and in population health</td>
<td>Participates in education of the community</td>
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<tr>
<td></td>
<td></td>
<td>Demonstrates leadership in collaboration with both individuals and groups</td>
<td>Demonstrates the ability to practice effectively in multiple settings</td>
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<tr>
<td></td>
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<td></td>
<td>Acts as a clinical instructor</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Advocates for the patient, the community and society</td>
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</table>
7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

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</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates active listening skills</td>
<td>Critiques own performance accurately</td>
<td>Independently engages in a continual process of self evaluation of skills, knowledge and abilities</td>
<td>Engages in non-judgmental, constructive problem-solving discussions</td>
</tr>
<tr>
<td>Assesses own performance</td>
<td>Responds effectively to constructive feedback</td>
<td>Seeks feedback from patients/clients and peers/mentors</td>
<td>Acts as conduit for feedback between multiple sources</td>
</tr>
<tr>
<td>Actively seeks feedback from appropriate sources</td>
<td>Utilizes feedback when establishing professional and patient related goals</td>
<td>Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</td>
<td>Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients</td>
</tr>
<tr>
<td>Demonstrates receptive behavior and positive attitude toward feedback</td>
<td>Develops and implements a plan of action in response to feedback</td>
<td>Uses multiple approaches when responding to feedback</td>
<td>Utilizes feedback when analyzing and updating professional goals</td>
</tr>
<tr>
<td>Incorporates specific feedback into behaviors</td>
<td>Provides constructive and timely feedback</td>
<td>Reconciles differences with sensitivity</td>
<td></td>
</tr>
<tr>
<td>Maintains two-way communication without defensiveness</td>
<td></td>
<td>Modifies feedback given to patients/clients according to their learning styles</td>
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8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

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</tr>
</thead>
<tbody>
<tr>
<td>Attends and comes prepared for the day's activities/responsibilities</td>
<td>Utilizes effective methods of searching for evidence for practice decisions</td>
<td>Uses current best evidence</td>
<td>Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)</td>
</tr>
<tr>
<td>Identifies resource limitations (i.e. information, time, experience)</td>
<td>Recognizes own resource contributions</td>
<td>Collaborates with members of the team to maximize the impact of treatment available</td>
<td>Applies best evidence considering available resources and constraints</td>
</tr>
<tr>
<td>Determines when and how much help/assistance is needed</td>
<td>Shares knowledge and collaborates with staff to utilize best current evidence</td>
<td>Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</td>
<td>Organizes and prioritizes effectively</td>
</tr>
<tr>
<td>Accesses current evidence in a timely manner</td>
<td>Discusses and implements strategies for meeting productivity standards</td>
<td>Gathers data and effectively interprets and assimilates the data to determine plan of care</td>
<td>Prioritizes multiple demands and situations that arise on a given day</td>
</tr>
<tr>
<td>Verbalizes productivity standards and identifies barriers to meeting productivity standards</td>
<td>Identifies need for and seeks referrals to other disciplines</td>
<td>Utilizes community resources in discharge planning</td>
<td>Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care</td>
</tr>
<tr>
<td>Self-identifies and initiates learning opportunities during unscheduled time</td>
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<td>Adjusts plans, schedule etc. as patient needs and circumstances dictate</td>
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<tr>
<td></td>
<td></td>
<td>Meets productivity standards of facility while providing quality care and completing non-productive work activities</td>
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# 9. Stress Management
The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

### Beginning Level:
- Recognizes own stressors
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

### Intermediate Level:
- Actively employs stress management techniques
- Reconciles inconsistencies in the educational process
- Maintains balance between professional and personal life
- Accepts constructive feedback and clarifies expectations
- Establishes outlets to cope with stressors

### Entry Level:
- Demonstrates appropriate affective responses in all situations
- Responds calmly to urgent situations with reflection and debriefing as needed
- Prioritizes multiple commitments
- Reconciles inconsistencies within professional, personal and work/life environments
- Demonstrates ability to defuse potential stressors with self and others

### Post Entry Level:
- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support networks for self and others
- Offers solutions to the reduction of stress
- Models work/life balance through health/wellness behaviors in professional and personal life

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# 10. Commitment to Learning
The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

### Beginning Level:
- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Identifies own learning needs based on previous experiences
- Welcomes and/or seeks new learning opportunities
- Seeks out professional literature
- Plans and presents an in-service, research or cases studies

### Intermediate Level:
- Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need to and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice

### Entry Level:
- Respectfully questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other health professionals and physical therapists for treatment ideas

### Post Entry Level:
- Acts as a mentor not only to other PT’s, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity