Southwest Baptist University

Doctor of Physical Therapy Student Handbook

Updated 08.08.23

"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

Table of Contents

Texas Student Complaint Policy	04-19
Student Computer Use & Technology Standards	04-20
Global Health Outreach Team Organization and Operations	04-21
Semester/Module Coordination	06-02
Schedule of Classes	06-03
Curriculum Assessment	06-04
Tuition & Fees	06-05

Forms and Supplemental Information	**Associated Policy Number**
Handbook & Catalog Acknowledgment	04-01
Race/Ethnicity Reporting	n/a
Disclosure of Disability Form	04-08
Professional Behaviors Checklist	04-01 to 04-05, 04-10 to 04-17
Laboratory Experiences Informed Consent and Draping Policy	04-01
EEOC Definitions of Sexual Harassment	04-01
Participation Consent Form	04-01, 04-13
External Complaint Form	03-07
SBU Emergency Procedures	03-05, 04-01
MSDS	03-05, 04-01
Maryland State (Cadaver Fluid)	
Duall 88 Thinner	
Formaldehyde	
Glycerin	
Hydrogen Peroxide	
Isopropyl Alcohol	
Methyl Alcohol	
Phenol	
Spray and Stretch	
Zep Attack A	
Portfolio Introduction Guidelines and Templates	04-04

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 University, College, and Program

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

College Mission Statement: The College of Natural and Applied Sciences The SBU College of Natural and Applied Sciences (CNAS) pursues excellence and offers quality instruction from a Christian perspective to broaden non-majors' scientific awareness and to prepare majors for career success or further study in their chosen field.

Physical Therapy Program Mission Statement: Preparing future doctors of physical therapy to deliver care in a global society while integrating Christian faith.

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.

Guiding Principles & Philosophy (updated 11.26.18)
The faculty of the Division of Physical Therapy at Southwest Baptist University accepts the mission, philosophy and goals of the institution. The faculty is committed to and believes that:

Foundational Truth.
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 ethical conduct in teaching as well as in our professional and community endeavors.

Educational Philosophy.
The nature of society influences the approach to physical therapy education. The characteristics of society continue to change in part due to an increase in the aging population, advances in interventions available for the management of complex health problems, and globalization of individuals with diverse language, culture, and ethnicity. Therefore education for the practice of physical therapy must accommodate to those variations.

Healthcare System.
Physical therapy is an integral component of a dynamic healthcare system responding to the needs of society. As a part of the healthcare system, physical therapy is dedicated to the promotion of health, prevention of dysfunction, and restoration of function in persons with movement dysfunction. All members of society are entitled to access a healthcare system that addresses their specific needs, regardless of their socio-economic status.

Professional Identity.
Physical therapists practice inter-dependently in a variety of environments. In providing services, physical therapists collaborate with other healthcare professionals, families, community agencies, and other support systems. Physical therapists are healthcare professionals who are prepared to function as a primary healthcare provider. Their focus is on the human movement system, causes of movement dysfunction, and the interventions that prevent, alleviate or eliminate movement dysfunction. In planning care, physical therapists are concerned with the physical, spiritual, emotional and psychological status of the individual.

Academic Preparation.
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 healthcare system.

Academic Environment.
Teaching and learning occur 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 Division. Each faculty member is qualified by academic preparation and clinical experience to teach. The faculty are responsible for improving their knowledge and skills, participating in the advancement of the

profession, governing the division and the university, participating in community activities, and serving as a role model for peers and learners.

Graduate Identity.
The graduate will be a clinician generalist who is prepared to function as a primary care provider to optimize movement; contribute to the advancement of the profession; teach and consult with patients, colleagues, communities, and agencies; and advocate for the welfare of the patient and the family. The graduate will be a continuing learner participating in community and professional activities.

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. 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 (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").

Faith Integration Statement

The Mission Statement of Southwest Baptist University and the DPT program 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.

Southwest Baptist UNIVERSITY

Doctor of Physical Therapy

Dear SBU DPT Student,

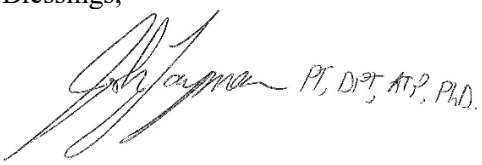
Welcome to the profession of physical therapy! Now is a good time to stop and thank the good Lord for His many blessings on you! Over the next three years you will experience a rigorous and at times stressful curriculum that will encourage you to develop the qualities needed to practice contemporary 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 areas 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 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!

Blessings,



Josh Layman, PT, DPT, ATP, PhD
Board-Certified Neurological Clinical Specialist
Division Head, Program Director and Professor
Doctor of Physical Therapy Program
www.facebook.com/SBUPhysicalTherapy

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Academic Year 2022-23 Financial Information *(projected as of 12.14.21)*

For students enrolled in the Fall 2022 program start date, the tuition rate shown will be locked through graduation. The university reserves the right to modify fees and other costs from year to year.

Tuition, Fees and Costs:		**Special or One Time Fees and/or Costs:**	
Tuition	$36,400 / year	Non-Refundable Deposit *(applied to tuition)*	$500
Curriculum fee	$270 / year	Graduation fee	$315
Course fees*	$2700 *(3 yr total)*	**Optional Additional Fees:**	
Health fee	$102 / year	APTA membership *(yearly)*	$100
Technology fee	$324 / year	Wellness Center *(yearly, $30 monthly)*	$300
Books and other supplies	$1000 / year	Intramural Sports Fees *(per season)*	$10

**Paid per course enrollment: Year 1: PTH 5047 ($700), PTH 5631 ($500), PTH 5641 ($500), Year 2: PTH 6651 ($500), PTH 6671 ($500)*

Office of Financial Aid

Southwest Baptist University Office of Financial Aid will provide guidance to students in meeting their financial obligations. All assistance application forms must be completed before aid can be awarded by the University. **Please direct financial aid questions to the DPT Awards Coordinator at (417) 328-1823.**

There are three primary sources of Financial Aid for students. To learn more about each, access the links below. Please contact Financial Aid for more information about these options.

- Free Application for Federal Student Aid (FAFSA) http://www.fafsa.ed.gov/
- Federal Direct Stafford Loans http://studentaid.ed.gov/types/loans/subsidized-unsubsidized
- Direct PLUS Loan http://studentaid.ed.gov/types/loans/plus

Payment of Accounts

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 Cashier's Office at (417) 328-1570.

Scholarships

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. The SBU PT program does not endorse any specific search product but lists the following for your convenience:

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

Southwest Baptist University

BOLIVAR, MO | EST. 1878

Southwest Baptist University

DOCTOR OF PHYSICAL THERAPY

YEAR 1 (FALL)

- PTH 5012 Psychosocial Issues of Health Care
- PTH 5047 Human Anatomy
- PTH 5064 Clinical Kinesiology
- PTH 5402 Physical Assessment
- PTH 5481 Christian Apps for the Healthcare Professional I
- PTH 5592 Neuroscience for the Physical Therapist
- PTH 5631 Integrated Clinical Experience I

YEAR 1 (SPRING)

- PTH 5073 Physical Therapy measurement
- PTH 5093 Patient Care Skills for PT
- PTH 5102 Therapeutic Modalities in Physical Therapy
- PTH 5382 Pharmacology for PT
- PTH 5611 Professional Development Seminar I
- PTH 5641 Integrated Clinical Experience II
- PTH 6273 PT Management of Integumentary Disorders
- PTH 6393 Motor Control and Learning
- PTH 6472 Pathology for PT I

YEAR 1 (SUMMER – MAY, JUNE, AND JULY TERMS)

- PTH 5132 Critical Inquiry
- PTH 5221 Teaching and Learning
- PTH 5232 Foundations of the Patient Management
- PTH 5412 Diagnostic Imaging for Physical Therapists
- PTH 6022 Today's Health Care
- PTH 6082 Lifespan Motor Control

YEAR 2 (FALL)

- PTH 5151 Clinical Investigations I
- PTH 5423 Therapeutic Exercise 1
- PTH 6245 PT Management of Musculoskeletal Disorders I
- PTH 6262 Orthotics
- PTH 6325 PT Management of Neurological Disorders I
- PTH 6501 Christian Apps for the Healthcare Professional II
- PTH 6603 Pathology for PT II
- PTH 6651 Integrated Clinical Experience III

YEAR 2 (SPRING)

- PTH 6255 PT Management of Musculoskeletal Disorders II
- PTH 6282 Prosthetics
- PTH 6293 Therapeutic Exercise 2
- PTH 6551 Clinical Investigations 2
- PTH 6671 Integrated Clinical Experience IV
- PTH 7283 PT Management of Cardiopulmonary Disorders
- PTH 7315 PT Management of Neurological Disorders II

YEAR 2 (SUMMER – MAY, JUNE, AND JULY TERMS)

- PTH 6332 Administration and Management
- PTH 6621 Professional Development Seminar II
- PTH 6583 Prevention, Health Promotion, Fitness, and Wellness
- PTH 7343 Pediatric Physical Therapy
- PTH 7352 Geriatric Physical Therapy
- PTH 7362 Capstone

YEAR 3 (FALL)

- PTH 7418 Clinical Education I
- PTH 7428 Clinical Education II

YEAR 3 (SPRING)

- PTH 7438 Clinical Education III
- PTH 7448 Clinical Education IV

32

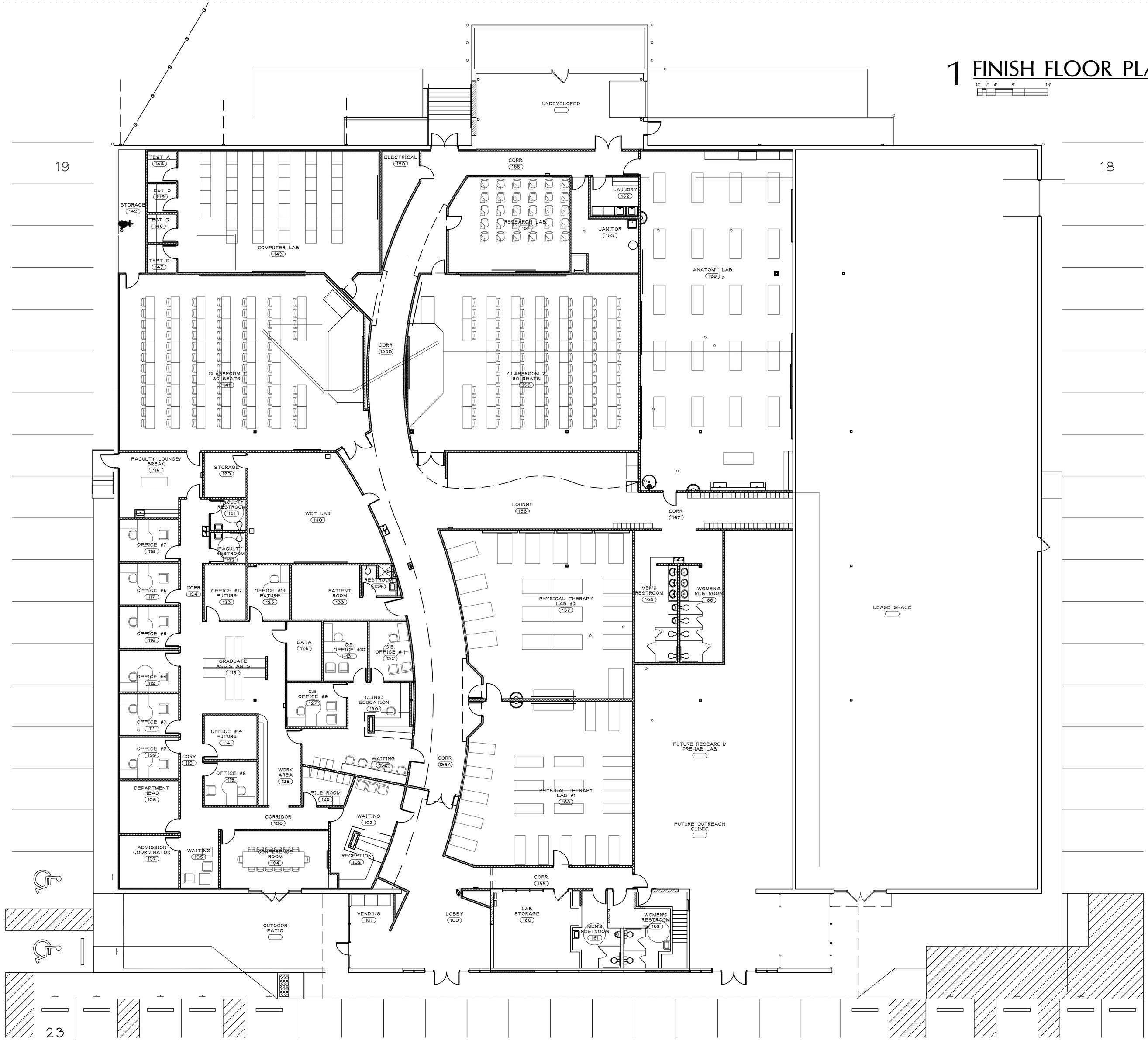
19

18

23

1 FINISH FLOOR PLAN

0' 2' 4' 8' 16'



CERTIFICATE OF AUTHORITY
ARCHITECTURE: 000354
ENGINEERING: 000657

ARCHITECTS ENGINEERS
300 SOUTH JEFFERSON AVE / SUITE 301
S P R I N G F I E L D , M I S S O U R I
PHONE 417-869-0719 FAX 417-869-3044

dhn

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2103 S. SPRINGFIELD AVE, BOLIVAR, MISSOURI 65613

SOUTHWEST BAPTIST UNIVERSITY
1600 UNIVERSITY, BOLIVAR, MISSOURI 65613

FINISH FLOOR PLAN

A/E PROJ. NO: 10.503.00

DATE: 9/12/11

A1

PT Academic Calendar, 2023-2024

Fall Semester 2023

Date	Full term courses (16-week courses)
August 17-18	New Student Orientation
21	Fall classes begin
21	Clin Ed 1 Starts (Class of 2024)
September 4	Labor Day – No classes, offices closed
Oct. 13	Clin Ed 1 Ends (Class of 2024)
16	Clin Ed 2 Starts (Class of 2024)
Nov. 20-24	Thanksgiving Break - No classes, offices closed
December 8	Clin Ed 2 Ends (Class of 2024)
8	Last day of classes
11-14	Final exams
19	Final grades due

Spring Semester 2024

Date	Full term courses (16-week seated and online)
January 8	Clin Ed 3 Starts (Class of 2024)
8	Spring classes begin
15	Martin Luther King Jr. Day – No classes, offices closed
February 15-17	APTA CSM – Boston, MA
March 1	DPT portfolios due (as directed by advisors)
1	Clin Ed 3 Ends (Class of 2024)
4	Clin Ed 4 Starts (Class of 2024)
March 25-29	Spring break - No classes, offices open
March 29	Good Friday - No classes, offices closed
April 1	Easter Monday - No classes, offices closed
April 26	Clin Ed 4 Ends (Class of 2024)
26	Last day of classes
April 29-May 2	Final exams
May 2	(tentative) Career Fair – Davis building
3	(tentative) Class of 2024 graduate reception
4	(tentative) Class of 2024 Medaling Ceremony
4	(tentative) Commencement ceremonies
7	Final grades due

May/June/July Terms 2024

Date	
May 9	May term begins
27	Memorial Day – No classes, offices closed
May 31	Last day of May term courses
June 3	June term begins
June 4	All final grades for May term due
19	Juneteenth – No classes, offices closed
28	June term ends
July 1	July term begins
4	Independence Day – No classes, offices closed
26	July term ends
30	Final grades for July term due
July 29 – August 2	Capstone
August 2	(tentative) Clinical Commissioning Ceremony (Class of 2025) 4-5pm

Southwest Baptist UNIVERSITY

Doctor of Physical Therapy

DPT Program Technical Standards and Essential Functions

(*Adapted 03/01 from the U. of Colorado PT program and others, with permission; revised 05/11; 08/15; 4/17; 6/19; 7/2020*)

I. Introduction

The purpose of this document is to delineate cognitive, affective and psychomotor skills, abilities, and behaviors deemed essential for completion of the program and to perform as a competent generalist physical therapist. The following list included is illustrative and does not represent an all-encompassing listing of the functions of a physical therapist.

The intent of the professional program at SBU is to educate competent generalist physical therapists who can provide examination, evaluation, diagnosis, prognosis, and intervention. Treatment interventions for the general population primarily occur in sub-acute and rehabilitation facilities or in outpatient centers in the current health care system. Enrolled students are required to complete the academic and clinical components of the professional DPT program, as defined in the SBU Catalog, DPT program Handbooks and the various course syllabi.

Technical Standards

It is during the rigorous three-year curriculum that the student develops the qualities needed to practice physical therapy. Students acquire the foundation of knowledge, attitudes, skills and behaviors needed beginning in a professional education program and continue development throughout the physical therapist's professional career. Those abilities which physical therapist must possess to practice safely are reflected in the technical standards that follow.

In order to evaluate competence, the Physical Therapy Program employs periodic examination, both written and practical, as an essential component of the curriculum. Successful completion of these examinations is required of all students as a condition of continued progress through the curriculum. Reasonable accommodation will be made in the form of administration of the evaluation when necessary. Students must be able to integrate all information received by whatever sense(s) employed, consistently, quickly, and accurately, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

The process of evaluation of the clinical performance of the student is an integral and essential component of the curriculum. Although reasonable accommodation can be made, participation in clinical experiences away from campus and the evaluation of the participation is required. Students, to be successfully placed in a clinical rotation must not only meet the technical standards of the SBU DPT Program, but also whatever standards are in place by the clinical facility. The Clinical Performance Instrument (CPI) is the evaluation tool currently used by the program.

II. Specific Areas of Standards and Essential Functions
Candidates for the degree must be able to meet these minimum standards and be in compliance with legal and ethical standards as set forth by the APTA Code of Ethics and Standards of Practice. There are no substitutes associated with the standards for these essential skills. The applicant must be able to perform 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 psycho-social 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

Division of Physical Therapy

Professional Behavior Definitions*

Professional Behavior	Definition/Descriptors
1. Commitment to Learning	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.
2. Interpersonal Skills	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.
3. Communication Skills	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.
4. Effective Use of Time & Resources	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.
5. Use of Constructive Feedback	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.
6. Problem-Solving	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.
7. Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes; demonstrates dependability; demonstrates punctuality; budgets time wisely.
8. Critical Thinking	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.
9. Stress Management	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 or situation.
10. Professionalism	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.

**Adapted from the Physical Therapy Program, University of Wisconsin-Madison*
May et al. Journal of Physical Therapy Education. 9:1, Spring 1995

Code of Ethics for the Physical Therapist

HOD S06-19-47-67 [Amended HOD S06-09-07-12; HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

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 and 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 and 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 and 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 and clients over the interests of the physical therapist.
2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.
2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
2E. Physical therapists shall protect confidential patient and 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 or 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 and 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 and 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 not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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 or client continues to need physical therapist 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 and 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 and clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist 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 and 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 therapist 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 under- utilization of physical therapist services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Effective June 2019
For more information, go to www.apta.org/ethics.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Academic Advisement

Policy Number: 01.03

Date Effective: 04.05.13

Date Replaces: 01.01.96

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 11/06/2020

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 Program Director will assign an appropriate number of advisees to each faculty member as part of the teaching load.

Procedure

Responsibilities

1. Program Director
   1.1. Assign students to a faculty advisor just prior to their initial registration.
   1.2. Notify faculty and students of their advisee/advisor.

2. 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.
3. 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.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

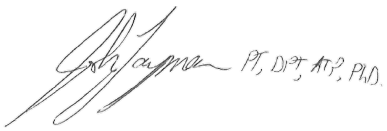
Policy & Procedure

Title: Lab Assistant/Faculty Associate

Policy Number: 01.05

Date Effective: 04.30.09

Date Replaces: 06.01.07



Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 08/09/2023

Purpose

Clearly define the job expectations and guidelines for the Physical Therapy Program Lab Assistant Position

Policy

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

Procedure

Responsibilities

1. 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. 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 two (2) Faculty members
3. 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.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

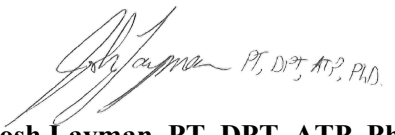
Policy & Procedure

Title: Admissions Requirements (Entry-Level DPT)

Policy Number: 02.01

Date Effective: 3.04.22

Date Replaces: 12.07.18



Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/9/2023

Purpose

Potential students will be informed of requirements for admission through the SBU graduate catalog and program general information sources (e.g. websites, promotional materials).

Policy

The following requirements must be met before being admitted to the physical therapy program at SBU (courses in progress during semester(s) applying must be documented and completed prior to admission):

1. Completion of a baccalaureate degree
2. Completion of current PT application
3. Documented experience / observation in physical therapy; up to 40 hours will be counted and variety of experience is recommended
4. Completion of graduate records exam (GRE)
5. Earn a minimum of 2.75 overall GPA (for all previous course work or highest degree attained) OR for last 60 hours of course work earn a minimum of 3.0 overall GPA
6. Completion of the following prerequisite courses with a minimum of a 3.0 prerequisite GPA and at least a "C" in each. Prerequisites should not be taken pass/fail:
    a. General Chemistry - two semesters in sequence with labs; minimum 8 credit hours is expected
    b. General Physics - two semesters in sequence with labs; minimum 8 credit hours is expected
    c. General Biology - one semester with lab; minimum 4 credit hours is expected
    d. Anatomy / Physiology - one semester each or full year combined sequence with labs from a science-based department; minimum 8 credit hours is expected
    e. Statistics - one course
    f. Psychology - one course from a psychology department (general/intro, lifespan development, or abnormal)
7. Completion of the following support courses (not calculated into prerequisite GPA):
    a. Medical Terminology - one semester is required at a "B" grade or higher; one credit hour minimum expected
    b. Pathophysiology - not required, but highly recommended
    c. Exercise Physiology - not required, but highly recommended; students demonstrating successful completion of an exercise physiology course with a "B" grade or higher will be exempt from completing the exercise physiology component of the DPT program
8. International student need to contact the program or consult the SBU catalog for additional requirements, including the TOEFL exam

Prerequisite science classes must be current. Completion of each course sequence must be within seven years prior to admission to the PT program. Exceptions may be granted only if the applicant can show that knowledge of the course content is current. Applicants seeking an exception must submit a written petition with rationale for approval.

In the case of repeat prerequisite grades, the program will use the "best case" scenario for determining eligibility; however, an application penalty would be applied by reducing the overall score for each repeat grade that was present on the transcript. The grade for any science courses repeated due to the seven year rule will be substituted for the old class regardless of the first grade received.

International Students

Official records of all higher education, including certificates or degrees with the dates the degrees were conferred must be submitted. All records not in English must be accompanied by an official translated record. All records should show the individual subjects studied and the grades received in each subject. International applicants are required to submit proof of adequate finances for the entire period of study before admission can be granted. Eligible applicants whose native language is not English must take the Test of English as a Foreign Language (TOEFL) and attain a score of at least 550 on the paper-based test or 79 on the internet-based test.

Transfer Students

Students with previous course credit in a professional phase of a CAPTE accredited PT program will be considered for academic transfer into the professional phase of the SBU entry-level DPT program if:

1. The student completes and submits a current application
2. The application meets established minimum application standards for unconditional enrollment (as if they were enrolling for the first year of the program) and the new student will be subject to the following conditions or standards:
3. No prior PT school earned grades of less than a "B-" will be accepted for transfer credit.
4. The student will automatically be placed on a status of academic probation under the supervision of the PT Review Committee.
5. A maximum of 1 full year of academic credit may be transferred depending on the ability to match historic courses to pending courses in the normal SBU sequence (i.e. the student must successfully complete the second and third year of the normal DPT sequence).
6. All considerations are on a space available basis and by taking a transfer student, it is in the opinion of the faculty, that SBU academic standards are not compromised.
7. Potential transfer student may be required to provide extra or special documentation or interviews as deemed necessary by faculty in order to fully consider the application request.

Students who have not taken the prerequisite courses should be advised to take the specific courses or equivalents. When those courses are not available at the college / university they are currently attending, course substitutions may be allowed under the following guidelines. All substitutions submitted with the application must be made in writing and include a course syllabus or adequate description to determine equivalency. Applicants who have taken the specific prerequisite course but want to substitute another course with a higher grade may be able to do so only when the substitute course is an advanced course covering the same content. Course substitutions may be allowed when the content is met or exceeded.

Specific course substitution considerations will be handled as follows:

General Chemistry - Upper level chemistry courses (e.g. organic or biochemistry) which require General Chemistry may be substituted assuming higher level sequence is completed (prior approval not required).
General Physics - Upper level physics courses (e.g. calculus based) may be substituted assuming higher level sequence is completed (prior approval not required).
Biology – General Zoology and Microbiology may also be substituted (prior approval not required). Upper level human- or animal-based biology course(s) containing appropriate content for PT may be substituted pending approval.
Anatomy / Physiology - only human, comparative, or vertebrate anatomy / physiology from a science-based department (e.g. biology, zoology, anatomy and physiology) may be substituted (prior approval not required). Any other course(s) must have prior approval. Applied anatomy / physiology from non-science based departments may not be substituted.
Statistics - Course meeting or exceeding expected foundational content may be substituted only if from social science, business, or math based department (prior approval not required).
Psychology - Out of department substitutions will only be considered if the university does not have the expected psychology prerequisite courses from a psychology based department.

CLEP/Advanced Placement Considerations

In some cases, college credit is given for coursework (e.g. CLEP, Advanced Placement) and an actual grade is not recorded. Credit will be given if needed to meet an admissions requirement, however, if no transcript grade can be produced, it will be omitted from GPA calculations.

Recommended Courses

The Physical Therapy Division recommends a broad foundation in the liberal arts as prerequisite for the graduate level program. The following list of suggested courses is not all inclusive nor is it intended that the student try to take every course. Note also that most of these courses have prerequisites that must be completed prior to enrolling in that course.

Microbiology
Genetics
Embryology
Biochemistry
Cell Biology
College Trigonometry
Mental Hygiene
Child Development
Psychology of Learning
Physiological Psychology
Gerontology
Dealing with Death and Dying

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Selection Process

Policy Number: 02.03

Date Effective: 03.29.19

Date Replaces: 12.07.18

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

Purpose

To facilitate the process of selecting quality candidates for the DPT program

Policy

A standardized process will be implemented and evaluated yearly to ensure that qualified candidates are selected from the applicant pool.

Procedure

-Admission to the Physical Therapy Program is a competitive process, therefore admission to the University does not guarantee admission into the Physical Therapy Program. The maximum class size will be determined annually based upon core faculty size and estimated budgetary issues. It is anticipated that class sizes will be in multiples of 16 - 20 students ranging from 64 to 80 selected finalists.

-A Physical Therapy Admissions Committee will consist of appointed full-time faculty members and be established when the workload is deemed sufficient that added assistance is needed beyond the Program Director. The Program Director will serve as chair of the admissions committee unless otherwise delegated. Selection policy and procedures will be evaluated on an annual basis as directed by the Program Director.

-Admission standards are determined by the core faculty as needed; with the Program Director / Admissions Committee executing the standards through the selection process (please refer to policy 02-01).

-As applications are completed and verified, the initial review of general pool applicants will begin according to the current admissions standards (Policy 02-01) and considered for enrollment into the next class to start the following August.

-On a rolling basis starting with the initial review date, applications will be acted upon and designated into one of the following categories with appropriate notification to the applicant:
1) selected for unconditional admission into the program (i.e. met all admission criteria);
2) selected for unconditional admission into the program contingent upon outstanding action items (e.g. has currently met most admission criteria with the exception of a few items, which in the opinion of the committee will not make a major negative impact upon the overall status of the application. Outstanding items must be successfully completed prior to admission in program);
3) placed on a waiting list to be considered for unconditional admission as space is available;

4) held for subsequent review pending the submission of further requested or outstanding material; or
5) denied admissions (i.e. does not meet published admission standards)

A student may decline a SBU acceptance a maximum of one time. If student wishes to re-enter the pool for another application cycle, they must first appeal directly to the program director establishing appropriate grounds that their new application should be considered.

Any student who is dismissed, denied the privilege of re-enrollment, or voluntarily leaves a CAPTE accredited PT program, and wishes to apply for admission considerations to the first year of the SBU DPT program, must first appeal in writing to the program director establishing appropriate grounds that their application should be considered. The program director will present appeal to core faculty for final decision (2/3 vote needed to approve). This is a final decision at the program level. If a student wishes to appeal, they may elect to follow procedures set forth in the SBU Graduate Catalog.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: High School Early Acceptance (HSEA) Program

Policy Number: 02.05

Date Effective: 12.07.18

Date Replaces: 12.08.17

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

Purpose

The purpose of this policy is to delineate the requirements and benefits of the SBU High School Early Acceptance program (HSEA) by which students are granted an early acceptance to the SBU DPT program contingent upon completing established standards.

Definition

The HSEA program is a major revision of the former program called the Freshman Guarantee (FG) program.

Procedure

RECOMMENDATIONS

The physical therapy department recommends the completion of one of the following undergraduate degrees: Biology, Exercise Science, or Psychology. Students should carefully plan their undergraduate experience such that most prerequisites are completed prior to their senior (or application) year. Students electing to take non-recommended degree paths should make those considerations for other specific purposes and with the knowledge that those elections may increase the duration of their undergraduate experience prior to entering the physical therapy program. If there are ever any questions about the most effective and efficient undergraduate path toward entering the graduate physical therapy program, please contact the program directly.

Policy A

Responsibilities

1. HSEA Applicant
   - 1.1. Contact PT program for HSEA application
   - 1.2. Complete and submit application
   - 1.3. Once accepted, maintain eligibility standards
   - 1.4. Confirm their intent to matriculate into the professional phase of the physical therapy program by the end of January in their intended enrollment year
   - 1.5. Pay appropriate deposit
2. Administrative Assistant
   - 2.1. Distribute HSEA applications when requested

2.2. Compile application when received
2.3. Forward completed applications to director and admissions coordinator for review
2.4. Maintain communication lines for all stakeholders

3. Admissions Coordinator
   3.1. Solicit, advertise, and promote awareness of HSEA program
   3.2. Review applications and make appropriate recommendations
   3.3. Maintain communication lines for all stakeholders
4. Program Director
   4.1. Review and take action on applicants
   4.2. Notify administrative assistant of decision
5. Admissions Committee
   5.1. Make recommendations for updates to policy
   5.2. Participate in screening process as needed
6. Core Faculty
   6.1. Approve current admission standards for HSEA

Policy B

Eligibility for awarding the HSEA is established at the point of SBU undergraduate graduation and all normal requirements must be completed at the time of recognized graduation. Successful HSEA participants will receive a scholarship upon entering the professional phase of the physical therapy program subject to the following parameters and guidelines:

1) Students will receive credit for the scholarship by attending and documenting mentoring sessions on a semester basis during their undergraduate semesters (max 8 semesters). The scholarship amount will be earned at a rate of $375 per regular semester (Fall, Spring) enrolled at SBU in which student attends the mandatory mentoring sessions.
2) The total scholarship is awarded in 3 equal installments upon entry to the SBU physical therapy program (i.e. first year, second year, and third year in equal $1000 amounts resulting in a “discount” on the annual tuition).
3) The award is not distributed as a cash award.
4) If the student does not accept the HSEA enrollment into the SBU physical therapy program, the award becomes null and void.
5) If the student does not merit entry to the SBU physical therapy program under the established guidelines as a HSEA participant, the award becomes null and void.
6) A deferment of up to 2 calendar years after earning of a bachelor’s degree from SBU may be granted upon request of the HSEA participant who otherwise meets established guidelines. The spirit of this provision is a variance given to HSEA participants who meet unexpected life events beyond their control.
7) Once enrolled in the professional phase of the program, the HSEA participant must meet established unconditional matriculation requirements (i.e. not on academic or professional behaviors probation) or the remaining award distributions will be forfeited.
8) The award will become retroactive for all HSEA participants entering the professional phase of the physical therapy program beginning in the 2005 calendar year.

Responsibilities

7. HSEA Applicant
   1.1. Maintain unconditional eligibility and matriculation standards
8. Administrative Assistant
   2.1. Maintain student eligibility records and files
   2.2. Notify appropriate fiduciary departments for proper crediting of the award to HSEA participants on annual basis

2.3. Maintain communication lines for all stakeholders

9. Program Director
   3.1. Solicit, advertise, and promote awareness of HSEA program
   3.2. If adverse action is needed, notify the HSEA participant of rationale of adverse action.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: PT Review Committee

Policy Number: 03-01

Date Effective: 09/18/2020

Date Replaces: 05/31/2019

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/9/23

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 a Director of Clinical Education appointed by the Program 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 Vice President of Student Life and the appropriate university administrative personnel will be notified and involved as needed for any disciplinary action for misconduct as defined in SBU catalog and/or SBU student handbook.

Procedure

Responsibilities

1. Program 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 including, but not limited to, events such as travel, sickness, short term leave of absence, and/or conflict of interest. If the vacant member is the chair, the second faculty member will serve as temporary chair until assigned chair has returned.
2. Committee Chair
   - 2.1. Schedule review committee meetings when needed for student action.
   - 2.2. Notify student in writing along with his/her advisor regarding decision following review committee meeting.
   - 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 DCE) faculty members.
3. Faculty
   - 3.1. Participate on the review committee as elected.
   - 3.2. Notify committee chair of students having problems needing action by review committee.

4. 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 graduate catalog and/or SBU student handbook.
5. Student
    5.1. Participate in resolution of concerns identified by faculty.
    5.2. Sign the remediation plan.
    5.3. Accept or appeal decision through appropriate channels as described in the SBU Student Handbook and/or Catalog
6. Advisor/Mentor
    6.1. Monitor and report to the review committee the student's progress in the remediation plan.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Employment Advertising

Policy Number: 03.02

Date Effective: 07.01.05

Date Replaces: 02.03.00

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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

Responsibilities

1. 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.
2. Program 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.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Patient/client Participation in Class

Policy Number: 03.03

Date Effective: 07.15.20

Date Replaces: 11.01.02

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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 Patient 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 Patient Consent 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.
3. Demonstrate cultural sensitivity in patient/client interactions.
4. Perform consistent with the APTA physical therapy code of ethics.

Procedure

Responsibilities

1. Faculty
   - 1.1. Prepare additional comments on the Patient Consent Form or use appropriate clinical facility form as a substitute to meet the needs of the specific educational experience and clinical site.
   - 1.2. Explain the purpose and process to the patient/client and other appropriate family member or caregiver.
   - 1.3. Obtain signature from patient/client or responsible person.
   - 1.4. Supervise students when delegating 1.2 and 1.3.
   - 1.5. File consent forms in faculty office with original to clinical facility when appropriate.
2. Student

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.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Policy Review

Policy Number: 03.04

Date Effective: 08.01.06

Date Replaces: 10.01.05

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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 Program Director will oversee the writing and memorializing of department policies with pertinent feedback from appropriate stake holders including Dean, core faculty, DCE, 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 Program Director 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 Program Director 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 Program Director without direct core faculty input.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Safety Procedures

Policy Number: 03.05

Date Effective: 07.15.14

Date Replaces: 06.01.05

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/9/2023

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/). 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 encouraged 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/

Procedure

The current SBU Emergency Management Plan (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. Once container is full, it will be disposed of by appropriate medical waste disposal company. 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 Program, 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.

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.

Responsibilities

1. Faculty
   1.1. 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).
   1.2. Flags (i.e. clearly marks) and takes defective equipment out of use if discovered during the course.
   1.3. Notifies the building coordinator.
2. Building Coordinator
   2.1. Contacts appropriate repair source (i.e. biomedical company, physical plant and/or manufacturer) for repairs or replacements as needed.
   2.2. Orders repairs and/or parts following normal purchase request procedures.
   2.3. 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.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: External Complaints

Policy Number: 03-07

Date Effective: 01/12/98

Date Replaces: NA

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/09/2023

Purpose

Southwest Baptist University Physical Therapy Program 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

Responsibilities

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

3. Program Director
    3.1. Attempt to resolve complaints immediately and satisfactorily to both parties.
    3.2. When requested, or if the concern involves accreditation, give the complainant the name and address of CAPTE.
    3.3. Notify the Dean of any serious complaints as soon as possible.
    3.4. Keep a record of all complaints and any follow up.
    3.5. Annually report complaints and their disposition to the Dean.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Student Files

Policy Number: 03.08

Date Effective: 03.15.13

Date Replaces: 12.01.02

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 08/09/2023

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 two types of student files: 1) the application, and 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

Responsibilities

1. Administrative Assistant
   1.1. Set up application file for all applicants as received.
   1.2. Maintain and monitor application files and advisee files.
   1.3. Post-Graduation, combine the application, advisee and clinical education files into one alumni file.

1.4. 1.4 Purge old files in a safe a secure manner
    1.4.1 Alumni files after 10 years
    1.4.2 Non-admitted applications after 1 year
1.5. Notify student and appropriate stakeholders that elements from file may be missing (e.g. final transcripts).

2. 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).
3. Admission Coordinator
    3.1. Oversee the application files.
4. Director of Clinical Education
    4.1. Oversee the clinical education files.
5. Faculty
    5.1. Document individual student sessions and discussions and file accordingly in the student's advisee file.
6. Program Director
    6.1. Oversee the student file process.
    6.2. Respond according to established protocol to FERPA requests

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Donation Funds

Policy Number: 03.09

Date Effective: 05.26.20

Date Replaces: 09.26.17

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 08/09/2023

Purpose

Clarify the establishment and supervision of donation funds dedicated to the physical therapy program.

Policy

Funds may be established to support the program following donation guidelines set up by the Department of University Relations. The program 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 CBO. 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

Responsibilities

1. Program Director
   - 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

The Bill Karl Physical Therapy Student Emergency Loan Fund
Southwest Baptist University Physical Therapy Program
(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 administrative assistant 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.

Physical Therapy Mission Support Fund
Southwest Baptist University Physical Therapy Program
(updated 10.01.13)

Purpose

Supporting SBU faculty, students, and alumni directly participating in official PT program 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 pt program 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.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

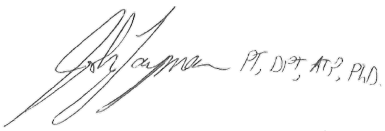
Policy & Procedure

Title: Cleaning and Storage of Donated Supplies and Equipment

Policy Number: 3.10

Date Effective: 11.06.15

Date Replaces: N/A



Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/9/2023

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 program 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

Responsibilities

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. hepavac-rated vacuum)
   2.2. Identify appropriate cleaning materials
3. Program 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).

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: General Student Responsibilities

Policy Number: 04.01

Date Effective: 09.04.16

Date Replaces: 04.27.15

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 08/09/2023

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 Physical Therapy Program 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.

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, in action, and in correspondence when in any setting. Students must recognize that they are representing the Program, 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 Physical Therapy Program.

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 Program is not responsible for personal items left in the building. The policy of the program is that if it is left out, it will be discarded. 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 and reported 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 DCE(s) will not accept walk in appointments related to clinical education. Appointments must be scheduled through the clinical education secretary.

Procedure

Responsibilities

1. Program Director
    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
2. DCE
    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
3. 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

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Dress Code

Policy Number: 04.02

Date Effective: 01.02.17

Date Replaces: 08.10.12

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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 DCE for any questions or exceptions to the standard dress code during clinical education.

Procedure

Responsibilities

1. Program Director
    1.1. Ensure the policy is in the student handbook
    1.2. Discuss with students in orientation to the program
    1.3. Reinforce dress code policy with students
2. DCE
    2.1. Discuss and reinforce dress code policy with students
    2.2. Determine exceptions to dress code based on clinical facility contracts as they arise
    2.3. Work with students during clinical education experiences to assist them in adhering to policy
3. Student
    3.1. Follow code.
    3.2. Determine dress code requirements through CSIF and preparatory phone call to clinical facility

3.3. Bring any discrepancies in dress code policies of clinical facility and SBU to the DCE prior to the clinical education experience for approval

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Attendance

Policy Number: 04.03

Date Effective: 04.08.19

Date Replaces: 11.18.13

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/2023

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. This policy will serve as the standard attendance policy and is followed by most courses. Due to the nature of their content or schedules, some courses will have a non-standard attendance policy (see individual course syllabus for details).

Definition

A) The department expects students to be in their seat ready for class prior to the scheduled start time.
B) Approved Time Off (ATO) (i.e. excused) is defined as due to illness, immediate family/personal emergency, unsafe travel conditions, military obligation, or officially sanctioned activity with appropriate documentation (e.g. physician's note, supporting paperwork).
C) Unapproved Time Off (UTO) (i.e. unexcused) is categorized as any circumstance that is not covered under ATO.

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 as a professional behavior issue and may result in development of a remediation plan by the PT Review Committee.

2) Students must notify the instructor directly in writing via email for any absence. If the student is not able to send an email prior to an absence, the student must communicate with the program as early as is practically possible and then follow up with an email. Additional assignments or documentation may be required.

3) Faculty will make schedule adjustments for graded assignments categorized as Approved Time Off (ATO). Faculty may make schedule adjustments for graded assignments categorized as Unapproved Time Off (UTO). Schedule adjustment include, but are not limited to make-up exams and modifying deadlines for assignments. The student is responsible to get notes for any class missed whether ATO or UTO.

4) As planned absences may be either ATO or UTO, the student must request via email a time-off consideration from the faculty member of the class to be missed. This request must be done as early as is practically possible. Information in the email should include: 1) date/time of planned absence, 2) details of planned absence, and 3) an explanation of why the planned absence is important to the student. The faculty member will make a determination placing the request into one of the following categories:
a) ATO: Does not count against missed lecture/lab hour penalty
- Any graded elements will be rescheduled without a penalty
b) UTO: Counts against missed lecture/lab hour penalty
- If there is NOT an impacted graded element:
* Results in UTO without rescheduling
- If there IS an impacted graded element:
* Results in UTO with rescheduling (15% penalty final graded element)
# Exception – the student's personal wedding will be exempt from the 15% penalty on the final graded element
* Results in UTO without rescheduling (100% penalty final graded element)
Note: Categorization of the request is based upon the 1) nature, frequency and duration of the request, 2) past attendance record of the student, and 3) academic standing.

5) Fall and spring semester courses: Students missing more than 2¬ UTO lecture and/or lab hours will have their course grade reduced by one letter grade. Each additional UTO lecture or lab hour will result in an additional letter grade reduction. Summer courses: Students missing more than 10% of total class hours as UTO will have their course grade reduced by one letter grade. Each additional missed 5% of total class hours as UTO will result in an additional letter grade reduction.

6) Tardiness: A student is considered tardy if not present when attendance is taken. For courses that utilize an attendance tracking device, students that do not bring their attendance tracking device in working order to class will be counted as tardy. Two tardy days will be counted as one class hour of UTO.

7) The PT program will follow the SBU inclement weather policy. On days that inclement weather presents, the university's administration will determine when classes will be canceled and/or the university is closed for operations. Announcement of class cancellation and/or university closure will be made over local media outlets as well as the SBU Alert System and/or official university websites. 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.

8) Course specific policies are determined by each instructor and must be in compliance with the SBU Catalog and SBU DPT Student Handbook.

9) 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 department and post via the University's Course Management System.

10) 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

Responsibilities

1. Student
   1.1. Attend all classes except in cases of illness, immediate family emergency, military obligation, or officially sanctioned event.
   1.2. Notify the instructor of any absence directly in writing (i.e. email) or by communicating with the department (417-328-1672) as early as is practically possible, with follow up communication in writing.
   1.3. Obtain notes from classmates.
   1.4. Request handouts, assignments and any makeup work needed from instructor for absences.
   1.5. Submit request via email to instructor of planned absences (either ATO or UTO) as early as is practically possible (#4 above).
2. Faculty
   2.1. Include policies regarding absences on the syllabus.
   2.2. Make accommodations for graded course elements as is appropriate for either ATO or UTO.
   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 attendance related conduct or performance requires action on the part of the committee.
   2.5 Notify the program when unplanned absence from classroom is unavoidable
      2.5.1 Contact program director and/or Secretary
      2.5.2 Post message to course management system
   2.6 Make an ATO or UTO determination for requests received from students (#4 above)
      2.6.1 Notify student of decision in writing
      2.6.2 File request in student file.
3. Student Advisor
   3.1. Discuss concerns of excessive absences with the student and assist as necessary

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Student Evaluation and Matriculation

Policy Number: 04.04

Date Effective: 12.07.18

Date Replaces: 12.02.16

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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 / Non Academic Probation).

Students will be expected to satisfactorily pass each practical examination and course. Students having difficulty meeting established course standards should meet with course instructor and/or advisor to determine an appropriate plan of action. The Physical Therapy Core Faculty will, as part of the curriculum/program evaluation, monitor the overall curriculum 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).

Course policies and expectations will be stated in writing found in the class syllabus and explained to the class by the course instructor within the first few class sessions. Criteria for projects, papers, and/or assignments will be stated in the syllabus for the students. Exams will be based on course objectives. Criteria and determination of grades for each course will be established by the core or adjunct faculty member who is leading the course. The following grading scales will be used unless otherwise directed in the specific syllabus:

Academic Grading Scale:

90 – 100%	A
80 – 89%	B
75 – 79%	C
0 – 74%	F
Incomplete	I

Clinical Education and Selected Course Grading Scale:

Pass	P
Fail	F
Incomplete	I

Individual Learning Portfolio:

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

Procedure

Responsibilities

1. 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
2. Faculty
   2.1. Include grading procedures and course requirements in class syllabus
   2.2. Meet with student that is failing course requirement(s) and determine appropriate remediation
      2.2.1 Document sessions accordingly in student file
      2.2.2 Consult with student's faculty advisor as needed
      2.2.3 Copy faculty advisor on related documentation
   2.3 Notify Physical Therapy Review Committee of any student not passing course requirements
3. PT Review Committee Chair
   3.1. Evaluate readiness of students not meeting requirements for specific courses, examinations, portfolios and/or overall GPA for matriculation within the curriculum
4. 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

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Dismissal

Policy Number: 04.05

Date Effective: 12.7.18

Date Replaces: 01.08.17

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/2023

Purpose

Dismissal from the Physical Therapy Program is a serious decision made by the Physical Therapy Review Committee with approval of the Program Director 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 Vice President of Student Life must be notified and involved as needed for any disciplinary actions related to misconduct as defined in SBU Student Handbook and/or SBU Graduate 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 Program Director 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 if already on probation.
3. An "F" in any course if already on probation.
4. Non-compliance with the requirements stipulated in a remediation plan established by the DCE 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 and non-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 Program Director for further action.

Procedure

Responsibilities

1. Faculty
   - 1.1. Discuss the issue/concern with the student.
     - 1.1.1 Document and memorialize sessions accordingly
     - 1.1.2 Copy faculty advisor on related documentation
   - 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
   - 1.3. Immediately remove any student whose behavior is disruptive to the learning environment and refer to the Program Director for action
2. PT Review Committee
   - 2.1. Make a determination regarding dismissal (or other disciplinary status) when the student meets the listed criteria
   - 2.2. Confer as needed with the student's faculty advisor and Program Director
   - 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 Program Director
3. Program Director
   - 3.1. Review the dismissal decision and:
     - 3.1.1 Approve and sign, or;
     - 3.1.2 Veto decision and meet with review committee to discuss rationale for veto.
   - 3.2 veto decision and meet with review committee to discuss rationale for veto
4. Student
   - 4.1. Accept or appeal decision through appropriate channels as described in the SBU Student Handbook and/or Catalog

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Appeals

Policy Number: 04.06

Date Effective: 08.01.15

Date Replaces: 05.01.05

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/2023

Purpose

To ensure that students are treated fairly, they have the right to appeal decisions made by individual faculty, PT Review Committee or Program Director.

Policy

The faculty of the Physical Therapy Program 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 Program Director must first appeal to the decision maker then to the next level within the department. If the student is not satisfied with the Program'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.

Responsibilities

1. Student
    1.1. The student must submit a written statement to the Physical Therapy Review Committee via the Physical Therapy Program Director 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.

1.2 Students wishing to appeal to the Office of the Provost should follow the procedure stated in the SBU graduate catalog.

2. Program Director
   2.1. The Physical Therapy Program Director may request additional written materials of the specific student and other involved parties if deemed appropriate.
   2.2. The Physical Therapy Program Director 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.
   2.3. The final decision will then be made known to the student by the Physical Therapy Program Director and a copy will be sent to the Dean of the College of Natural and Applied Sciences.
3. PT Review Committee Chair
   3.1. The Committee may interview students, faculty, or other individuals, if it is deemed necessary.
   3.2. 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.
   3.3. The Committee will render its recommendation in writing, including the supporting rationale, and will submit this recommendation to the Physical Therapy Program Director.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Complaint and Concerns

Policy Number: 04.07

Date Effective: 07.01.11

Date Replaces: 12.08.97

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/2023

Purpose

Southwest Baptist University Physical Therapy Program 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 Natural and Applied Sciences, then to the Provost.

Procedure

Responsibilities

1. 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 Natural and Applied Sciences.
     - 1.1.3 If the aforementioned matter is not resolved by the Dean of the College of Natural and Applied Sciences, 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

2. 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
    2.2. After class consultation, direct the collective class concerns and recommendations to the appropriate point in the chain of command
        2.2.1 Faculty member to for resolution when the matter involves a specific course or instructor
        2.2.2 To class coordinator for resolution when the matter involves the program 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 program or curriculum
3. 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
4. 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
5. 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
6. Dean
    6.1. Investigates complaint if unresolved
        6.1.1 Meets with student via live conference
        6.1.2 Meets with faculty member, Coordinator and Director
    6.2. Makes written recommendation with copies to student, involved faculty member, Coordinator and Director
7. Provost
    7.1. Reviews written documentation for unresolved complaints and meets with individuals as needed
    7.2. Makes final decision

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Essential Functions and Technical Standards

Policy Number: 04.08

Date Effective: 12.04.15

Date Replaces: 07.0.05

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/2023

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 Director 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

Responsibilities

1. Admissions Coordinator
    1.1. Include a copy of the SBU DPT Program Technical Standards and Essential Functions as part of the admissions packet
    1.2. Send the Disclosure of Disability Form to accepted students
    1.3. File a copy of the Disclosure of Disability form in the student's file when returned
    1.4. Forward documentation to the Program Director
2. Program Director
    2.1. Oversee the process
    2.2. Orient the applicants to the Standards and Essential Functions and briefly describe process
    2.3. Consult with the ADA Compliance Officer when a student returns Disclosure of Disability form requesting accommodation as needed
    2.4. Schedule an appropriate meeting time with student to discuss accommodation request
    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
    2.6. Document decisions regarding recommendations and decisions
    2.7. Notify the student and other relevant parties of decision
3. Applicants
    3.1. Return the Disclosure of Disability Form and necessary documentation one month prior to start of program
4. ADA Compliance Officer
    4.1. As needed, work with the Program Director to determine if required documentation is adequate
    4.2. As needed, work with Program Director and faculty to determine if requested accommodation is reasonable
    4.3. As needed, make recommendations for accommodation

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: DPT Medaling Ceremony

Policy Number: 04.09

Date Effective: 06.08.10

Date Replaces: 08.01.05

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/23

Purpose

The purpose of this policy is to establish guidelines for the DPT Medaling Ceremony for the graduating class. The DPT Medaling Ceremony 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

POLICY: The department will host, plan, and coordinate the DPT Medaling Ceremony 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 Program Director 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 program will provide light snacks and refreshments.
6. The program 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 program and made in accordance with applicable University policy for University events.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Academic/Non Academic Probation

Policy Number: 04.10

Date Effective: 12.0.18

Date Replaces: 11.04.16

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/2023

Purpose

The purpose of this policy is to describe academic / non-academic probation standards. The policy includes the expected responsibilities for the design, establishment, and carrying out of remediation for students having academic / non-academic difficulty.

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 that drops below a 3.00 cumulative GPA at the end of any grade period.
2) For a student admitted unconditionally 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.

Procedure

Responsibilities

1. Faculty
    1.1. Discuss the issue/concern with the student
        1.1.1 Document and memorialize sessions accordingly
        1.1.2 Copy faculty advisor on related documentation
    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
    1.3. Immediately remove any student whose behavior is disruptive to the learning environment and refer to the Program Director for action
2. PT Review Committee
    2.1. Make a determination regarding probation (or other disciplinary status) when the student meets the listed criteria
    2.2. Confer as needed with the student's faculty advisor and Program Director
    2.3. Notify and consult with the Vice President of Student Life as needed
    2.4. Discuss and document probation status with student
3. Program Director
    3.1. Confer with PT Review Committee as needed
4. Student
    4.1. Accept or appeal decision through appropriate channels as described in the SBU Student Handbook and/or SBU Graduate Catalog

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Alcohol and Drug Misuse and/or Abuse

Policy Number: 04.11

Date Effective: 08.01.17

Date Replaces: 08.15.04

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/2023

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 Vice President of Student Life. 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 director of clinical education (DCE) 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 Vice President of Student Life. 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 Program Director will forward the student's case to the PT Review Committee and/or the Vice President of Student Life 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 Program Director 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 and 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

Responsibilities

1. Faculty/DCE/Clinical Faculty
    1.1. Discuss the concern with the student and inform him/her that a report is being made to the Program Director.
    1.2. Notify the Program Director in writing of any student whose conduct or performance is indicative of a violation of the alcohol and drug abuse policy.
    1.3. Immediately remove any student whose behavior is disruptive to the learning environment and refer to the Program Director and/or SBU Safety and Security for action.
2. Program Director
    2.1. Collect complaints regarding suspected abuse case and forward to PT Review Committee and/or Dean of Students.
    2.2. Consult with Dean of Students when needed in support of case.
3. Student
    3.1. Follow the SBU Alcohol and Drug Abuse Policy.
    3.2. Report to Vice President of Student Life if requested.
    3.3. Participate in disciplinary process as required.
    3.4. Accept or appeal decision through appropriate channels as described in the Academic Regulations section of the SBU Catalog.
    3.5. Submit to alcohol or drug testing for reasonable cause if dictated by PT Review Committee, the Vice President of Student Life and/or a Clinical Education Affiliation.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Awards and Scholarships

Policy Number: 04.12

Date Effective: 06.08.10

Date Replaces: N/A

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Digital Media

Policy Number: 04.13

Date Effective: 12.03.10

Date Replaces: N/A

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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 power points, digital images, digital videos, digital recordings and/or graphics. External Internet sources may include but not limited to sites like www.Youtube.com.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Social Media

Policy Number: 04.14

Date Effective: 04.26.12

Date Replaces: N/A

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

Purpose

To provide operating guidelines to support the professional use of social media within the physical therapy program 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 program.

Moderator is assigned by the program 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 program 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 the program and/or University policies or negatively impact the operations of the program and/or University. A moderator shall be assigned to any social media that represents any aspect of the program 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 program and/or university.
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 Program 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 Program 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 Program. 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 Program 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 Program 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 Program 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 (2009).
http://www.scribd.com/doc/28858335/Ohio-State-University-Medical-Center-Social-Media-Philosophy
3) VUMC Social Media Policy (2009).
http://www.mc.vanderbilt.edu/root/vumc.php?site=socialmediatoolkit&doc=26923

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Academic Integrity

Policy Number: 04.15

Date Effective: 08.25.17

Date Replaces: 04.27.15

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/2023

Purpose

It is the intent and purpose of the program 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 program 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 program to promote the highest standards of academic integrity:

A) The program 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 program. 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 program 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) A standard testing procedure was adopted in the academic year of 2022-2023 and is outlined below. All procedures are to be followed by all students and administered by faculty and staff. (A copy of standard testing procedures will be given to all students).
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 (Program 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.

STANDARDIZED TESTING PROCEDURES

Prepare room for testing

- Remove all personal items from your table
- All belongings will be out in the hall or in lockers
- No food or drink will be at your assigned seat unless an accommodation is given

Prepare yourself for testing

- No watches or phones
- All hats will be taken off or worn backwards
- Have your computer and a writing utensil (check for updates to lockdown before each test)

Testing process

- You will be given a random number on testing day as you enter the classroom
- All tables will be labeled with a number.
- You will go to the assigned table/seat that matches the number you were given
    - odd numbers will sit on the usual side of the table
    - even numbers will sit on the opposite side of the table
- Scratch paper will be given after you are at your assigned seat and have started the test

Completing the testing process

- You will show the faculty member that you are in review/have exited the test when the test is completed
- Scratch paper and numbers will be collected as you finish the test
- No talking in the halls or student commons area until all students are finished testing

If there is a technical issue with a student's ability to access a test, IT will be notified and asked to help quickly. The test will be given to the student at a later time if solution is not quickly identified. Backup computers are available during testing.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

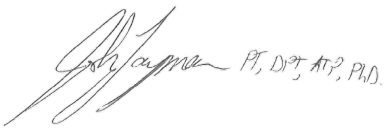
Policy & Procedure

Title: Student Leadership and Organizations

Policy Number: 04.16

Date Effective: 08.01.11

Date Replaces: N/A



Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

Purpose

To define the expectations and responsibilities of students in leadership positions within the program.

Professional Expectations

Student leadership serves a vital role as a communication conduit for the effective implementation of program policy "Complaints and Concerns (04-07)" as well as the overall operations of the program. 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 program 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 Program Director. The scope of this committee will be to focus on the internal constituency within the program.

Procedure

Responsibilities

1. Program Director
    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 Program Director
        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)

2. Faculty Advisor
   2.1. Directly supervise and advise student organization
   2.2. Monitor effectiveness of policy implementation
   2.3. Oversee financial obligations of organization
   2.4. Report to and consult with Program Director as needed
   2.5. Attend and participate in planning meetings
3. Class Coordinators
   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 Program Director as needed
   3.5. Attend and participate in planning meetings
   3.6. Attend and supervise class meetings
4. Class Representatives
   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 program
5. President (Student Organization)
   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 program.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Official Communications

Policy Number: 04.17

Date Effective: 02.22.13

Date Replaces: N/A

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

Purpose

To establish consistent and appropriate channels for official communications from the physical therapy program to the student.

Policy

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

Definitions

Program 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 program for long term communication purposes, but it is still the alumni's responsibility to update our records when changes occur.

Procedure

Responsibilities

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. When appropriate, both traditional mail and email may be used in combination to send the same message.
3.2. Students are responsible for checking the official SBU email system periodically.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

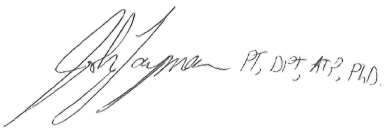
Policy & Procedure

Title: Leave of Absence

Policy Number: 04.18

Date Effective: 10.16.18

Date Replaces: 05.01.15



Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/2023

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 director 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.

In order to process a requested leave of absence, the following should occur:

1) The department chair will disseminate information to the core faculty and call for a vote. Face-to-face meetings may be convened.
2) If approved or rejected, the department chair will communicate results of vote to student and disseminate appropriate information to relevant stakeholders at the university.
3) If approved, the advisor will assist the student in securing the appropriate withdrawal/drop paperwork if needed.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Texas Student Complaint

Policy Number: 04.19

Date Effective: 07.01.15

Date Replaces: N/A

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 8/11/2023

Purpose

Meet the expectations of the Texas Higher Education Coordinating Board (THECB) regarding complaints students may have during or after the completion of a clinical education rotation within the physical state boundaries of Texas.

Policy

Student will be informed of the relevant Texas Administrative Code governing student complaints and will be provided with information on how to initiate the complaint process for the THECB.

Definition

This policy only applies to entry level doctor of physical therapy students who, as part of their required clinical education, began and/or completed a rotation within the recognized state boundaries of Texas.

Procedure

1) Post the following statement on the SBU DPT public website not more than three clicks links from main page:

Current and former entry level Doctor of Physical Therapy students who fall under the jurisdiction of the Texas Higher Education Coordinating Board (THECB) by beginning and/or completing a required clinical education rotation in the state of Texas, may, after exhausting the institution's grievance/complaint process, initiate a complaint with THECB per Texas Administrative Code 1.110-1.120 [http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=P&p_rloc=164570&p_tloc=&p_ploc=1&pg=11&p_tac=&ti=19&pt=1&ch=1&rl=116]. Information about THECB complaint procedures can be obtained by contacting the Texas Higher Education Coordinating Board / College Readiness and Success Division / P.O. Box 12788 / Austin, Texas 78711-2788 / StudentComplaints@thecb.state.tx.us

2) Post the above statement within the annually produced Doctor of Physical Therapy student handbook.

3) Update the above statement as needed for accuracy.

4) Students must first exhaust the established grievance and complaint process (See 04-07) prior to the initiation of this Texas specific policy.

Southwest Baptist University | Doctor of Physical Therapy

Policy & Procedure

Title: Student Computer Use & Technology Standards

Policy Number: 04.20

Date Effective: 05.16.18

Date Replaces: 08.01.17

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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 Physical Therapy Program.

Policy

In support of the University's mission of teaching, research, and public service, the Physical Therapy Program 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.
- 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 the contact the PT Program 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:
  - o choose a password that is easy to remember but hard to guess
  - o change his/her password regularly and at any time the user believes the password may have been compromised
  - o avoid writing the password down
  - o 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

Responsibilities

1. Responsibility Core Faculty
   1.1 Establish technology standards to enable students to interact with desired software within the curriculum.
2. Program Director
   2.1. Publish technology standards in the student handbook and distribute accordingly to students.
3. 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.
4. 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.
5. 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.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Global Health Outreach Team Organization and Operations

Policy Number: 04.21

Date Effective: 10.06.17

Date Replaces: N/A

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

Purpose

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

Definition

The Global Health Outreach ministry is a distinctive supportive element of the SBU Physical Therapy Program 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 program (e.g. strict Christian evangelical abilities). The program, 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

Responsibilities

1. Global Health Coordinator
   1.1. Plan, coordinate, organize and delegate tasks when needed for the selection, training, and deployment of GHO teams.
   1.2. Same supportive actions designated in “Alumni and Other Community Support” if so called.
2. Core Facility
   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.
3. 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
4. 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.
5. Program Director
   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

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Semester/Module Coordination

Policy Number: 06.02

Date Effective: 02.26.10

Date Replaces: 10.01.04

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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.

Procedure

Responsibilities

1. Program Director
   - 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.
2. 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 Program Director.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Schedule of Classes

Policy Number: 06.03

Date Effective: 08.01.06

Date Replaces: 08.01.05

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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 Physical Therapy Program 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 Physical Therapy Program 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 Program Director 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

Responsibilities

1. Program Director
    1.1. Develops overall schedule

1.2. Communicates schedule to students

2. Semester/module coordinator
   2.1. Manages and coordinates classes and activities within a given semester or module
   2.2. Consults with program director as needed

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

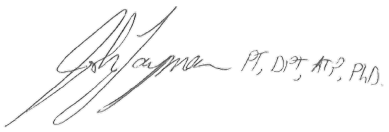
Policy & Procedure

Title: Program and Curriculum Assessment

Policy Number: 06.04

Date Effective: 12.02.16

Date Replaces: 12.03.10



Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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.

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

Policy & Procedure

Title: Tuition & Fees

Policy Number: 06.05

Date Effective: 08.01.15

Date Replaces: 07.22.14

Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD

Date: 7/12/2021

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

Responsibilities

1. 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 The annual tuition covers all normal courses within the lockstep curriculum for that given academic year regardless of credit hours.
   - 1.4 Current tuition rates are published accordingly in department and university catalogs and/or handbooks, university websites, and via accreditation portals.
2. Fees
   - 2.1. 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.

Southwest Baptist University

Doctor of Physical Therapy Student Handbook (Appendix)

Updated 08.01.2021

"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

Southwest Baptist University

Division of Physical Therapy

Handbooks & Catalog Acknowledgment
(updated 08-10-2020)

_____ _____
Student Name (Printed) Date

_____ _____
Student Signature Class of

Graduate level education is a rigorous and exciting challenge. It brings with it many requirements for which the student is ultimately responsible. To facilitate the student's 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. The program 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 sign, date, and initial where indicated to acknowledge that you have reviewed the given materials and been given the opportunity to ask any questions that you may have at the time of orientation. _____(initial)

I understand that that student is responsible for the material presented in the given handbooks. _____(initial)

Changes in name, address, or phone number must be reported immediately by the student to the Office of the Registrar and the Division of Physical Therapy. _____(initial)

I have reviewed and been given the opportunity to ask questions about the SBU DPT attendance policies found in the Physical Therapy Student Handbook and the Clinical Education Handbook. _____(initial)

I have reviewed and been given the opportunity to ask questions about the Essential Functions and Technical Standards policy of the program. I understand that in order to matriculate within the program, I must be able to meet these established standards. If accommodations are needed, it is the student's responsibility to file that request with the program director. _____(initial)

I have reviewed and been given the opportunity to ask questions regarding the SBU FERPA policy (found in the SBU graduate catalog) related to my academic record. _____(initial)

I have reviewed and been given the opportunity to ask questions regarding grounds in which I may be dismissed from and/or denied the privilege to re-enroll in the SBU DPT program and/or Southwest Baptist University (found in the Physical Therapy Student Handbook and SBU Student Handbook) _____(initial)

Placement in clinical education rotations is made increasingly more difficult when the student has a negative history documented on a criminal background check. If known derogatory elements exist on a criminal background check, the student is asked to report these elements as soon as possible to the clinical education staff for analysis and investigation of possible implications for placement. _____(initial)

Students are responsible for all aspects of application for state licensure. Students are encouraged to submit relevant application materials for completion by the program at designated times during the final enrolled semester. Successful completion of the SBU DPT program does not guarantee that the student will successfully receive licensure from a respective state agency. A professional board examination must be passed and evidence of good moral character must be demonstrated to the respective licensing agencies. Students with histories 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. _____(initial)

Demographic Reporting Data Collection for CAPTE

Please do not put your name or identifying marks on this form

Please circle one of the following that best reflects you:

Hispanic/Latino of any race

Native Hawaiian or Pacific Islander

American Indian/Alaskan Native

White

Asian

Black or African-American

Two or more races

Unknown

Please circle as many of the following as it relates to your level of completed college education:

Baccalaureate degree

Master's degree

Doctoral degree

Please circle the following if you have a license to practice the following:

Physical Therapist Assistants

Doctor of Physical Therapy
Disclosure of Disability Form
(updated 07.30.2020)

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:

Josh Layman, PT, DPT, ATP, PhD
Program Director of the Physical Therapy Division
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 Program Director of the Physical Therapy Division. 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

Doctor of Physical Therapy
Disclosure of Disability Form
(updated 06.11.19)

Name: _____

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 | 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."

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

Doctor of Physical Therapy

Laboratory Experiences Informed Consent, Draping Policy and Sexual Harassment

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 a student.

Understand that you will participate in these experiences unless there is a medical reason that 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 and 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. **At no time is the student expected to put themselves in harm's way of any therapeutic event that may be harmful to them individually.**

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 directed to the University Health Service, referred to an urgent care or the hospital emergency room. **In all such student medical events, it is expected that the student's health insurance will serve as the primary payment source.**

Physical contact during activities such as manual muscle testing, range of motion, or other therapeutic techniques should be expected during laboratory sessions. 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 or behavior observed from your partner to the instructor. **If you have any personal problems with draping or physical contact that may require accommodations, please speak to the program director confidentially.**

I, _____, understand the above information and when I should report information to the course instructor and/or program director.

_____

Signature Date

This information was previewed on _____ by _____

Date Program Director / Instructor

Used with permission by R. Mulvany, 1997, University of Tennessee, Memphis (Updated 04.16.19)

THE EEOC DESCRIPTION OF SEXUAL HARASSMENT

It is unlawful to harass a person (an applicant or employee) because of that person's sex. Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general.

Both victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex.

Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

https://www.eeoc.gov/laws/types/sexual_harassment.cfm (Referenced on 04.16.19)

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

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.

Name of Client or Participant | Classroom Activity Description

Client Address | City | State | Zip

Phone Number | Hours of Participation | Mileage Driven Round Trip

Signature of Client or Responsible Party | Date

Signature of Witness | Date

W9 on File : yes/no

Southwest Baptist UNIVERSITY | Doctor of Physical Therapy

External Complaint Form

Date and time of Complaint:	
Name of Complainant:	
Address:	
Phone:	
Person Receiving Complaint:	
Nature of Complaint:	
Disposition of Complainant: (What was said, what was done, and who was notified?)	
Do you feel the explanation was adequate? Are you satisfied with the explanation or resolution?	___ Satisfied ___ Refer to Program Director
Follow up:	
Signature of Chair or other person making follow up	
Date Completed	

SOUTHWEST BAPTIST UNIVERSITY EMERGENCY PROCEDURES GUIDE

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)	**911**
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 person 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	Female	Adult	Juvenile
Accent	Well Spoken	Irrational	Incoherent
Foul	Calm	Angry	Excited
Slow	Rapid	Soft	Loud
Laughter	Crying	Normal	Slurred
Nasal	Speech Impediment	Unusual Breathing	Raspy
Clearing Throat	Deep	High	Disguised
Cracking Voice	Familiar	Taped	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	Dishes	Voices	Aircraft
Music	House Noises	Motor	Long Distance
Quiet	Office Machinery	Animal Noises	Children
Static	Factory Machinery	Pa System	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.

CHEMISPHERE CORP.
2101 Clifton Avenue
St. Louis, MO 63139

General Information: 314-644-1300
CHEMTREC: 800-424-9300 October 29, 2007

MATERIAL SAFETY DATA SHEET

1: CHEMICAL PRODUCT IDENTIFICATION

Product Name: EMBALMING FLUID MARYLAND CONCENTRATE SOLVENT (maryland state)
Product Code: EMBALMD
MSDS Date: October 29, 2007
Reference: 29 CFR Section 1910.1048: Occupational exposure to Formaldehyde

2: COMPOSITION, INFORMATION ON INGREDIENTS

No.	Component CAS REG. NO.	Amount %	OSHA		ACGIH	
			TWA	STEL	TLV	STEL
1	Glycerin 56-81-5	40 - 45	NE		NE	
2	Phenol 108-95-2	25 - 30	5 ppm		5	
3	Formaldehyde [SEE 29 CFR 1910.1048]* 50-00-0	2 - 2.5	0.75 ppm	2 ppm	0.3 ppm	
4	Methanol 67-56-1	25 - 30	200 ppm		200	250

3: HAZARDS IDENTIFICATION

EMERGENCY RESPONSE INFORMATION

HAZARDS	HMIS	NFPA
Toxicity	3	3
Fire	3	3
Reactivity	0	0
Special	X	

RATING	DEGREE OF HAZARD	SPECIAL EQUIPMENT LEGEND			
4	Extreme	A	Safety Glasses	F	C + Dust Mask
3	High	B	A + Gloves	G	B + Respirator
2	Moderate	C	B + Apron	H	F + Goggles
1	Slight	D	C + Face Shield	I	B + Respirator
0	Insignificant	E	B + Dust Mask	X	Ask Supervisor

Danger! Flammable liquid and vapor. Very Harmful if inhaled. High vapor concentrations may cause dizziness. Corrosive! Causes burns and irritation to skin and eyes. Harmful or fatal if swallowed. Pulmonary aspiration hazard: can enter lungs and cause damage.

* OSHA has defined exposure levels in 1910.1048 for the "Action level" of a concentration of 0.5 part formaldehyde per million parts of air (0.5 ppm) calculated as an eight (8)-hour time-weighted average (TWA) concentration; and a Permissible Exposure Limit (PEL) TWA: The employer shall assure that no employee is exposed to an airborne concentration of formaldehyde which exceeds 0.75 parts formaldehyde per million parts of air (0.75 ppm) as an 8-hour TWA; Short Term Exposure Limit (STEL): The employer shall assure that no employee is exposed to an airborne concentration of formaldehyde which exceeds two parts formaldehyde per million parts of air (2 ppm) as a 15-minute STEL.

HEALTH EFFECTS FROM OVEREXPOSURE

Primary Routes of Exposure

Skin Contact
Eye Contact
Inhalation
Ingestion

Eye Contact:
Corrosive. Direct contact with material can cause severe burns.

Skin Contact:
Corrosive. Skin absorption of material may produce systemic toxicity. Causes immediate burns and irritation with short term contact. Removes natural oils and fats from skin.

Inhalation:
Inhalation of mist or spray can cause severe irritation or burns to nose, throat and lungs, and higher concentrations may cause headaches, dizziness, anesthesia, drowsiness, unconsciousness and other central nervous system effects, including death.

Ingestion:
Small amounts of this product aspirated into the respiratory system during ingestion or vomiting may cause severe pulmonary injury, possibly progressing to death. This product has a high order of oral toxicity.

4: FIRST AID MEASURES

Inhalation:
Remove subject to fresh air. Keep subject at rest. If not breathing, give artificial respiration. Obtain medical assistance immediately.

Eye Contact:
Flush eyes with a large amount of water for at least 15 minutes. Eyelids should be held apart during irrigation to insure water contact with the entire surface of the eyes and eyelids. Consult a physician immediately.

Skin Contact:
Wash affected skin areas thoroughly with soap and large quantities of water until no odor remains. If redness or swelling develops, consult a physician. Immediately remove contaminated clothing and wash before reuse.

Ingestion:
Do Not Induce vomiting! Drink large amounts of water. Never give liquids by mouth to an unconscious person! Keep subject at rest. Small amounts which accidentally enter the mouth should be rinsed out until the taste is gone. Obtain Immediate Emergency Medical Attention.

5: FIRE FIGHTING MEASURES

FIRE AND EXPLOSIVE PROPERTIES:

Flash Point:	53°F TCC = 11.6°C Estimated
Auto-Ignition Temperature:	662°F = 350°C
Lower Explosion Limit:	2% Volume
Upper Explosion Limit:	13% Volume

Unusual Hazards:
Flammable liquid; will release invisible vapors that form flammable mixtures that might ignite or explode. Vapors can travel considerable distances to an ignition source and flash back. Toxic gasses will form upon evaporation and combustion. Material can accumulate static charges which can cause an incendiary electrical discharge. Material will dissolve in water.

Extinguishing Agents:
Water spray, regular foam, dry chemical, carbon dioxide are appropriate. Use extinguishing media appropriate for surrounding

media. Use water spray to cool adjacent fire exposed containers to avoid rupture and spattering.

Personal Protective Equipment:
As in any fire, wear self contained breathing apparatus (pressure demand, MSHA/NIOSH approved or equivalent) and full protective gear.

Special Procedures:
Reference OSHA 29 CFR 1910.1048

6: ACCIDENTAL RELEASE MEASURES

Personal Protection:
Appropriate protective equipment must be worn when handling a spill of this material. See the PERSONAL PROTECTION MEASURES Section for recommendations. If exposed to material during clean-up operations, see the FIRST AID PROCEDURES Section for appropriate actions.

Procedures:
Prevent ignition; stop leak; ventilate area; keep spectators away; contain spill immediately with inert noncombustible materials (e.g. sand, earth, absorbent). Transfer liquids and solid diking material to separate suitable containers for recovery or disposal.
CAUTION: Keep spills and cleaning runoff out of municipal sewers, watercourses and open bodies of water.
Use water spray to disperse vapors.
Spills larger than 1000 lbs. are subject to CERCLA reporting and are to be reported to the National Response Center and to local authorities.

7: HANDLING AND STORAGE

Handling: BEFORE ANY USE OR OPENING OF CONTAINER NOTE THE FOLLOWING:
THIS PRODUCT IS A SPECIAL HEALTH HAZARD. CONSULT THE REQUIREMENTS OF OSHA STANDARD IN 29 CFR 1910.1048 FOR FORMALDEHYDE AND SOLUTIONS FOR GUIDANCE APPLICABLE TO YOUR SPECIFIC OPERATIONS OR EXPOSURE POTENTIAL AND INSTITUTE THE NECESSARY PROGRAMS AND CONTROLS PRIOR TO ANY USE.
Avoid contact with skin, eyes or clothing. Avoid breathing of mist or vapor. Never siphon by mouth.
Remove and wash contaminated clothing before reuse.
Practice good personal hygiene: Wash after handling; shower at end of work period.

Storage Conditions:
Keep away from heat, sparks and open flame. Protect from storage temperatures above 120°F.
Keep in a well ventilated space that is NFPA Class 1B. Consult NFPA and OSHA codes. Transfer operations must be electrically grounded.
Keep Out of Reach of Children.
Use for Professional Industrial use only.
Store upright in original closed container.
"Empty" containers retain product residue (liquid and/or vapor) that can be dangerous. Do NOT pressurize, cut, weld, braze, solder, drill, grind or expose such containers to heat, flame, sparks, static electricity or other sources of ignition due to explosion or fire hazard. Empty drums should be completely drained and properly bunged and promptly returned to a reconditioner or other proper disposal.

8: EXPOSURE CONTROLS, PERSONAL PROTECTION

Respiratory Protection:
A respiratory program meeting OSHA 1910.134 and ANSI Z88.2 requirements and the 1910.1048 requirements must be followed whenever workplace conditions warrant a respirator's use.

Use of this product does always require respiratory protection that meets 1910.1048 criteria under normal operating conditions.
Use of local exhaust ventilation is recommended, especially for confined spaces.

Eye Protection:
Wear chemical splash goggles (ANSI Z87.1 or approved equivalent), or full face shield or mask.

Hand Protection:
Wear gloves resistant to solvent permeation: neoprene, nitrile, polyvinyl alcohol, viton.

Other Protection:
See 1910.1048 for additional requirements that may be required.

FACILITY CONTROL MEASURES:

Ventilation:
Use with adequate ventilation. Local exhaust ventilation is recommended and explosion equipment is required.

Other Protective Equipment:
Facilities storing or utilizing this material should be equipped with eyewash and safety shower facilities.

9: PHYSICAL AND CHEMICAL PROPERTIES

TYPICAL

State	Liquid
Appearance	Clear
Color	Colorless to light amber
Odor	Characteristic pungent ether like
Viscosity	Very Thin = 0.7 cSt @ 25°C = 77°F
pH as is	Slightly acidic in water
Specific Gravity @ 60°F	1.0408
Density @ 60°F	8.67 Lbs/Gal
Vapor Density (Air = 1)	2 approximately
Vapor Pressure	< 75 mm Hg @ 25°C = 77°F
Freezing Point	< +51°C = -61°F
Boiling Point	148°F initial
Solubility in Water	100% Appreciable
Percent Volatility	35%
Evaporation Rate (Water = 1)	> 1 Approximate
VOC %	35% = 3.04 Lbs/Gal
HAP %	58% = 5.03 Lbs/Gal

10: STABILITY AND REACTIVITY

Instability:
This material is considered stable.

Hazardous Decomposition Products:
There are no known hazardous decomposition products for this material except for Carbon Dioxide, Carbon Monoxide if burned.

Hazardous Polymerization:
This product will not undergo polymerization.

Incompatibility:
This product is not compatible with strong acids and strong oxidizing agents.

11: TOXICOLOGICAL INFORMATION

Formaldehyde is associated with immediate and or delayed health effects. Risk of damage and effects depends upon duration and level of exposure. Rats chronically exposed to 14 ppm formaldehyde contracted nasal cancer. Based on animal data and limited epidemiological evidence, NTP and IARC have listed formaldehyde as a probable human carcinogen.
Inhalation of vapor is harmful: Overexposure to high concentrations can cause eye, nose, throat, lung irritation; CNS (brain) effects, dizziness, asthma, difficulty in breathing, unconsciousness, coma and death. There are reports of heart irregularities from massive exposures.
Prolonged exposures can cause brain, liver, kidney effects/damage.
Skin contact can later absorption and burns.
Eye contact causes burns.
Oral consumption is harmful or fatal if swallowed. May cause blindness. May cause burns or irritation to mucous membranes, esophages or gastro intestinal tract. Pulmonary aspiration can enter lungs and cause damage. Can cause central nervous system depression.

12: ECOLOGICAL INFORMATION

Toxic to fish and food organisms.

13: DISPOSAL CONSIDERATIONS

Procedure:
Incinerate liquid and contaminated solids in accordance with local, state and federal regulations.

14: TRANSPORTATION INFORMATION

Proper Shipping Name: Flammable Liquids, Toxic, n.o.s.
Contains: Methanol, Phenol
Hazard Class: 3
Identification No.: UN1992
Packing Group: II
Label: Flammable Liquid, Toxic
Emergency Response Guide No.: 28 / 131
RQ: > 4000 lb.

15: REGULATORY INFORMATION

WORKPLACE CLASSIFICATIONS

This product is considered to be hazardous under the OSHA Hazard Communication Standard (29 CFR 1910.1200).

This product is a 'controlled' product under the Canadian Workplace Hazardous Materials Information System (WHMIS).
Status is not available.

EMERGENCY PLANNING AND COMMUNITY RIGHT - TO KNOW (SARA TITLE III)

Section 311/312 Categorizations (40 CFR 370)
This product is a hazardous material under 29 CFR 1910.1200, and therefore is covered by Title III of SARA and is classified into the following hazard categories:
Immediate (Acute) Health
Delayed (Chronic) Health
Fire

Section 313 Information (40 CFR 372)
This product does contain the following chemical which is listed in Section 313 at or above the de minimis concentrations:
Phenol 25%

Methanol	25%
Formaldehyde	2.2%

CERCLA INFORMATION (40 CFR 302.4)
Releases of this material to air, land or water are reportable to the National Response Center under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) or to the state and local emergency planning committees under the Superfund Amendments and Reauthorization Act (SARA) Title III Section 304.
The Reportable Quantity RQ of Methanol is 5000 lbs.
The Reportable Quantity RQ of Phenol is 1000 lbs.
The Reportable Quantity RQ of Formaldehyde is 100 lbs.

RCRA INFORMATION
When a decision is made to discard this material as supplied, it does meet RCRA's characteristic definition of ignitability, corrosivity, or reactivity, and is listed in 40 CFR 261.33.

CHEMICAL CONTROL LAW STATUS
All components of this product are listed or are excluded from listing on the U.S. Toxic Substances Control Act (TSCA) Chemical Substance Inventory.

16: OTHER SUPPLEMENTAL INFORMATION

ABBREVIATIONS

ACGIH	American Conference of Governmental Industrial Hygienists
OSHA	Occupational Safety and Health Administration
TLV	Threshold Limit Value
PEL	Permissible Exposure Limit
TWA	Time Weighted Average
STEL	Short Term Exposure Limit
BAc	Butyl acetate
NE	Not Established
ND	Not Determined
NA	Not Applicable

4315-1

Material Safety Data Sheet

For Compliance with OSHA 29 CFR 1910.1200 and ANSI Z400.1-1998

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

Hazardous Components (Specific Chemical Identity, Common Name(s))		OSHA PEL	ACGIH TLV	Other Limits Recommended	By Weight % (optional)
Heptane	CAS# 142-82-5	500 ppm	500 ppm		53.3 %
Toluene	CAS# 108-88-3	100 ppm	100 ppm	50 ppm Skin	46.7%

3. Hazards Identification

Route(s) of Entry: Primary — Inhalation? Yes — Skin? Yes — Ingestion? Yes

Health Hazards *(Acute and Chronic)*: 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.

Carcinogenicity: None (No) — NTP? N/A — IARC Monographs? N/A — OSHA Regulated? N/A

Signs and Symptoms of Exposure: 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

Medical Conditions Generally Aggravated by Exposure	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.

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

Flash Point (Method Used)	26F Heptane/45F Toluene ASTM d-56	Flammable Limits	LEL 1%	UEL 7.5%	
Extinguishing Media	FOAM, DRY CHEMICAL, CO_2				
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

espiratory 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.

entilation	Local Exhaust	Should be used to maintain exposure below TLV(s)	Special	Explosion proof ventilation maybe required to control vapor concentrations.
	Mechanical *(General)*	Should be used to maintain exposure below TLV(s)	Other	N/D

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

her Protective Clothing or Equipment	Work apron to avoid contact with personal clothing and skin.
ork/Hygienic Practices	Keep area clean. Wash hands thoroughly after working with product.

9. Physical and Chemical Properties

Boiling Point	Heptane (Component)	209^0 F	Specific Gravity (H_20 = 1)	Approx. .75
Vapor Pressure (mm Hg)	at 68^O F	40 mm	Melting Point	-132 F
Vapor Density (AIR = 1)		Heavier	Evaporation Rate (Butyl Acetate = 1)	Slower

Solubility in Water	Insoluble in water
Appearance and Odor	Normal Physical State: Liquid, clear with strong aromatic/gasoline like odor

10. Stability and Reactivity

ability	Unstable		Conditions to Avoid
	Stable	X	N/A

compatibility *(Materials to Avoid)*	Oxidizing Agents
azardous Decomposition or Byproducts	CO_2 and CO when subjected to flames or excessive heat

azardous olymerization	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

Waste Disposal Method	Dispose in accordance with local and current U.S. E.P.A. regulations.

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.
OSHA: Hazardous by definition in Hazard Communication Standard (29 CFR 1910.1200)
EINECS: Components are on the European Inventory of Existing Commercial Chemical Substances
WHMIS (Canada) Class B-2(flash point) and Class D-2B (toxic)

DSCL (EEC) Components listed as R11 Highly flammable,R36/37 Irritating to eyes and respiratory system, S2 Keep out of reach of children, S16 Keep away from sources of ignition-No smoking,S26-In case of contact with eyes, rinse immediately with plenty of water and seek medical advise.

16. Other Information

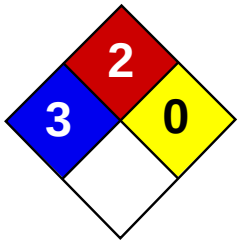
Regulated VOC's by weight 100% - 6.4 lbs/gal - 768 g/l

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

NFPA Ratings: Health-2; Flammabilty-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.



Health	3
Fire	2
Reactivity	0
Personal Protection	G

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:

Name	CAS #	% by Weight
Formaldehyde	50-00-0	36.5-38
Methyl alcohol	67-56-1	10-15
Water	7732-18-5	47-53.5

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:
Flammable in presence of open flames and sparks, of heat. Non-flammable in presence of shocks, of oxidizing materials, of reducing materials, of combustible materials, of organic materials, of metals, of acids, of alkalis.

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)

Volatility: 100% (w/w).

Odor Threshold: The highest known value is 100 ppm (Methyl alcohol)

Water/Oil Dist. Coeff.: Not available.

Ionicity (in Water): Non-ionic.

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:
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 May cause damage to the following organs: kidneys, liver, central nervous system (CNS).

Other Toxic Effects on Humans:
Very hazardous in case of ingestion, . Hazardous in case of skin contact (irritant, sensitizer, 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 advese 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 pustulovesicffular 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 irrititation 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 dermatits 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 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 pollulted 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: Formaldehyde Solution Connecticut hazardous material survey.: Formaldehyde; Methyl alcohol Illinois toxic substances disclosure to employee act: Formaldehyde; Methyl alcohol Illinois chemical safety act: Formaldehyde; Methyl alcohol New York release reporting list: Formaldehyde; Methyl alcohol Rhode Island RTK hazardous substances: Formaldehyde; Methyl alcohol Pennsylvania RTK: Formaldehyde; Methyl alcohol Minnesota: Formaldehyde gas; Methyl alcohol Massachusetts RTK: Formaldehyde; Methyl alcohol Massachusetts spill list: Formaldehyde; Methyl alcohol New Jersey: Formaldehyde; Methyl alcohol New Jersey spill list: Formaldehyde; Methyl alcohol Louisiana RTK reporting list: Formaldehyde Louisiana spill reporting: Formaldehyde; Methyl alcohol California Director's List of Hazardous Substances: Formaldehyde; Methyl alcohol TSCA 8(b) inventory: Formaldehyde gas; Methyl alcohol; Water TSCA 4(f) priority risk review: Formaldehyde, Reagnt, ACS SARA 302/304/311/312 extremely hazardous substances: Formaldehyde SARA 313 toxic chemical notification and release reporting: Formaldehyde; Methyl alcohol CERCLA: Hazardous substances.: Formaldehyde: 100 lbs. (45.36 kg); Methyl alcohol: 5000 lbs. (2268 kg);

Other Regulations:
OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200). EINECS: This product is on the European Inventory of Existing Commercial Chemical Substances.

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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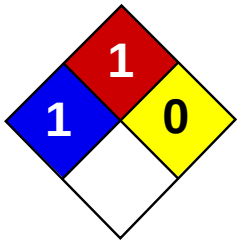

Material Safety Data Sheet
Glycerin MSDS

Section 1: Chemical Product and Company Identification

Product Name: Glycerin

Catalog Codes: SLG1171, SLG1894, SLG1111, SLG1615

CAS#: 56-81-5

RTECS: MA8050000

TSCA: TSCA 8(b) inventory: Glycerin

CI#: Not available.

Synonym: 1,2,3-Propanetriol; Glycerol

Chemical Name: Glycerin

Chemical Formula: C3H5(OH)3

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:

Name	CAS #	% by Weight
Glycerin	56-81-5	100

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: >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:
370°C (698°F)(NFPA Fire Protection Guide to Hazardous Materials, 13th ed., 2002; NIOSH ICSC, 2001; CHRIS, 2001) 392 C (739 F) (Lewis, 1997)

Flash Points:
CLOSED CUP: 160°C (320°F). (Chemical Hazard Response Information System, 2001; Lewis, 1997). OPEN CUP: 177°C (350.6°F) (Budavari, 2000; Chemical Response Information System, 2001; NIOSH ICSC, 2001) OPEN CUP: 199 C(390 F) (National Fire Protection Association, Fire Protection Guide to Hazardous Materials, 13 ed., 2002)

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:
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. Explosive in presence of oxidizing materials.

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 chlorate, 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:

Stop leak if without risk. If the product is in its solid form: Use a shovel to put the material into a convenient waste disposal container. If the product is in its liquid form: Do not get water inside container. Absorb with an inert material and put the spilled material in an appropriate waste disposal. 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. Finish cleaning by spreading water on the contaminated surface and allow to evacuate through the sanitary system. 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. 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

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 chlorate, 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.

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 plancenta 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, paralysisconvulsions), 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:
OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200). EINECS: This product is on the European Inventory of Existing Commercial Chemical Substances.

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.

Section 16: Other Information

References: Not available.

Other Special Considerations: Not available.

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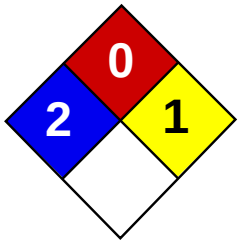

Material Safety Data Sheet
Hydrogen Peroxide 30% MSDS

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:

Name	CAS #	% by Weight
Water	7732-18-5	70
Hydrogen Peroxide	7722-84-1	30

Toxicological Data on Ingredients: Hydrogen Peroxide: ORAL (LD50): Acute: 2000 mg/kg [Mouse]. DERMAL (LD50): Acute: 4060 mg/kg [Rat]. 2000 mg/kg [pig]. VAPOR (LC50): Acute: 2000 mg/m 4 hours [Rat].

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] [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]

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 oxider. 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 methylpryidine + H2SO4, nitric acid, potassium permanganate, P2O5, H2Se, Alcohols + H2SO4, Alcohols + tin chloride, Antimoy trisulfide, chlorosulfonic acid, Aromatic hydrocarbons + trifluoroacetic acid, Azeliac 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 mixitures 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, stabilized, with more than 60% Hydrogen peroxide; Hydrogen peroxide, stabilized/ [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)

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:
Corrosive liquid. Oxidizing material. Stop leak if without risk. Absorb with DRY earth, sand or other non-combustible material. Do not get water inside container. Avoid contact with a combustible material (wood, paper, oil, clothing...). Keep substance damp using water spray. Do not touch spilled material. Use water spray curtain to divert vapor drift. 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.

Section 7: Handling and Storage

Precautions:
Keep locked up.. Keep container dry. Keep away from heat. Keep away from sources of ignition. Keep away from combustible material.. Do not ingest. Do not breathe gas/fumes/ vapor/spray. 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, reducing agents, combustible materials, organic materials, metals, acids, alkalis.

Storage:
Keep container tightly closed. Keep container in a cool, well-ventilated area. Separate from acids, alkalies, reducing agents and combustibles. See NFPA 43A, Code for the Storage of Liquid and Solid Oxidizers. Do not store above 8°C (46.4°F). Refrigerate Sensitive to light. Store in light-resistant containers.

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:
Face shield. Full suit. Vapor respirator. Be sure to use an approved/certified respirator or equivalent. Gloves. Boots.

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

Physical state and appearance: Liquid.

Odor: Odorless.

Taste: Slightly acid. Bitter

Molecular Weight: Not applicable.

Color: Clear Colorless.

pH (1% soln/water): Not available

Boiling Point: 108°C (226.4°F)

Melting Point: -33°C (-27.4°F)

Critical Temperature: Not available.

Specific Gravity: 1.1 (Water = 1)

Vapor Pressure: 3.1 kPa (@ 20°C)

Vapor Density: 1.1 (Air = 1)

Volatility: Not available.

Odor Threshold: Not available.

Water/Oil Dist. Coeff.: Not available.

Ionicity (in Water): Not available.

Dispersion Properties: See solubility in water, diethyl ether.

Solubility:
Easily soluble in cold water. Soluble in diethyl ether.

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.

Corrosivity: Non-corrosive in presence of glass.

Special Remarks on Reactivity:
Light sensitive. Incompatible with reducing materials, ethers (dioxane, furfuran, tetrahydrofuran), oxidizing materials, Metals(eg. potassium, sodium lithium, iron, copper, brass, bronze, chromium, zinc, lead, silver, nickel), metal oxides (eg. cobalt oxide, iron oxide, lead oxide, lead hydroxide, manganese oxide), metal salts (eg. calcium permanganate, salts of iron), manganese, asbestos, vanadium, platinium, tungsten, molybdeum, triethylamine, palladium, sodium pyrophosphate, carboxylic acids, cyclopentadiene, formic acid, rust, ketones, sodium carbonate, alcohols, sodium borate, aniline, mercurous chloride, rust, nitric acid, sodium pyrophosphate, hexavalent chromium compounds, tetrahydrofuran, sodium fluoride organic matter, potassium permanganate, urea, chlorosulfonic acid, manganese dioxide, hydrogen selenide, charcoal, coal, sodium borate, alkalies, cyclopentadiene, glycerine, cyanides (potassium, cyanide, sodium cyanide), nitrogen compounds.. Caused to decompose catalytically by metals (in order of decreasing effectiveness): Osmium, Palladium, Platinum, Iridium, Gold, Silver, Manganese, Cobalt, Copper, Lead. Concentrated hydrogen peroxide may decompose violently or explosively in contact with iron, copper, chromium, and most other metals and their salts, and dust. (Hydrogen Peroxide)

Special Remarks on Corrosivity: Not available.

Polymerization: Will not occur.

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, unconciousness, and possible death. At high concentrations, respiratory effects may include acute lung damage, and delayed pulmonary edema. May affect blood. Ingestion: Causes gastrointestional tract irritation with nausea, vomiting, hypermotility, and diarrhea. Causes gastrointestional 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 cerebal 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:
New York acutely hazardous substances: Hydrogen Peroxide Rhode Island RTK hazardous substances: Hydrogen Peroxide Pennsylvania RTK: Hydrogen Peroxide Florida: Hydrogen Peroxide Minnesota: Hydrogen Peroxide Massachusetts RTK: Hydrogen Peroxide New Jersey: Hydrogen Peroxide TSCA 8(b) inventory: Hydrogen Peroxide SARA 302/304/311/312 extremely hazardous substances: Hydrogen Peroxide CERCLA: Hazardous substances.: Hydrogen Peroxide: 1 lbs. (0.4536 kg);

Other Regulations: OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200).

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

Specific hazard:

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.

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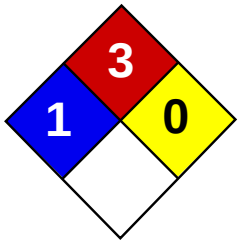

Material Safety Data Sheet
Isopropyl alcohol MSDS

Section 1: Chemical Product and Company Identification

Product Name: Isopropyl alcohol

Catalog Codes: SLI1153, SLI1579, SLI1906, SLI1246, SLI1432

CAS#: 67-63-0

RTECS: NT8050000

TSCA: TSCA 8(b) inventory: Isopropyl alcohol

CI#: Not available.

Synonym: 2-Propanol

Chemical Name: isopropanol

Chemical Formula: C3-H8-O

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:

Name	CAS #	% by Weight
Isopropyl alcohol	67-63-0	100

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

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

Potential Chronic Health Effects:
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.

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:
Highly flammable in presence of open flames and sparks, of heat. Flammable in presence of oxidizing materials. 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:
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 dioxgenyl tetrafluorborate, 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 decompositon can occur, whicn 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) 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)

Volatility: 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, $COCl_2$, 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, fetoxicity, developmental abnormalities(developmental toxin)) 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, unconciousness, coma and possible death), peripheral nerve and senstation, blood, urinary system, and liver. Ingestion: Swallowing small amouts 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:
Connecticut hazardous material survey.: Isopropyl alcohol Illinois toxic substances disclosure to employee act: Isopropyl alcohol Rhode Island RTK hazardous substances: Isopropyl alcohol Pennsylvania RTK: Isopropyl alcohol Florida: Isopropyl alcohol Minnesota: Isopropyl alcohol Massachusetts RTK: Isopropyl alcohol New Jersey: Isopropyl alcohol New Jersey spill list: Isopropyl alcohol Director's list of Hazardous Substances: Isopropyl alcohol Tennesee: Isopropyl alcohol TSCA 8(b) inventory: Isopropyl alcohol TSCA 4(a) final testing order: Isopropyl alcohol TSCA 8(a) IUR: Isopropyl alcohol TSCA 8(d) H

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:
OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200). EINECS: This product is on the European Inventory of Existing Commercial Chemical Substances.

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.

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

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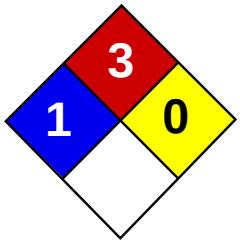

Material Safety Data Sheet
Methyl alcohol MSDS

Section 1: Chemical Product and Company Identification

Product Name: Methyl alcohol

Catalog Codes: SLM3064, SLM3952

CAS#: 67-56-1

RTECS: PC1400000

TSCA: TSCA 8(b) inventory: Methyl alcohol

CI#: Not applicable.

Synonym: Wood alcohol, Methanol; Methylol; Wood Spirit; Carbinol

Chemical Name: Methanol

Chemical Formula: CH3OH

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:

Name	CAS #	% by Weight
Methyl alcohol	67-56-1	100

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.

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:
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: 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)

Volatility: Not available.

Odor Threshold: 100 ppm

Water/Oil Dist. Coeff.: The product is more soluble in water; log(oil/water) = -0.8

Ionicity (in Water): Non-ionic.

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, ingnition 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, cyanuirc chlorite, 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 dichlormethane. 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 pollulted 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:
Connecticut hazardous material survey.: Methyl alcohol Illinois toxic substances disclosure to employee act: Methyl alcohol Illinois chemical safety act: Methyl alcohol New York release reporting list: Methyl alcohol Rhode Island RTK hazardous substances: Methyl alcohol Pennsylvania RTK: Methyl alcohol Minnesota: Methyl alcohol Massachusetts RTK: Methyl alcohol Massachusetts spill list: Methyl alcohol New Jersey: Methyl alcohol New Jersey spill list: Methyl alcohol Louisiana spill reporting: Methyl alcohol California Directors List of Hazardous Substances (8CCR 339): Methyl alcohol Tennesse Hazardous Right to Know : Methyl alcohol TSCA 8(b) inventory: Methyl alcohol SARA 313 toxic chemical notification and release reporting: Methyl alcohol CERCLA: Hazardous substances.: Methyl alcohol: 5000 lbs. (2268 kg)

Other Regulations:
OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200). EINECS: This product is on the European Inventory of Existing Commercial Chemical Substances.

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:
-SAX, N.I. Dangerous Properties of Indutrial Materials. Toronto, Van Nostrand Reinold, 6e ed. 1984. -Material safety data sheet emitted by: la Commission de la SantÃ© et de la SÃ©curitÃ© du Travail du QuÃ©bec. -Hawley, G.G.. The Condensed Chemical Dictionary, 11e ed., New York N.Y., Van Nostrand Reinold, 1987. LOLI, HSDB, RTECS, HAZARDTEXT, REPROTOX databases

Other Special Considerations: Not available.

Created: 10/10/2005 08:23 PM

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

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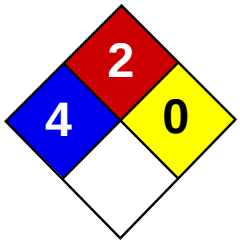

Health	3
Fire	2
Reactivity	0
Personal Protection	J

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; Phenylic acid

Chemical Name: Carbolic Acid

Chemical Formula: C6H5OH

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:

Name	CAS #	% by Weight
Phenol	108-95-2	100

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 oxdizing 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:
Air Sensitive. Sensitive to light. Store in light-resistant containers. Moisture sensitive. Keep container tightly closed. Keep container in a cool, well-ventilated area.

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)

Volatility: 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:
Easily soluble in methanol, diethyl ether. Soluble in cold water, acetone. Solubility in water: 1g/15 ml water. Soluble in benzene. Very soluble in alcohol, chloroform, glycerol, petroleum, carbon disulfide, volatile and fixed oils, aqueous alkali hydroxides, carbon tetrachloride, acetic acid, liquid sulfur dioxide. Almost insoluble in petroleum ether. Miscible in acetone. Sparingly soluble in mineral oil.

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 resultes 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:

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.

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 6.1: Poisonous material.

Identification: : Phenol, solid UNNA: 1671 PG: II

Special Provisions for Transport: Not available.

Section 15: Other Regulatory Information

Federal and State Regulations:
Connecticut hazardous material survey.: Phenol Illinois toxic substances disclosure to employee act: Phenol Illinois chemical safety act: Phenol New York release reporting list: Phenol Rhode Island RTK hazardous substances: Phenol Pennsylvania RTK: Phenol Minnesota: Phenol Massachusetts RTK: Phenol Massachusetts spill list: Phenol New Jersey: Phenol New Jersey spill list: Phenol Louisiana RTK reporting list: Phenol Louisiana spill reporting: Phenol TSCA 8(b) inventory: Phenol TSCA 4(a) proposed test rules: Phenol TSCA 8(a) IUR: Phenol TSCA 8(d) H and S data reporting: Phenol: effective: 6/1/87; sunset:

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:
OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200). EINECS: This product is on the European Inventory of Existing Commercial Chemical Substances.

Other Classifications:

WHMIS (Canada):
CLASS D-1A: Material causing immediate and serious toxic effects (VERY TOXIC). CLASS D-2A: Material causing other toxic effects (VERY TOXIC). CLASS E: Corrosive solid.

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.

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

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GEBAUER COMPANY
4444 E. 153rd STREET
CLEVELAND, OH 44128
1-800-321-9348 toll free or (216) 581-3030
FAX (216) 581-4970; WEBSITE: www.gebauer.com
AFTER HOURS EMERGENCY: CHEMTREC (800) 424-9300 or (703) 527-3887

MATERIAL SAFETY DATA SHEET

GEBAUER'S SPRAY AND STRETCH®

I. PRODUCT IDENTIFICATION

TRADE NAME SYNONYM	GEBAUER'S SPRAY AND STRETCH	Current Issue Date: July 28, 2008
CHEMICAL NAME SYNONYMS	1,1,1,3,3-PENTAFLUOROPROPANE 1,1,1,2-TETRAFLUOROETHANE	Chemical Family. Halogenated Hydrocarbon
FORMULA	$CHF_2CH_2CF_3$ \ F_3CCH_2F,	

II. COMPOSITION/INFORMATION ON INGREDIENTS

Ingredient	CAS NO.	Concentration	OSHA PEL	ACGIH TLV-TWA
1,1,1,3,3-PENTAFLUOROPROPANE	460-73-1	95%	None	None
1,1,1,2-TETRAFLUOROETHANE	811-97-1	5%	None	None

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 120ºF (50ºC).

Usage and Handling Precautions
Use in well-ventilated areas. Do not use near temperatures above 120ºF (50ºC).

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

Boiling Point	44.6ºF (7.0ºC)	Appearance & Odor	Colorless liquid, faint ethereal, sweetish odor
Vapor Pressure	At 72ºF (22ºC) = 10.8 psig	Specific Gravity (H_20)	1.33 at 72ºF
Vapor Density	Air = 1 at BP 4.7	% Volatile by Volume	100
Solubility in Water	<1%	Evaporation Rate	>1 (Carbon Tetrachloride = 1)

X. STABILITY AND REACTIVITY

Stability	Product is stable under normal conditions.
Hazardous Decomposition Products	Halogens 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. EC_{50}>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.

ZEP MANUFACTURING COMPANY
Acuity Specialty Products Group, Inc.
P.O. BOX 2015
ATLANTA, GA 30301
1- 877- I - BUY- ZEP

Material Safety Data Sheet

and Safe Handling and Disposal Information

Issue Date	09/24/97
Supersedes	02/18/94
Product Name	**ZEP ATTACK A**
Product No.	**0685**

Cleaner - Disinfectant - Deodorant

Printing date: 09/10/03

SECTION I - EMERGENCY CONTACTS

For MSDS Information:
Acuity Specialy Products Group, Inc.
Compliance Services 1-877-I-BUY-ZEP

For Medical Emergency:
INFOTRAC
(877) 541-2016 Toll Free - All Calls Recorded

For a Transportation Emergency:
CHEMTREC
(800) 424-9300 - All Calls Recorded
In the District of Columbia (202) 483-7616

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

@ -Reportable under the SARA 313 Toxic Release Inventory

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
SPECIFIC GRAVITY - 1.01
VAPOR PRESSURE(mmHg) - N/D
EVAPORATION RATE (WATER=1) - 1
VAPOR DENSITY(AIR-1) - N/D
pH(CONCENTRATE) - 12.6
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 HAZARD CLASS: NA DOT PACKING GROUP:
DOT I.D. NUMBER: DOT LABEL/PLACARD:
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 must be sent to 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)
IRR: Irritant - Causes reversible effects in living tissues (e.g. inflammation) - primarily skin and eyes.
N/A: Not Applicable - Category is not appropriate for this product.
N/D: Not Determined - Insufficient information to make a determination for this item.
RTECS#: 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 III: 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 guide for providing safe workplace conditions to nearly all workers.
HMIS 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 HMIS 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

(rev 06/02)

Southwest Baptist UNIVERSITY

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Portfolio Introduction, Guidelines and Suggestions *(October 2020)*

The Doctor of Physical Therapy Program at Southwest Baptist University utilizes a comprehensive individual 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 iterative process should be viewed as continuous and ongoing as the learner contributes to and expands upon learning and growth elements submitted to the portfolio then makes changes based on feedback from their advisor. Doctoral level reflection of the included elements will add meaning and insight to where the curriculum, experience and formal assessment converge.

The organization of the portfolio will be as follows:

1) Robust CV
2) Goal self-assessment/reflections
3) Advisor Feedback

For the entire portfolio, **YOU MUST USE THE TEMPLATE PROVIDED**.

Part 1: Robust CV: to fill in your personal information. If there is a section that you do not have an entry for at this time, leave the section there (with its instructions) as a place holder. This information will be updated and added to each year.

Part 2: Goals and self-assessment reflections: Complete a reflection on each of the six program goals giving examples of how you are demonstrating growth toward the program goal. Reflective writing is different than other types of writing, it is not merely telling a story or sharing an opinion. It describes an experience that has influence your thinking and exploring how that experience has changed you or a new understanding will influence you in the future.

Reflections MUST:

1. Address the program goals
2. Consist of doctoral level writing
   - Proper spelling and grammar
   - Thorough, concise, and clear
3. Describe personal experiences
4. Be reflective (See suggestions below.)

Steps to writing a good reflection for the DPT portfolio:

- Think about an experience you have had during PT school that has influenced you.
- Describe the experience well enough that the reader can picture what happened.
- Explore some ideas or thoughts you have had as a result of the experience.
    - Did it confirm something that you already believed?
    - Did it cause you to question some of your prior beliefs?
    - Did it cause you to think differently about an idea?
    - What did you learn from the experience?
- Based on this new or deeper understanding, consider how this experience will influence your thinking now or your actions in the future.

Reflective comments often begin with phrases such as:

- This has changed me…
- This has changed my perspective…
- I have now learned…
- This has made me realize…
- I can use this in order to…

Below are common mistakes that are seen in reflective writing with examples of how they could be corrected:

Common Mistake	**Correction of the Mistake**
Writing as if you are already a PT: • *"I performed an evaluation and met the patient's goals"*	• *" While observing the PT complete the evaluation, I noticed that he incorporated the patient's goals into the plan of care, and talked with patient about how the PT plan would meet patient goals. This experience has helped me understand…"*
Misunderstanding the program goals: • *"I promote health by working out regularly"* •• *"I perform scholarly activities by reading research"*	• *"I promote health in the community during my ICE rotation by participating in Mindful Movement, a group exercise program for patients living with a cancer diagnosis. By participating in this program, I have learned…"* •• *"I am currently participating in a Clinical Investigations project focused on determining the efficacy of PT in the treatment of cancer fatigue. This experience has given me a new appreciation for evidence-based practice…"*
Only talking about the goal: • "*Being an active listener is very important. It is taking the time to listen to know what the patient is telling you".* (We already know this is important!)	• *"I am learning to actively listen to the patient during my ICE experiences by not thinking about what I will say next but focusing my attention on what the patient is saying. This allows me to actually respond to the patient, not just tell them what I think."*
Writing about past experiences (before PT school): • *"When I was a freshman in high school, I had knee surgery…".*	• "*When I was in the clinic this semester working with a patient who had knee pain after surgery, I was able use my own knee surgery experience to explain to the patient how movement helped reduce pain."*
Writing about what you will do in the future (it's not a pledge) • *"I will advocate for health laws and reform by writing to my legislators."* •• *"I will seek opportunities of spiritual growth by participating in a Bible study."*	• *"I am learning to advocate for health laws and reform by using the APTA PT action app on my phone."* •• *"I am currently participating in a small group Bible study through a local church that is challenging me to be more disciplined spiritually."*

Below are prompts that may help you reflect on your progress toward program goals. These are not the only things you should write about they are just a place to start.

Goal 1: As you have discussed in Christian Applications – the Christian worldview holds to the idea that there is a moral code that exists, that separates right from wrong, that humans have innate value given to them by God, and that we are responsible for the actions that we take. With this in mind, consider these prompts:

- How are you working to integrate a Christian worldview into your practice as a PT student?
- How do you treat your classmates, your professors, your TA's, the clinicians and patients that you come in contact with through ICE?
- How do your attitudes and behaviors now influence your future?

Goal 2: This goal is broad and so there are many ideas or experiences that could be explored within this goal.

- How are you learning to treat others professionally with dignity and respect in regards to their socio-economic status, culture, ethnicity, beliefs (political/ religious etc) and gender?
- How are you learning to accept the responsibility of patient management and outcomes? This could apply to patient education/ safety protocols / management of resources etc.
- During your first year you may have not had as many patient interactions – but you could think about how you are interacting with your classmates, TA's and instructors? How are you managing / complying with university protocols and resources?

Goal 3: Developing effective communication skills:

- How are you learning to use active listening during clinical observations?
- How can you apply this skill in the classroom or in lab situations?
- How are you learning to communicate effectively with clinic documentation or patients?
- How could this prepare you for clinical practice?

Goal 4: Promote and improve health care delivery:

- Are you learning ways to stay informed of current political issues that impact health care or specifically physical therapy? If you are aware of issues, do you take action to advocate?
- Have you been able to participate in projects that promote health in the community? What have you learned through that service?

Goal 5: Evaluating / Integrating and contributing to the professional knowledge base:

- In Critical Inquiry and other courses you are learning to look at the literature more critically. How will this impact the way you practice in the future?
- Do you handle information you hear in the mainstream media about medical advances differently than you have in the past?
- Are you engaging in scholarly activity? (This would apply most directly to 2nd -3rd year students in the Clinical Investigations course)

Goal 6: Life-long learning Plan:

- Are you developing habits / strategies that promote learning in multiple aspects of your life? (Academically, professionally, personally, spiritually)?
    - Things like: reading professional journals, listening to podcasts, taking care of yourself physically, engaging in spiritual disciplines.
- What strategies or habits have you developed or do you want to develop to ensure growth in each of these areas?
- How will the habits you are developing now influence your future as a PT?

Advisor Feedback: After submission, your advisor will provide written feedback and suggestions for improvement of the portfolio. Within the given time frame, make the recommended changes and resubmit. Once you have met the criterion for the Portfolio your advisor will notify you that your portfolio is complete for the year. Each year's advisor feedback will be entered immediately after the previous year's information. Feedback should not be deleted as it is part of the portfolio.

Portfolio Grade: Portfolios will be graded each year as the following.

Final Grade		
Does not meet expectations	Meets expectations	Exceeds expectations

In order to have a passing portfolio, the final grade must be "Meets expectations" or "Exceed expectations." The portfolio is a graded element for professional development seminars during Year 1 and 2 and for clinical education IV during Year 3. Consequence for failing to meet expectations may result in a student failing the respective course with subsequent review by the PT Review Committee.

Portfolio Due Dates: Your advisor may have additional due dates for portions of the portfolio project. Below are deadlines that apply to all students.

- **March 1:** Submit the full first draft of the portfolio to your advisor. Feedback will be provided regarding and changes that need to be made to meet criterion.
- **May 1:** Final approval for your full portfolio should be completed by this date.

Portfolio Files

(Updated October 2020)

CURRICULUM VITAE

Name:
Address:
Telephone:

All entries, under each heading, are to be listed from most recent to most remote.

Education: post high school, including:
full name of institution
location (city and state)
duration of study (from – to -)
field of study
degree received/anticipated and date

Licensure Information/Registration Number and Certifications: CPR, First Aid, ATC, etc.
include official name of license/certification
date or duration (from – to --)

Employment and Positions Held: only PT-related positions
organization name
position
duration (from – to --)

Peer Reviewed Scientific and Professional Presentations:
include: presenter(s), title, occasion, and date

Membership in Scientific/Professional Organizations:
organization name (include positions held)
duration (from – to --)

Community Service: can be done on your own or for Christian Apps, SPTA, etc.
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; do not include events that were required for course credit
title of course
agency
duration (from – to --)

Program Goals Self-Assessment

Instructions: Each student will reflect in one comprehensive paragraph for each of the 6 goals listed below in the space provided. These reflections should indicate how they have grown toward or met the goal using the sub-objectives, listed below each goal, as reference material to include or relate in their written reflection.

Southwest Baptist University PT Program Goals & Outcomes:

1.0 Integrate the Christian faith into the practice of physical therapy.

1.1 Practice academic and professional integrity.
1.2 Apply Christian principles while practicing physical therapy.
1.3 Demonstrate a Christ-like caring and concern for people regardless of their socioeconomic, physical, mental, or spiritual condition. (CE)
1.4 Use Christian principles to guide ethical decision making. (CT)
1.5 Manifest compassion in the delivery of physical therapy services. (CE)

Year 1 –

Year 2 –

Year 3 –

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. (CE)
2.2 Demonstrate professional behaviors in all interactions. (CE)
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 competence in the delivery of physical therapy services. (CE)
2.6 Incorporate an understanding of individual differences in the delivery of physical therapy services. (CE)
2.7 Apply the Patient/Client Management model appropriately and consistently.
2.8 Take appropriate action in an emergency in any practice setting. (CT)
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. (CT)
2.10 Supervise and manage support personnel effectively in the delivery of physical therapy services. (CE)
2.11 Manage resources efficiently to provide quality, cost-effective physical therapy services. (CT)
2.12 Follow established clinical practice guidelines to design a plan of care.

Year 1 –

Year 2 –

Year 3 –

3.0 Educate and communicate with appropriate stakeholders in the health care environment. (CE)

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. (CE)
3.2 Collaborate with appropriate persons to determine an intervention that is feasible given the resources and patient/client desires. (CE)
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. (CE)
3.5 Demonstrate active listening techniques. (CE)
3.6 Provide patient and client-related consultation appropriate to the needs of the individual or organization. (CE)
3.7 Provide education to other practitioners, patient/client, or family regarding the physical therapy plan of care. (CE)
3.8 Participate in clinical and in-service education to a variety of healthcare providers. (CE)

Year 1 –

Year 2 –

Year 3 –

4.0 Serve the profession and society to promote and improve health care delivery. (CE)

4.1 Provide information on the promotion of health, prevention of dysfunction, and restoration of function in persons with movement dysfunction. (CE)
4.2 Provide consultation to individuals, businesses, schools, government agencies, or other organizations. (CE)
4.3 Advocate for the promotion of health through participation in community, service or professional organizations (CE)
4.4 Advocate for and provide input to health laws and reform. (CE)
4.5 Collaborate with other health care professionals, families, community agencies, and other support systems. (CE)

Year 1 –

Year 2 –

Year 3 –

5.0 Reflectively practice the art and science of physical therapy by critically evaluating, integrating, and contributing to the expanding professional knowledge base. (CT)

5.1 Critically evaluate and incorporate physical therapy and other professional literature into contemporary practice. (CT)
5.2 Analyze, integrate or reject, as appropriate, information related to new physical therapy techniques, procedures, or technology. (CT)
5.3 Use decision-making skills of clinical reasoning, clinical judgment, and reflective practice. (CT)
5.4 Participate in scholarly activities. (CT)

Year 1 –

Year 2 –

Year 3 –

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. (CT)
6.3 Seek opportunities for spiritual growth and nurturing influenced by the Christian faith.
6.4 Incorporate self-directed and active learning behaviors into a plan for growth and development.

Year 1 –

Year 2 –

Year 3 –

(CE = Communicates Effectively; CT = Critical Thinking; when identified for SBU assessment processes)

Faculty Advisor Feedback

Year 1 Comments:

Year 1 Final Grade		
Does not meet expectations	Meets expectations	Exceeds expectations

Year 2 Comments:

Year 2 Final Grade		
Does not meet expectations	Meets Expectations	Exceeds expectations

Year 3 Comments:

Year 3 Final Grade		
Does not meet expectations	Meets expectations	Exceeds expectations