



Southwest Baptist
UNIVERSITY

Doctor of
Physical Therapy
Student Handbook

Updated 08.01.19

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

- Colossians 3:23-24

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Program Information

Doctor of Physical Therapy Program Accreditation Status

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

Mission Statements of the Program, College, and University

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

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

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

Goals (rev. 02.08.14)

The graduate of Southwest Baptist University Doctor of Physical Therapy Program will be able to:

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

The faculty of Southwest Baptist University Doctor of Physical Therapy Program strive to:

- 7) Pursue the development and delivery of a contemporary curriculum.
- 8) Promote and serve the professional and spiritual community.

The Physical Therapy Program at Southwest Baptist University seeks to:

- 9) Nurture the current and future servant leaders in the health care society.

Vision Statement (updated 11.26.18)

Equip graduates to transform the human experience through physical therapy with a Christ-centered perspective.

Guiding Principles & Philosophy (updated 11.26.18)

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

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 Department. 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 department 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.

SBU College of Science and Mathematics Academic Integrity Statement

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

SBU College of Science and Mathematics Faith Integration Statement

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



Southwest Baptist UNIVERSITY

Department 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 arenas such as geriatrics, sports, orthopedics, pediatrics, or neurology through a nearly endless supply of opportunities in clinical practice, education, and research.

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

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

Together with you in His service,

Steven G. Lesh, PhD, PT, AT Ret.
Board-Certified Sports Clinical Specialist Emeritus
Chair, Physical Therapy Department
www.facebook.com/SBUPhysicalTherapy



Doctor of Physical Therapy Program Financial Information

(projected as of 06.01.19)

In choosing physical therapy you have a rewarding career ahead of you. These rewards are professional, personal and financial. Your physical therapy graduate education at Southwest Baptist University is a long-term investment in your future. As with many good investments, there is an initial cost that will pay off in the long run. As you analyze the costs of various programs keep in mind that SBU offers one of the lowest total tuition rates for DPT programs for private universities in the nation.

Tuition, Fees and Costs ¹ :		Special or One Time Fees and/or Costs:	
Tuition	\$34,000 / year	Deposit (goes toward tuition) ²	\$1000
Curriculum fee ³	\$270 / year	Graduation fee	\$265
Course fees ⁴	\$2700 (3 yr total)	APTA membership (optional)	\$100
Health fee	\$80 / year	Liability Insurance ⁵	\$50
Technology fee	\$306 / year	Wellness Center (per semester - optional)	\$162
Books and other supplies	\$1000 / year	Intramural Fees (per season - optional)	\$10

¹The University reserves the right to modify tuition and fees during your academic career

²Paid in two equal installments prior to enrollment, non-refundable

³Paid annually in two equal installments for fall and spring semesters

⁴Paid per course enrollment: Year 1: PTH 5047 (\$700), PTH 5631 (\$500), PTH 5641 (\$500), Year 2: PTH 6651 (\$500), PTH 6671 (\$500)

⁵Other Clinical Education related costs (e.g. travel, housing) may be involved depending on specific site assignments is the responsibility of the student

Office of Financial Aid

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

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

Payment of Accounts

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

Federal Direct Stafford Loan Program

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

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

Direct PLUS Loans

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

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

Scholarships

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

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

<http://www.apta.org/ProspectiveStudents/>

<http://www.apta.org/CurrentStudents/>

<http://msfdn.org/harveyfellows/overview/>

<http://www.ihs.gov/scholarship/index.cfm?>

<https://www.discover.com/student-loans/>

<http://www2.ed.gov/finaid/landing.jhtml?src=ln>

<http://www.collegiatefunding.com/stafford-loans.html>

<http://www.fastaid.com/>

<https://studentaid.ed.gov/>

Bill Karl Physical Therapy Student Emergency Fund

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

Sports Physical Therapy Scholarship

This private scholarship shall be awarded to one or more worthy students preparing to be Christian Doctors of Physical Therapy at Southwest Baptist University with a specialization or demonstrated interest in sports physical therapy. Applications are taken in the spring of each year for this award. *Currently, this scholarship is not available for consideration during the 2019-20 cycle.*



TO: All SBU DPT Students
DATE: June 6, 2019
RE: DPT Required Book Lists

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

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

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

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

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

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

Together with you in His service,

Steven G. Lesh, PhD, PT, AT Ret.
Board-Certified Sports Clinical Specialist Emeritus
Chair and Professor of Physical Therapy
<http://www.facebook.com/SBUPhysicalTherapy>

Southwest Baptist University, Department of Physical Therapy
(3 Year Curriculum Plan, est. January 2011, updated October 2016)

Year 1

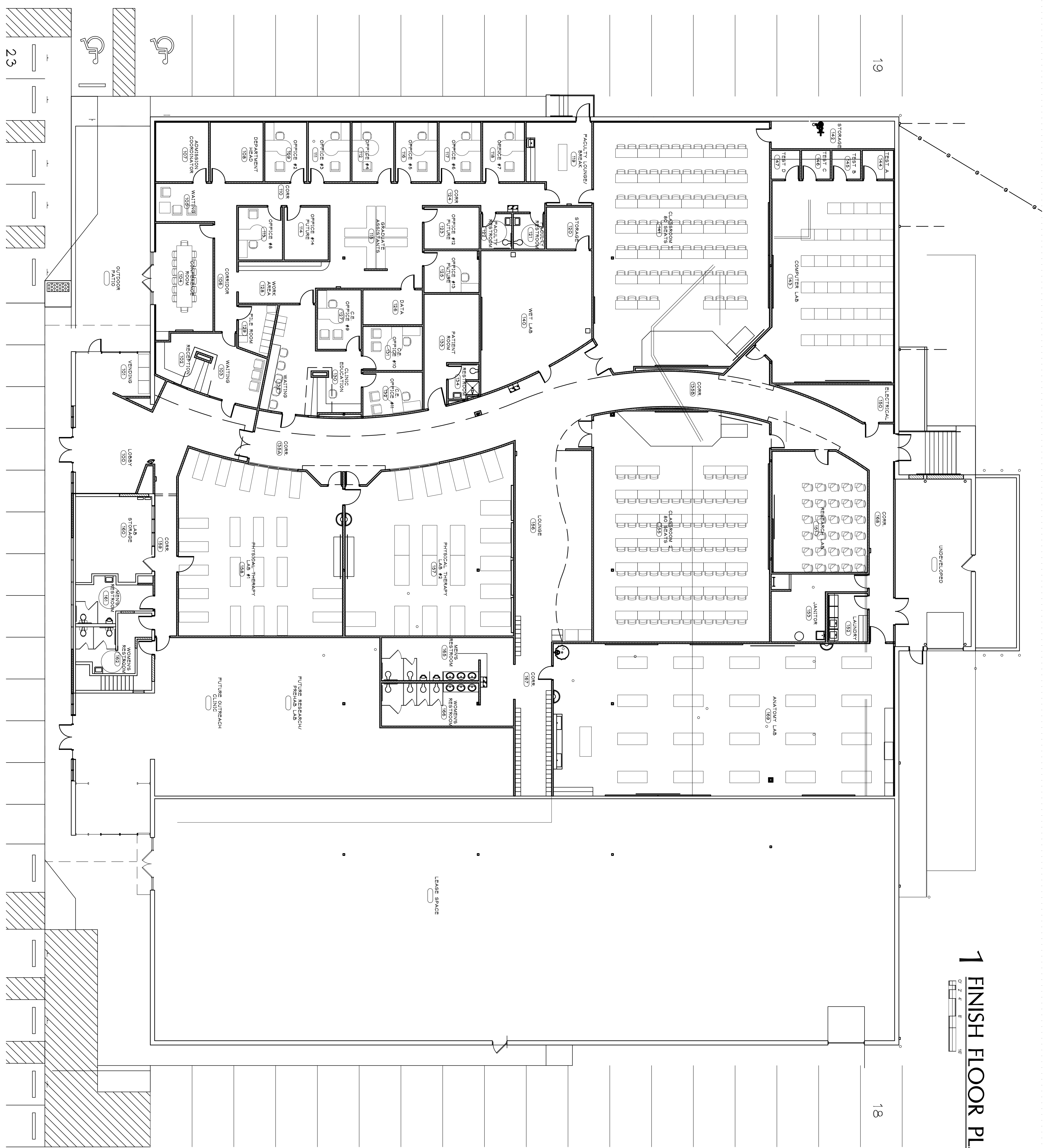
Fall (16 weeks)	January (3 weeks)	Spring (16 weeks)	Summer (11 weeks)	
PTH 5132 Critical Inquiry	2 PTH 5221 Teach / Learn	1 PTH 6393 Motor Control	3 PTH 6293 Ex Prescription	3
PTH 5013 Psychosocial	3 PTH 5593 Neuroscience PT	3 PTH 5423 Ther Ex	3 PTH 5233 MS Found	3
PTH 5047 Human Anatomy	7	PTH 5093 PT Science	3 PTH 6022 THC	2
PTH 5066 Clinical Kinesiology	6	PTH 6273 Integumentary	3 PTH 6082 Human Life Seq	2
PTH 5481 Christian App I	1	PTH 5611 Pro Dev Sem 1	1	
PTH 5631 ICE I	1	PTH 5103 Modalities	3	
		PTH 5403 Phys Assess	3	
		PTH 5641 ICE II	1	
Totals	20	4	20	10

Year 2

PTH 6245 MS I	5 PTH 6332 Administration	2 PTH 6255 MS II	5 PTH 7283 Cardio PT	3
PTH 6263 Prosthetics / Orthotics	3 PTH 5412 Diagnostic Im	2 PTH 7316 Neuro 2	6 PTH 7353 Geriatric PT	3
PTH 6472 Pathology 1	2	PTH 6603 Pathology II	3 PTH 7343 Pediatric PT	3
PTH 6501 Christian App II	1	PTH 6621 Pro Dev Sem 2	1 PTH 7362 Capstone	2
PTH 6326 Neuro I	6	PTH 6583 Health Promotion	3	
PTH 5382 Pharmacology	2	PTH 5151 Clinical Inv I	1	
PTH 6651 ICE III	1	PTH 6671 ICE IV	1	
Totals	20	4	20	11

Year 3

PTH 7158 CE I (8 weeks)	8 PTH 7459 CE III (9 weeks)	9		
PTH 7458 CE II (8 weeks)	8 PTH 7469 CE IV (9 weeks)	9		
Elective*	0			
Totals	16	18	Total Credit Hours (w/o elect)	143



1 FINISH FLOOR PLAN

FINISH FLOOR PLAN

A/E PROJ. NO: **10.503.00** DATE: **9/12/11**



WARREN B. DAVIS FAMILY PHYSICAL THERAPY CENTER
 2103 S. SPRINGFIELD AVE., BOLIVAR, MISSOURI 65613
SOUTHWEST BAPTIST UNIVERSITY
 1600 UNIVERSITY, BOLIVAR, MISSOURI 65613



ARCHITECTS ENGINEERS
 300 SOUTH JEFFERSON AVE. / SUITE 301
 SPRINGFIELD, MISSOURI
 PHONE 417-869-0715 FAX 417-869-3044

CERTIFICATE OF AUTHORITY
 ARCHITECTURE 000354
 ENGINEERING 000657

A1

SOUTHWEST BAPTIST UNIVERSITY

Doctor of Physical Therapy 2019-20 CALENDAR (Current as of 3.20.19 subject to change)

FALL SEMESTER 2019		
August	2	Summer "B" Ends for DPT 2 (Class of 2021)
	9	Summer "B" Ends for DPT 3 (Class of 2020)
	15-16	SBU DPT Orientation (Class of 2022)
	19	Fall Classes Start for DPT 1, 2 (Classes of 2021, 2022)
	19	Clinical Education I Starts (Class of 2020)
	21	Formal Convocation - 10:00 a.m.
September	2	Labor Day - No Classes
	TBA	Midwest Student Conclave, KU Medical Center, KC, KS
	TBA	Scoliosis Screenings @ BMS TBA (DPT 2)
	TBA	Scoliosis Screenings @ BIS 8:00 TBA (DPT 2)
	TBA	Scoliosis Screenings, Springfield Homes School Network
October	11 / 14	Clinical Education I Ends / Starts (Class of 2020)
	31-NOV 2	APTA National Student Conclave – Albuquerque, NM
	TBA	Scoliosis Screenings @ Morrisville, TBA
	TBA	MPTA Fall Conference – TBA
November	23 – DEC 1	Thanksgiving Break (classes resume DEC 2)
December	6	Clinical Education II Ends (Class of 2020)
	7	Scholars Day for HSEA Candidates
	11	CHRISTmas Sliders! Davis Lobby 11:30 am – 1:30 pm
	10 - 13	DPT 1 & 2 Final Examinations
	14	CHRISTmas Break (Ends on January 2, 2020)
WINTERFEST SEMESTER 2020		
January	3	Winterfest Classes Start for DPT 1, 2 (Classes of 2021, 2022)
	6	Clinical Education III & IV Starts (Class of 2020)
	20	MLK Day of Service (Class of 2021)
	21	Winterfest Classes End for DPT 1, 2 (Classes of 2021, 2022)
SPRING SEMESTER 2020		
	22	Spring Classes Start for DPT 1, 2 (Classes of 2021, 2022)
February	1	Scholars Day for HSEA Candidates
	1	Deadline for "Pre-Completion" Verifications to Dr. Lesh (DPT 3, Class of 2020)
	10	Graduate Student deadline for May Intent to Graduate Cards (DPT 3)
	12 - 15	APTA Combined Sections Meeting – Denver, CO
March	1	DPT 1, 2 & 3 Portfolios Due (as directed by Advisors)
	14 - 22	Spring Vacation for DPT 1, 2 (Classes of 2021, 2022) (classes resume MAR 23)
April	10	Good Friday, No Classes for DPT 1, 2 (Classes of 2021, 2022)
	TBA	MPTA Spring Conference, TBA
May	8	Clinical Education III & IV Ends (Class of 2020)
	11-12	(tentative) TherapyEd Board Review Prep Course, Bolivar, MO (for DPT 3)
	11-15	DPT 1 & 2 Final Examinations / DPT 3 Clin Ed & Program Debriefing
	13	Finals Week Job Fair – Warren B. Davis Family Physical Therapy Center
	15	DPT 3 Graduate Reception: Intramural Gym 12:00 p.m.
	16	Commencement: Meyer Wellness Center 3:00 p.m.
SUMMER SEMESTER 2020		
May	26	(tentative) Summer "A" Starts for DPT 2, 3 (Class of 2021, 2022)
June	4 - 7	APTA National Meeting – Phoenix, AR
	26	(tentative) Summer "A" Ends for DPT 2, 3 (Class of 2021, 2022)
	29 – JUL 3	4 th of July, No Classes
July	6	(tentative) Summer "B" Starts for DPT 2, 3 (Class of 2021, 2022)
	31	(tentative) Summer "B" Ends for DPT 2 (Class of 2022)
August	7	(tentative) Summer "B" Ends for DPT 3 (Class of 2021)
	13-14	(tentative) DPT 1 Orientation (Class of 2023)
	17	(tentative) DPT 1, 2 Fall Classes Start (Class of 2022, 2023)
	17	Clinical Education I Starts DPT 3 (Class of 2021)

General Program Information (Not specifically covered in policy):

Copy and Fax Services

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

University Library – pay per use machines

Davis Physical Therapy Center – account based drop off service*

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

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

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

Computer Services

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

Printing

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

Phone

No pay phone for student personal use is located in the Davis Center. Phone calls related to clinical education may be made from the clinical education office with permission of Academic Coordinator of Clinical Education (ACCE) or secretary. Long distance clinical education calls must be made using your own calling card or cell phone. Emergency messages only may be left with the administrative assistant at 417.328.1672. The staff is not responsible for your personal messages. The phones in the computer lab, classrooms, and labs are available for emergency calls to security or to computer services as needed. Please dial “9” to secure and outside line.



Southwest Baptist UNIVERSITY

Department 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)

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, Department 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 psychosocial impact of body function and structure impairments, activity limitations and participation restrictions; and integrate the needs of the patient and family into the plan of care, including education.

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

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

III. Reasonable Accommodation

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

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

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



Southwest Baptist UNIVERSITY

Department of Physical Therapy

Professional Behavior Definitions*

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 S06-09-07-12 [Amended 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/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

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

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

Principles

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

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

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

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

- 2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

(Core Value: Integrity)

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

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

(Core Values: Professional Duty, Accountability)

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

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

(Core Value: Excellence)

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

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.



(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.



 Department of Physical Therapy Policy & Procedure	Title: Academic Advisement	Date Effective: 04.05.13	Date Replaces: 01.01.96	Policy Number: 01-03	Page: 1 of 1
	Approval Signatures & Date: Department Chair:  04.05.13				

PURPOSE: Each student will have an academic advisor who will act as a mentor to assist the student's progression through the Physical Therapy Program.

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

PROCEDURE:

Responsibility	Action
Department Chair	1.1 Assign students to a faculty advisor just prior to their initial registration. 1.2 Notify faculty and students of their advisee/advisor.
Faculty	2.1 Schedule an initial meeting with each advisee and meet periodically thereafter. 2.2 Communicate availability of office hours to students 2.3 Review grade reports of advisees and discuss with advisee as needed. 2.4 Meet with students having difficulty or on probation and assist in finding tutors or other campus resources. 2.5 Advise students regarding curriculum and graduation requirements. 2.6 Act as a role model for professional and Christian behavior. 2.7 Write letters of reference as may be needed. 2.8 Encourage participation in APTA or other professional functions.
Student	3.1 Meet with advisor/mentor at scheduled times. 3.2 Notify advisor ahead of time if unable to meet scheduled time. 3.3 Actively participate in identification of needs and concerns. 3.4 Implement remediation or other plans as discussed with advisor.

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Lab Assistant / Faculty Associate	Date Effective: 04.30.09	Date Replaces: 06.01.07	Policy Number: 01-05	Page: 1 of 1
	Approval Signatures & Department Chair:				Date: 04.30.09

PURPOSE: Clearly define the job expectations and guidelines for the Physical Therapy Department Lab Assistant Position

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

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

PROCEDURE:

1.0 Education:



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

2.0 Work Experience:

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

3.0 Duties:

- 3.1 Teach courses or perform laboratory / classroom duties as assigned.
- 3.2 Comply with university guidelines regarding faculty associate duties and requirements.
- 3.3 Ensure that the mission of the University is incorporated into courses and activities under the faculty associate member’s direction.
- 3.4 Comply with confidentiality expectations regarding sensitive university data and materials.
- 3.5 Willingness to work weekends and evenings.

 Southwest Baptist UNIVERSITY Department of Physical Therapy Policy & Procedure	Title: PT Review Committee	Date Effective: 05.31.19	Date Replaces: 12.07.18	Policy Number: 03-01	Page: 1 of 2
	Approval Signatures & Date: Department Chair:  05.31.19				

PURPOSE: To establish a Physical Therapy Review committee for determining disciplinary or remedial action for students not meeting requirements or standards.

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

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



PROCEDURE:

Responsibility Action

- | | |
|-----------------|--|
| 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. |
| 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 ACCE) faculty members. |
| Faculty | 3.1 Participate on the review committee as elected.
3.2 Notify committee chair of students having problems needing action by review committee. |

Policy 03-01, Page 2 of 2

- | | |
|------------------|--|
| Review Committee | 4.1 Deliberate disciplinary concerns and other student problems.
4.2 Recommend student remediation plans and disciplinary actions including dismissal when necessary.
4.3 Include student in planning for remediation.
4.4 Notify, and involve as needed, the Dean of Students when disciplinary concern relates to misconduct as identified in the SBU graduate catalog and/or SBU student handbook. |
| 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 |
| Advisor/Mentor | 6.1 Monitor and report to the review committee the student's progress in the remediation plan. |

 Department of Physical Therapy Policy & Procedure	Title: Employment Advertising	Date Effective: 07.01.05	Date Replaces: 02.03.00	Policy Number: 03-02	Page: 1 of 1
	Approval Signatures & Date: Department Chair:  07.01.05				

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:

Responsibility


Action

Administrative Assistant

- 1.1 Collect and post recruitment materials so students and alumni may review at their will.
- 1.2 Give information regarding our policy to recruiters and employers when they call.

Director

- 2.1 Collect and post recruitment materials so students and alumni may review at their will.
- 2.2 Give information regarding our policy to recruiters and employers when they call.

 <p>Southwest Baptist University</p> <p>Physical Therapy Department</p> <p>Policy & Procedure</p>	Title: Patient/client Participation in Class	Date Effective: 11-1-02	Date Replaces: 1-1-96	Policy Number: 03-03	Page 1 of 2
	Approval signatures & Date Department Chair: <i>Dorothy E. Hask 10-11-02</i>				

PURPOSE:

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

POLICY:

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

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

Faculty and students will:

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

PROCEDURE:

Responsibility



Action

Faculty

- 1.1 Prepare additional comments on the Department Informed Consent Form or use appropriate clinical facility form as a substitute to meet the needs of the specific educational experience and clinical site.
- 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 Review and oversee safety, confidentiality, and respect issues with students prior to session.
- 1.6 File consent forms in faculty office with original to clinical facility when appropriate.

Students

- 2.1 Keep strictly confidential all information learned about the participant patient/client sharing only in legitimate class discussions and written reports.
- 2.2 Use only initials or fictitious name when discussing the patient/client in class activities or written assignments.
- 2.3 Explain purpose and procedures in a respectful and appropriate manner to patient/client.
- 2.4 Use universal precautions at all times in interactions with patient/client.
- 2.5 Clean and handle the disposal of any equipment or supplies used with patient/client in the classroom according to recommended procedures.

 Department of Physical Therapy Policy & Procedure	Title: Policy Review	Date Effective: 08.01.06	Date Replaces: 10.01.05	Policy Number: 03-04	Page: 1 of 1
	Approval Signatures & Date: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Department Chair: </div> <div style="text-align: center;"> 08.01.06 </div> </div>				

POLICY: Policies will be reviewed at least every two years to ensure that they are current and appropriate to all persons concerned.

PROCEDURE:

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



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

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

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

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

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

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Safety Procedures	Date Effective: 07.15.14	Date Replaces: 06.01.05	Policy Number: 03-05	Page: 1 of 4
	<p>Approval Signatures & Date:</p> <p>Department Chair:  07.15.14</p>				

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 encourage to enroll in this service and select at least the DPT option so you can receive urgent updates related to the program and the Davis Center. For more information, please see <http://www.sbuniv.edu/safety/SBUAlert/>

The current SBU Emergency Procedures Guide (<http://www.sbuniv.edu/safety/>) contains procedures related to:

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

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

Infection Control Procedure:

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

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

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General Information

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

Communication Plan

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

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

Equipment Safety Procedure:

Faculty

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

Adm. Assist.

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


First Aid and AED: Two first aid kits for minor injury are available in marked cabinets (anatomy lab, faculty offices). AED is stored and maintained in central common area of Davis building. More severe injuries will be referred for EMS response and/or physician care.

Gross Anatomy Lab Specific Safety Procedures:

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

Lab clean-up: Daily (after each lab session)

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

 <p>Southwest Baptist University</p> <p>Physical Therapy Department</p> <p>Policy & Procedure</p>	Title: External Complaints	Date Effective: 01-12-98	Date Replaces: NA	Policy Number: 03-07	Page 1 of 1
	Approval signatures & Date Department Chair: <u>D. Hask</u> 1-12-98 Dean: <u>Rosalyn K Snellan</u> 1-14-98				

PURPOSE:

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

POLICY:

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

PROCEDURE:

Responsibility

Action

- | | |
|----------------------------|--|
| Person receiving complaint | <ol style="list-style-type: none"> 1. Determine who has authority to resolve complaint. <ol style="list-style-type: none"> 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. 2. Notify the Program Director in writing on the external complaint form. |
|----------------------------|--|



Faculty/Staff

1. Attempt to resolve complaints immediately and satisfactorily to both parties if the nature of the complaint is within the realm of authority of the individual.
2. When requested, or if the concern involves accreditation, give the complainant the name and address of CAPTE.
3. Notify the Program Director in writing on the external complaint form.

External Complaints	Policy #03-07	Date: 01-12-98	Page 2
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Program Director

1. Attempt to resolve complaints immediately and satisfactorily to both parties.
2. When requested, or if the concern involves accreditation, give the complainant the name and address of CAPTE.
3. Notify the Dean of any serious complaints as soon as possible.
4. Keep a record of all complaints and any follow up.
5. Annually report complaints and their disposition to the Dean.

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Student Files	Date Effective: 03.15.13	Date Replaces: 12.01.02	Policy Number: 03-08	Page: 1 of 2
	<p>Approval Signatures & Date:</p> <p>Department Chair:  03/15/2013</p>				

PURPOSE: All student files will be kept in a uniform manner which protects the rights and confidentiality of the individual.

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

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

All related paperwork must be stored in the appropriate folder.

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

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

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

PROCEDURE:

Responsibility

Action

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 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).

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Clinical Education Secretary

- 2.1 Maintain and monitor clinical education files.
- 2.2 Post Graduation, forward clinical education files to Administrative Assistant for processing.
- 2.3 Notify student and appropriate stakeholders that elements from file may be missing (e.g. immunization records).

Admission Coordinator

- 3.1 Oversee the application files.

ACCE



- 4.1 Oversee the clinical education files.

Faculty

- 5.1 Document individual student sessions and discussions and file accordingly in the student's advisee file.

Program Director

- 5.1 Oversee the student file process.
- 5.2 Respond according to established protocol to FERPA requests

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Donation Funds	Date Effective: 09.26.17	Date Replaces: 04.07.17	Policy Number: 03-09	Page: 1 of 1
	<p>Approval Signatures & Date:</p> <p>Department Chair:  04.07.17</p>				

PURPOSE: Clarify the establishment and supervision of donation funds dedicated to the department of physical therapy.

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

DEFINITION:

A) Donor advised fund includes funds in which either or both of the following two attributes exist: 1) A donor or donor group has or reasonably expects to have controlling advisory privileges with respect to the investment of amounts held in such fund or account by reason of the status of being a donor. 2) A donor or donor group has or reasonably expects to have the controlling advisory privileges with respect to the selection of distribution of funds.

B) Donations accepted for global health outreach (GHO) and/or mission based service trips do not meet the standard of donor advised funds as per SBU CFO. SBU DPT will accept and keep donated funds for the purpose of GHO earmarked for specific individuals. If the monies are not used in 3 calendar years from point of donation, those monies will no longer be earmarked for a specific individual. The non-earmarked funds will remain specifically to support the general budget within the context of GHO.

PROCEDURE:

Responsibility

Action

1) Department Chair

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

2) Faculty & Staff Member

- 2.1 Oversee fund if appointed
- 2.2 Recuse self from any decision making point of distribution of funds if member has made donations to fund



Southwest Baptist University Department of Physical Therapy

Established Funds
Updated 09.26.17

1) Bill Karl Emergency Fund

Date Established: May 14, 1998

Fund Overseer: Tom Sneed

Account Number: 3-7045-3900-01

Purpose of Fund: To provide emergency financial assistance to physical therapy professional students

Fund Disbursement: Faculty Committee after application submitted by student

Recused: Many donors not directly affiliated with University including Gary Hunt. Names on file.

2) Sports Physical Therapy Scholarship

Date Established: April 21, 2005

Fund Overseer: Julie Mpofu

Account Number: 3-7646-4430-01 (endowment gifts)

Purpose of Fund: Establish a scholarship fund that shall be awarded to one or more worthy students preparing to be doctors of physical therapy at Southwest Baptist University with a specialization or demonstrated interest in sports physical therapy. Fund Disbursement: The selection of the scholarship recipient(s) will be based upon recommendations from department of physical therapy core faculty to the University Scholarship Committee.

Recused: Steven G. Lesh, Diana B. Lesh

3) Physical Therapy Mission Support Fund

Date Established: November 3, 2009

Fund Overseer: Steven G. Lesh

Account Number: 3-3592-4430-53

Account Number: 6-3594-4430-01 (updated 02.13.17. Wording for such donations should include: "I request that my gift to the Physical Therapy Mission Support fund be used as endowment to benefit future Physical Therapy Department mission efforts" "I understand that my gift to the Physical Therapy Mission Support fund may be used as endowment to benefit future Physical Therapy Department mission efforts.")

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

Fund Disbursement: These funds are to be distributed in direct support of the mission of the department and the university in supporting evangelical and health related mission trips. The funds will not be distributed as scholarship funds but rather as direct expense related. Funds collected may be directed to a specific individual for this specific purpose, however, funds not utilized for this specific purpose by the individual or gathered in excess of actual need will be retained in the fund for either current or future said purpose. Donors who insist on non utilized funds being returned will be issued a negative donations letter as appropriate.

Recused: N/A as per Ron Maupin as this fund does not meet the definition of a donor directed fund.

**The Bill Karl Physical Therapy Student Emergency Loan Fund
Southwest Baptist University Department of Physical Therapy**

(updated 10.01.13)

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

Procedures:

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

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

In order not to cause any undue stress to the student, an agreement on repaying the loan will be mutually agreed upon by the student and the committee. Every effort will be made to assist the student both in awarding the loan and in arranging a reasonable and appropriate repayment schedule.

Sports Physical Therapy Scholarship Fund
Southwest Baptist University Department of Physical Therapy

(updated 04.02.12)

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

Procedures:

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



Physical Therapy Mission Support Fund
Southwest Baptist University Department of Physical Therapy

(updated 10.01.13)

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

Procedures:

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

 Department of Physical Therapy Policy & Procedure	Title: Cleaning and Storage of Donated Supplies and Equipment	Date Effective: 11.06.15	Date Replaces: N/A	Policy Number: 03-10	Page: 1 of 1
	Approval Signatures & Date: Department Chair:  11/06/2015				

PURPOSE: To establish a framework of operations for the receipt, cleaning, and proper storage of donated equipment.

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



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

PROCEDURE:

Responsibility

Action

- | | |
|----------------------------------|---|
| 1) Physical Plant Personnel | 1.1 Verify that each of the following areas are available and have an appropriate climate for its specific purpose: <ol style="list-style-type: none"> 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) Department Personnel/Students | 3.1 Adhere to the following protocol for receipt, cleaning, and storage of donated items: <ol style="list-style-type: none"> 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). |

 <p>Southwest Baptist UNIVERSITY</p> <p>Department of Physical Therapy Policy & Procedure</p>	Title: General Student Responsibilities	Date Effective: 19-0416	Date Replaces: 04.27.15	Policy Number: 04-01	Page: 1 of 3
	<p>Approval Signatures & Date:</p> <p>Department Chair:  04.16.19</p>				

PURPOSE: To clarify the general roles and responsibilities of physical therapy students.

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

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

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

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

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

F) Students are required to pay the SBU Health fee for use of the Student Health Service.

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 Department, the University, the profession, and the Lord and present themselves accordingly.

I) Students are required to meet and/or exceed Professional Behaviors as defined in the handbooks. Students are required to accept the APTA Code of Ethics and the SBU Principles and Expectations as defined in the SBU catalog in directing their behavior.

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J) It is recommended that students do not work full time while enrolled in the graduate physical therapy program; however, any student who is employed must not let this interfere with progress in the program. Deference to any individual student's work schedule will not be used as a consideration for scheduling of events within the Department of Physical Therapy.

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

L) All classrooms, labs and common areas should be presentable and professional at all times. Students are responsible for both their individual and collective cleanliness. The Department is not responsible for personal items left in the building. The policy of the department is that if it is left out, it will be 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 damages equipment should be removed from use immediately in concert with reporting to the building coordinator in order to promote a safe learning environment and facilitate proper repair or replacement of broken equipment.

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

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

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

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

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

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

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



T) Individual lockers and combination locks will be assigned at orientation. Lockers are housed in the community area hallway of the Davis Center. Locks are the property of SBU and are to be returned at

the end of the second year of the curriculum. Students are expected to remove all personal items before they leave campus to attend their clinical education experiences. Any items left in the lockers will be discarded.

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

PROCEDURE:

Responsibility	Action
Department Chair	1.1 Provide each student a copy of the PT Student Handbook(s) and have them sign the acknowledgement form 1.2 Orient students to the policies and procedures
ACCE	2.1 Orient students to policies and procedures for clinical education. 2.2 Provide information on possible avenues to secure necessary elements to meet SBU and clinical education requirements
Student	3.1 Read the PT Student Handbook(s) and pertinent sections of the SBU catalog and sign acknowledgement form 3.2 Follow general student responsibilities as outlined

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Dress Code	Date Effective: 01.02.17	Date Replaces: 08.10.12	Policy Number: 04-02	Page: 1 of 2
	<p>Approval Signatures & Date:</p> <p>Department Chair:  01.02.17</p>				

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.

Policy 04-02, Page 2 of 2

-Other specific requirements for lab attire may be stated in the course syllabus.

Classroom Attire:

Comfortable attire that allows students to fully participate in the classroom environment is encouraged with the following guidelines:

Sports bras and tight fitting athletic or fashion wear (tops and bottoms) are not appropriate for the classroom unless modestly covered (buttocks, torso and cleavage should be covered)

Torsos must be covered (low cut or large armhole tank tops or spaghetti straps are not acceptable)

Pajamas or sleepwear is not acceptable

Clinic Attire:

Dress slacks or khakis - no capris, cropped pants, jeans, or shorts

Dress shirt or Polo - no T-shirts, muscle shirts or tank tops

Blouses or shirts should be modest cut

Shoes (with socks), closed toe with less than 1" heel, no sandals, not distracting in style or color

White lab coat may be required for off-site facilities and clinical education experiences.

Professional Attire:

Clinic attire is acceptable for professional attire, but may also include the following:

Dresses or skirts for women: modest in length and fit (i.e. no shorter than mid-thigh)

Coats and/or ties

Shoes: dress shoes, heels or sandals

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

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

PROCEDURE:

Responsibility

Department Chair

Action

1.1 Ensure the policy is in the student handbook

1.2 Discuss with students in orientation to the program

Faculty

2.1 Reinforce dress code policy with students

ACCE

3.1 Discuss and reinforce dress code policy with students

3.2 Determine exceptions to dress code based on clinical facility contracts as they arise



3.3 Work with students during clinical education experiences to assist them in adhering to policy

Student

4.1 Follow code

4.2 Determine dress code requirements through CSIF and preparatory phone call to clinical facility

4.3 Bring any discrepancies in dress code policies of clinical facility and SBU to the ACCE prior to the clinical education experience for approval

 Southwest Baptist UNIVERSITY Department of Physical Therapy Policy & Procedure	Title: Attendance	Date Effective: 04.08.19	Date Replaces: 11.18.13	Policy Number: 04.03	Page: 1 of 3
	Approval Signatures & Date: Department Chair:  04.08.19				

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 department 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.

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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. **Jan term and 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:

Responsibility

Student

Action


- 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).

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 Department when unplanned absence from classroom is unavoidable
 - 2.5.1 Contact program director and/or administrative assistant
 - 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

Faculty Advisor

- 3.1 Discuss concerns of excessive absences with the student and assist as necessary

 <p>Southwest Baptist UNIVERSITY</p> <p>Department of Physical Therapy Policy & Procedure</p>	Title: Student Evaluation and Matriculation	Date Effective: 12.07.18	Date Replaces: 12.02.16	Policy Number: 04-04	Page: 1 of 3
	<p>Approval Signatures & Date:</p> <p>Department Chair:  12.07.18</p>				

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).

Policy 04-04, Page 2 of 3

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:

Responsibility

Action

Student

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

Faculty

- 2.1 Include grading procedures and course requirements 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

Policy 04-04, Page 3 of 3

PT Review Committee

3.1 Evaluate readiness of students not meeting requirements for specific courses, examinations, portfolios and/or overall GPA for matriculation within the curriculum

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 Department of Physical Therapy Policy & Procedure	Title: Dismissal	Date Effective: 18-1207	Date Replaces: 17-0801	Policy Number: 04-05	Page: 1 of 2
	Approval Signatures & Date: Department Chair:  12.07.18				

PURPOSE: Dismissal from the Physical Therapy Program is a serious decision made by the Physical Therapy Review Committee with approval of the Department Chairperson to ensure that the individual student's rights are protected and that each graduate will be prepared to practice physical therapy consistent with the Program's mission. The Dean of Students must be notified and involved as needed for any disciplinary actions related to misconduct as defined in SBU Student Handbook and/or 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 Department Chairperson with appropriate input from the Dean of Students. Students may be dismissed from the program based on the following:

1. A final grade of "F" in any required course prior to PTH 7362 Capstone.
2. A GPA of less than 3.00 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 ACCE or Physical Therapy Review Committee.
5. Cheating or plagiarism.
6. Any misconduct listed in the SBU Student Handbook as serious offenses (class C).
7. Serious or repeated breach 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 Department Chair for further action.

PROCEDURE:

Responsibility

Faculty

Action

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 Department Chair for action

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 Department Chairperson

2.3 Notify and consult with the Dean of Students as needed

2.4 Notify the student by certified letter of the decision after it is signed by Chair of Committee and Department Chairperson

Department Chair

3.1 Review the dismissal decision and:



3.1.1 approve and sign, or;

3.1.2 veto decision and meet with review committee to discuss rationale for veto

3.2 If dismissal is decision, notify student in writing of rights to appeal

Student

4.1 Accept or appeal decision through appropriate channels as described in the SBU Student Handbook and/or Catalog

 Department of Physical Therapy Policy & Procedure	Title: Appeals	Date Effective: 08.01.15	Date Replaces: 08.01.05	Policy Number: 04-06	Page: 1 of 2
	Approval Signatures & Date: <div style="text-align: center;">  Department Chair: _____ 08.01.15 </div>				

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

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



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

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

1. The student must submit a written statement to the Physical Therapy Review Committee via the Physical Therapy Department Chair requesting an opportunity to explain his/her case to the Physical Therapy Review Committee within ten working (10) days of notification of their standing in the Physical Therapy Program. The letter should include:
 - a. His/her intentions to improve an unsatisfactory GPA and/or performance (please note that all grade related appeals should follow university policy first; if the action that the student is appealing is due to a failing grade, the 10 working day window of appeal will begin after final notice that the university policy has been exhausted).
 - b. An explanation as to why he/she was unable to satisfactorily maintain an acceptable GPA, professional standards, or program expectations.
 - c. His/her plan of action to resolve the academic difficulty.
2. The Physical Therapy Department Chair may request additional written materials of the specific student and other involved parties if deemed appropriate.
3. The Physical Therapy Department Chair will schedule a meeting with the Physical Therapy Review Committee within twenty working (20) days of receiving the student's written request. Copies of all pertinent materials will be dispersed to the Committee members at the time of the meeting.
4. The Committee may interview students, faculty, or other individuals, if it is deemed necessary.

Policy 04-06, Page 2 of 2

5. After a review of the material, and opportunity for questions, the Committee will hold a closed deliberation. The case will be judged on its merits and a recommendation reached by simple majority vote.
6. The Committee will render its recommendation in writing, including the supporting rationale, and will submit this recommendation to the Physical Therapy Department Chair.
7. The final decision will then be made known to the student by the Physical Therapy Department Chair and a copy will be sent to the Dean of the College of Science and Mathematics.
8. Students wishing to appeal to the Office of the Provost should follow the procedure stated in the SBU graduate catalog.

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Complaint and Concerns	Date Effective: 08.01.11	Date Replaces: 12.08.97	Policy Number: 04-07	Page: 1 of 2
	<p>Approval Signatures & Date:</p> <p>Department Chair:  08/01/2011</p>				

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

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

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

PROCEDURE:
Responsibility

Action

Student

- 1.1 Brings a personal concern involving a teacher or course, that does not involve the whole class, directly to that faculty member
 - 1.1.1 If the aforementioned matter is not resolved directly with the faculty member, a written appeal should be directed to the Program Director
 - 1.1.2 If the aforementioned matter is not resolved by the Program Director, a written appeal should be directed to the Dean of the College of Science and Mathematics
 - 1.1.3 If the aforementioned matter is not resolved by the Dean of the College of Science and Mathematics, a written appeal should be directed to the Provost (this is final level of appeal)
- 1.2 Brings concerns involving the class as a whole to the class representatives

Student Representatives

- 2.1. Gather comments, issues or concerns brought by individual students that might involve the whole class to the entire class for discussion and recommendation

Policy 04-07, Page 2 of 2

- 2.2 After class consultation, direct the collective class concerns and recommendations to the appropriate point in the chain of command
 - 2.2.1 to faculty member for resolution when the matter involves a specific course or instructor
 - 2.2.2 to class coordinator for resolution when the matter involves the department or curriculum
- 2.3 Document and report the results of communication back to the entire class
- 2.4 Filter issues and concerns that may not be relative to the entire class and direct the student(s) to the appropriate point in the chain of command
 - 2.4.1 to faculty member for resolution when the matter involves a specific course or instructor
 - 2.4.2 to class coordinator for resolution when the matter involves the department or curriculum

Faculty

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

Coordinator(s)

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

Program Director



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

Dean

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

Provost

- 6.1 Reviews written documentation for unresolved complaints and meets with individuals as needed
- 6.2 Makes final decision

 Department of Physical Therapy Policy & Procedure	Title: Essential Functions and Technical Standards	Date Effective: 12.04.15	Date Replaces: 07.01.05	Policy Number: 04-08	Page: 1 of 2
	Approval Signatures & Date: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> Department Chair:  </div> <div style="text-align: right;"> 12/04/2015 </div> </div>				

PURPOSE: To meet the mission of the physical therapy program at Southwest Baptist University, enrolled students must be able to complete the academic and clinical education components of the program. This policy and accompanying Technical Standards and Essential Functions document, identifies the requirements and process to request a reasonable accommodation for an individual with a disability.

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

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

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



Requests for accommodation from accepted applicants will be reviewed by the Chair in concert with the ADA Compliance Officer as needed. Applicants will be notified prior to enrollment if the University is able to make the requested accommodation. Students already enrolled will be notified as soon as possible. The provision of reasonable accommodation throughout the curriculum and including clinical rotations, may require advanced planning on the part of the university. Declaring a disability later in the curriculum could delay graduation if meeting the established accommodations cannot be obtained in the desired timeline.

Policy 04-08, Page 2 of 2

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:

Responsibility	Action
Administrative Assistant	<ol style="list-style-type: none">1.1 Include a copy of the SBU DPT Program Technical Standards and Essential Functions as part of the admissions packet1.2 Send the Disclosure of Disability Form to accepted students1.3 File a copy of the Disclosure of Disability form in the student's file when returned1.4 Forward documentation to Director of PT
Director of Physical Therapy	<ol style="list-style-type: none">2.1 Oversee the process2.2 Orient the applicants to the Standards and Essential Functions and briefly describe process2.3 Consult with the ADA Compliance Officer when a student returns Disclosure of Disability form requesting accommodation as needed2.4 Schedule an appropriate meeting time with student to discuss accommodation request2.5 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 program2.6 Document decisions regarding recommendations and decisions2.7 Notify the student and other relevant parties of decision
Applicants	<ol style="list-style-type: none">3.1 Return the Disclosure of Disability Form and necessary documentation one month prior to start of program
ADA Compliance Officer	<ol style="list-style-type: none">4.1 As needed, work with the PT Director to determine if required documentation is adequate4.2 As needed, work with PT Director and faculty to determine if requested accommodation is reasonable4.3 As needed, make recommendations for accommodation



 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: DPT Graduation Reception	Date Effective: 06.08.10	Date Replaces: 08.01.05	Policy Number: 04-09	Page: 1 of 1
	<p>Approval Signatures & Date:</p> <p style="text-align: center;">  Department Chair: _____ 06/08/2010 </p>				

PURPOSE: The purpose of this policy is to establish guidelines for the DPT Graduation Reception for the graduating class. The DPT Graduation Reception is a University function to celebrate the completion of the physical therapy program and is designed to honor the graduates and glorify the Lord.

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

General Guidelines are as follows:

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

 <p>Southwest Baptist UNIVERSITY</p> <p>Department of Physical Therapy Policy & Procedure</p>	Title: Academic / Non Academic Probation	Date Effective: 12.07.18	Date Replaces: 11.04.16	Policy Number: 04-10	Page: 1 of 2
	<p>Approval Signatures & Date:</p> <p>Department Chair:  12.07.18</p>				

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:

Responsibility

Faculty

Action

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 Department Chair for action

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 Department Chairperson

2.3 Notify and consult with the Dean of Students as needed



2.4 Discuss and document probation status with student

Department Chair

3.1 Confer with PT Review Committee as needed

Student

4.1 Accept or appeal decision through appropriate channels as described in the SBU Student Handbook and/or SBU Graduate Catalog

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Alcohol and Drug Misuse and/or Abuse	Date Effective: 08.01.17	Date Replaces: 08.15.04	Policy Number: 04-11	Page: 1 of 2
	<p>Approval Signatures & Date:</p> <p>Department Chair:  08.01.17</p>				

PURPOSE: Physical therapists and physical therapist students must conduct patient care activities safely and in control of the manual skill, mental faculties, and judgment. Lack of such control (impairment) may be related to misuse or abuse of chemical substances (alcohol or drugs). The purpose of this policy is to define the policy and procedures for identification of individuals who may be impaired secondary to substance abuse.

POLICY:

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


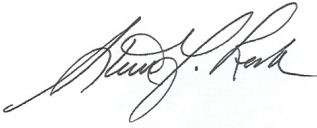
During clinical education and/or integrated clinical experiences (ICE), students are subject to the policies and procedures of the external clinical site and the student may be removed immediately from that site at the discretion of the clinical coordinator (CCCE) and/or ICE supervisor. Students removed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

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

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



PROCEDURE:

<u>Responsibility</u>	<u>Action</u>
Faculty/CCCE/Clinical Faculty	<ol style="list-style-type: none">1.1 Discuss the concern with the student and inform him/her that a report is being made to the Department Chair.1.2 Notify the Department Chair in writing of any student whose conduct or performance is indicative of a violation of the alcohol and drug abuse policy.1.3 Immediately remove any student whose behavior is disruptive to the learning environment and refer to the Department Chair and/or SBU Safety and Security for action.
Department Chair	<ol style="list-style-type: none">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.
Student	<ol style="list-style-type: none">3.1 Follow the SBU Alcohol and Drug Abuse Policy.3.2 Report to Dean of Students 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 Dean of Students and/or a Clinical Education Affiliation.

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Awards and Scholarships	Date Effective: 06.08.10	Date Replaces: N/A	Policy Number: 04-12	Page: 1 of 1
	<p>Approval Signatures & Date:</p> <p>Department Chair:  06/08/2010</p>				

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.

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Digital Media	Date Effective: 12.03.10	Date Replaces: N/A	Policy Number: 04-13	Page: 1 of 1
	<p>Approval Signatures & Date:</p> <p style="text-align: center;">  </p> <p>Department Chair: 12/03/2010</p>				

PURPOSE: Clarify the use, ownership and distribution of digital media of classroom and laboratory experiences.

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

DEFINITION: Digital media may include, but is not limited to powerpoints, digital images, digital videos, digital recordings and/or graphics. External Internet sources may include but not limited to sites like www.Youtube.com

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Social Media	Date Effective: 04.26.12	Date Replaces: N/A	Policy Number: 04-14	Page: 1 of 2
	<p>Approval Signatures & Date:</p> <p>Department Chair:  04/26/2012</p>				

PURPOSE: To provide operating guidelines to support the professional use of social media within the department of physical therapy by faculty, staff and students.

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

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

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

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

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

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

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

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

GUIDELINES: *What You Should Do?*

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

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2. Be respectful. Be professional. It is imperative to protect the institutional voice and values. Posts on social media sites should protect the university's institutional voice by remaining professional in tone and in good taste as well as adhering to the values of the university. Profile pictures and other visual elements on social media should reflect the utmost in professionalism and the values of the university.
3. Be authentic. When you post or comment in social media always state your name.
4. Be transparent. State that it is your opinion. Unless authorized to speak on behalf of the Department or University you must state that the views expressed are your own.
5. Be careful. Protect what personal information you share online. Protect confidential and proprietary information about the Department and the University. An individual should strive for accuracy. Ensure the facts are straight before posting them on social media. Review content for grammatical and spelling errors.
6. Be responsible. Avoid use of social media that distracts you from your task at hand. Personal use of social media, as with the personal use of cell phones, the Internet and email, should be reserved for non-classroom sessions with emergencies being the exception.
7. Ask for permission. Institutional representation via social media can only be authorized through the Department. Any sites or pages existing without prior authorization as required above will be subject to review when discovered and may be amended or removed.
8. Keep lines between personal and professional as clear as possible. Many social media were created in an attempt to perpetuate the culture of high school and undergraduate school. You are now in graduate school and working to become a professional. Stick to postings in public forms and groups. Avoid linking (e.g. "friending") SBU professors to private pages while you are a student.

What You Should Never Disclose?



1. Confidential SBU information: If you find yourself wondering whether you can talk about something you learned while at school, then don't.
2. Patient information: Do not talk about patients seen in the department or post patient information.
3. Personnel Information: Do not refer to your classmates in an abusive or harassing manner.
4. Materials that belong to someone else: When posting, be mindful of the copyright and intellectual property rights of others and of the department and/or university. Stick to posting your own creations. Do not share copyrighted publications, logos or other images that are trademarked. If you do use someone else's material, give them credit. In some cases you may also need their permission.
5. Conflicts of Interest. Do not use the name or images associated with SBU to promote a product, cause, or political party or candidate.

PROFESSIONAL EXPECTATIONS:

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

Materials adopted and modified from:

- 1) Ball State University Social Media Policy
(2009). http://cms.bsu.edu/About/AdministrativeOffices/UMC/WhatWeDo/Web/~media/DepartmentalContent/UMC/pdfs/BallState_SocialMediaPolicy.ashx
- 2) Ohio State University Medical Center Philosophy on Social Media
(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>

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Academic Integrity	Date Effective: 08.25.17	Date Replaces: 04.27.15	Policy Number: 04-15	Page: 1 of 2
	<p>Approval Signatures & Date:</p> <p>Department Chair:  08.25.17</p>				

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

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

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

- A) The department will utilize all available academic integrity tools (e.g. SafeAssign; Turnitin) and any others deemed necessary, to identify breeches of academic integrity.
- B) Students may not, at any time, copy or distribute either in hard copy or electronic copy format for either personal or group use any formal assessment tool or exam of the department. If a student is caught in possession of or distributing such a tool it will be considered a serious violation of the academic integrity policy.
- C) Students may not, at any time, utilize electronic devices (e.g. cell and/or smart phones, calculators, personal laptops, watches, or any other “smart” technological based products) during class or department examinations and assessments. If a student is caught using such a device it will be considered a serious violation of the academic integrity policy and possibly a violation of the SBU computer usage policies.
- D) Students may not, at any time, during computerized testing, open an unauthorized screen. If a student is caught doing so, it will be considered a serious violation of the academic integrity policy.
- E) Students may not, at any time, disclose or discuss any information related to assessment or the processes of assessment to anyone other than the instructors directly involved in the assessment.
- F) No hats of any sort may be worn that cover your face or eyes during testing in the department of physical therapy. If a student is wearing such a hat during testing, an automatic grade of zero will be given to the student and the student will be asked to leave the testing room immediately.
- G) The following academic integrity statement will be published in each syllabus for informational purposes:



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

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

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

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

- A score of “0” on the coursework in question.
- Lowering of the final course grade.
- Failure of the course.
- Referral to the PT review committee which may result in dismissal from the program.

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Student Leadership and Organizations	Date Effective: 08.01.11	Date Replaces: N/A	Policy Number: 04-16	Page: 1 of 2
	<p>Approval Signatures & Date:</p> <p>Department Chair:  08/01/2011</p>				

PURPOSE: To define the expectations and responsibilities of students in leadership positions within the department.

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

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

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

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

PROCEDURE:

- | | |
|------------------|--|
| Department Chair | <ul style="list-style-type: none"> 1.1 Appoint Faculty Advisor to student organization 1.2 Appoint members of the student leadership advisory committee to include, but not limited to: <ul style="list-style-type: none"> 1.2.1 Chair of Department 1.2.2 Student organization faculty advisor 1.2.3 Class coordinators 1.2.4 Class representatives 1.2.5 President of student organization 1.2.6 Other relevant members as deemed necessary 1.3 Convene regular planning meetings 1.4 Produce and publish meeting minutes (or delegate accordingly) |
| Faculty Advisor | <ul style="list-style-type: none"> 2.1 Directly supervise and advise student organization 2.2 Monitor effectiveness of policy implementation 2.3 Oversee financial obligations of organization |



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- 2.4 Report to and consult with Department Chair as needed
- 2.5 Attend and participate in planning meetings

- 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 Department Chair as needed
 - 3.5 Attend and participate in planning meetings
 - 3.6 Attend and supervise class meetings

- 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 department

- 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 department

 Department of Physical Therapy Policy & Procedure	Title: Official Communications	Date Effective: 02.22.13	Date Replaces: N/A	Policy Number: 04-17	Page: 1 of 1
	Approval Signatures & Date:  Department Chair: _____ 02/22/2013				

PURPOSE: To establish consistent and appropriate channels for official communications from the department to the student.

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

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

PROCEDURE:

Responsibility

Action

1) Administrative Assistant

1.1) Maintain student and alumni contact information (e.g. mailing address, phone numbers, email) in concert with official university databases.

1.2) Assist with official mailings by preparing envelopes and mailings with appropriate contact information.

1.3) When using traditional mail for official communications, utilize a traceable system (e.g. certified mail).

2) Faculty and Staff

2.1) If official communications are needed to be sent via traditional mail, request assistance of Administrative Assistant.

2.2) If official communications are sent via email, utilize the official SBU email system.

2.3) When appropriate, both traditional mail and email may be used in combination to send the same message.

3) Student (and Alumni)

3.1) Keep contact information current with the Department of Physical Therapy.

3.2) Students are responsible for checking the official SBU email system periodically.

 <p>Southwest Baptist UNIVERSITY</p> <p>Department of Physical Therapy Policy & Procedure</p>	Title: Leave of Absence	Date Effective: 10.16.18	Date Replaces: 05.01.15	Policy Number: 04-18	Page: 1 of 1
	<p>Approval Signatures & Date:</p> <p>Department Chair:  10.16.18</p>				

PURPOSE: To establish a policy and guidelines for students requesting a leave of absence from the program.

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



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

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

- 1) Demonstrate that a compelling reason exists for leave from the program.
- 2) Submit a formal request to the student's advisor who will then route accordingly to the program chair and then to the core faculty for consideration.
- 3) Be in good academic standing free of professional behavior violations and/or academic sanctions.
- 4) Receive a majority vote of the core faculty for approval.
- 5) Communicate to the advisor in a timely manner if extenuating circumstances present preventing the student from fulfilling the expectations of the granted leave of absence in order for proper planning to occur. The Review Committee will be charged with making recommendations and modifications to the existing plan.

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.

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Student Computer Use & Technology Standards	Date Effective: 05.16.18	Date Replaces: 08.01.17	Policy Number: 04-20	Page: 1 of 5
	Approval Signatures & Date: Department Chair:  05.16.18				

PURPOSE: To provide minimum and recommended technology standards for student computer/tablets and establish operating guidelines for the professional use of student computer/tablets within the Department of Physical Therapy.

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

MINIMUM TECHNOLOGY STANDARDS:

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

ENFORCEMENT:

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

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- 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 Department Student Tablet Administrator.

Account Authentication

- Passwords, PINs, and other identifiers authenticate the user's identity and match the user to the privileges granted on student tablets, computer networks, systems, and computing resources. A password is a security measure designed to prevent unauthorized persons from logging on with another person's computer account and reading or changing data accessible to that user. Users

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should create passwords carefully and handle them with care and attention. For this security feature to be effective, the user must protect the secrecy of his/her password.

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

Existing Legal Context

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

Examples of Misuse

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

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

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

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Appropriate Use

- SBU extends to students the privilege to use its network. When you are provided access to our campus network, you are enabled to send and receive electronic mail messages around the world, share in the exchange of ideas through electronic news groups, and use Web browsers and other Internet tools to search and find needed information.
- The Internet is a very large set of connected computers, whose users make up a worldwide community. In addition to formal policies, regulations, and laws which govern your use of computers and networks, the Internet user community observes informal standards of conduct. These standards are based on common understandings of appropriate, considerate behavior which evolved in the early days of the Internet, when it was used mainly by an academic and highly technology community. The Internet now has a much wider variety of users, but the early codes of conduct persist, crossing boundaries of geography and government, in order to make using the Internet a positive, productive, experience. You are expected to comply with these informal standards and be a "good citizen" of the Internet.



PROCEDURE:

Responsibility	Action
Core Faculty	1.1 Establish technology standards to enable students to interact with desired software within the curriculum.
Department Chair	2.1 Publish technology standards in the student handbook and distribute accordingly to students.
Faculty	3.1 Prepare for technology utilization sessions scheduling and securing resources including but not limited to device backups. 3.2 Report technical issues to department technology coordinator. 3.3 Respond to unexpected situations and developments accordingly. 3.4 Make referrals to the PT Review Committee for identified offenses on the part of the student.
Student Tablet Administrator	4.1 Review and make recommendations for technology standards updates. 4.2 Coordinate with university technology services to implement department technology standards and correct issues as they develop. 4.3 Manage daily issues that arise from students and faculty related to the implementation of this policy.
Student	5.1 Obtain a computer/tablet that meets or exceeds the minimal technology standards listed in this policy. 5.2 Install the required software listed below in this policy. 5.3 Maintain the student computer/tablet in a condition ready to function. 5.3.1 Battery charged prior class periods/testing sessions 5.3.2 As required updates installed prior to testing sessions 5.4 Utilize the student computer/tablet for all electronic testing. 5.4.1 Failure to maintain the student computer/tablet and present to testing sessions with the table in working condition (including an adequate charge to the battery to allow completion of the testing

session without external power) will result in a 10% penalty applied to that testing session.

5.4.2 In the event that a technology issue occurs during a testing session, an alternate device will be provided for that testing session. The student is responsible to correct the technology issue prior to the next testing session.

5.5 Utilize the student computer/tablet in a manner that is consistent with this policy and the definitions contained in this policy.

 <p>Southwest Baptist UNIVERSITY</p> <p>Department of Physical Therapy Policy & Procedure</p>	Title: Global Health Outreach Team Organization and Operations	Date Effective: 10.06.17	Date Replaces: N/A	Policy Number: 04-21	Page: 1 of 1
	<p>Approval Signatures & Date:</p> <p>Department Chair:  10.06.17</p>				

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

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

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

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

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

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

PROCEDURE:

<u>Responsibility</u>	<u>Action</u>
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.

Core Faculty

2.1 Provide consultative input to Global Health Coordinator on the selection of GHO team.

2.2. Same supportive actions designated in “Alumni and Other Community Support” if so called.

Students

3.1 After prayerful consideration, discuss with GHO coordinator if this ministry is a specific calling for the individual student. The student should consider:

3.1.1. Spiritual position and growth

3.1.2. Professional position and growth

3.1.3. Time commitment

3.1.4. Financial commitment

3.2 Respond to call to action to volunteer for team based assignments

3.3 Sign principals and expectations statement promising to uphold the Christ-centered purpose of the team

3.4 Raise funds to cover designated portion of team expenses.

Alumni and Other Community Support

4.1 Respond to call to action to volunteer for team based assignments

4.2 Sign principals and expectations statement promising to uphold the Christ-centered purpose of the team

4.3 Raise funds to cover designated portion of team expenses.

4.4 Become a team leader if requested by Global Health Coordinator

4.4.1 Organize, Guide, and Direct Team prior to, during, and after deployment.

4.4.2 Focus on team unity and dynamics to achieve mission.

Chair

5.1 Appoint and supervise a Global Health Outreach Coordinator

5.2 Maintain overall operating budget of GHO ministry accounts at the university level.

5.3 Same supportive actions designated in “Alumni and Other Community Support” if so called.



Southwest Baptist University Department of Physical Therapy

Global Health Outreach Teams Principles and Expectations Statement (from Policy 04-21)

THE SOUTHWEST COMMITMENT

“our belief [is] that there is only one God, who is the creator, and redeemer, and that the world is sustained by Him. We believe that God, the source of all truth, has given us His inspired Word, the Bible, as the perfect treasure of divine instruction, the sole authority for our faith and practice. We believe that the revelation of God through the life and teachings of Christ challenges us to become Christ-like in all our endeavors...”

-Adopted 1979 by the University Board of Trustees

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

PRINCIPLES AND EXPECTATIONS

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

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

STATEMENT ON INTEGRITY

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

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

STATEMENT ON CHRISTIAN LIFESTYLE

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

EXPECTATION: A Christian lifestyle is expected of all members of the University family. It consists of demonstrating those attitudes produced by the gift of the Spirit, practicing truthfulness in all relationships or activities, and exhibiting our

dedication to Christ through our commitment to excellence in daily work or academic activities. A Christian lifestyle avoids such specific sins as greed; jealousy; pride; lust; bitterness; uncontrolled anger; prejudice based on race, sex, or socioeconomic status; use of alcohol as an intoxicant; substance abuse; stealing; profanity; dishonesty; occult practices; illegal activities; use of pornography; and sexual sins, such as pre-marital sex, adultery, and homosexual behavior.

STATEMENT ON SEXUAL STANDARDS

PRINCIPLE: Scripture teaches that heterosexual union is the only acceptable expression of sexuality and must be reserved for marriage and insists on sexual abstinence for those who are unmarried.

EXPECTATION: All members of the University family should abstain from unbiblical sexual practices and from behavior which may lead to a violation of God's standards on sexual activities.

STATEMENT ON MARRIAGE AND FAMILY

PRINCIPLE: God's ideal for marriage is a lifelong covenant between one man and one woman. Scripture views marriage as a witness to the permanent relationship between Christ and His Church and the family as God's first institution.

EXPECTATION: The University has a concern over the increasing pressure being placed by external and internal forces on the institution of marriage. It recognizes the struggle of those within the University family who strive to keep their marriages stable under these pressures. Nevertheless, members of the University community should not enter into divorce except under the most severe circumstances and then only after pursuing all possible options, including counseling, and after considering the impact of divorce on their families, their personal lives, and their professional responsibilities at SBU.

STATEMENT ON RESPECT FOR PEOPLE AND PROPERTY

PRINCIPLE: Scripture teaches that all people, regardless of their socioeconomic, physical, mental or spiritual condition, are individuals of worth in the eyes of God. Scripture also teaches that ownership of property is to be respected. It exhorts Christians to look out for the welfare of other people, to be good stewards of the possessions God has given, and to be honest with one another.

EXPECTATION: The University expects behavior from all members of the University family that demonstrates the highest standard of respect for people and property and that exemplifies the Christian commitment to loving one another. Certain behaviors are not acceptable according to this ethical standard. These include sexual harassment, disrupting the rights of others to pursue appropriate University activities, depriving individuals of the use of their property or depriving the University of the use of its property.


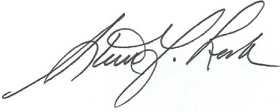
UNIVERSITY RESPONSE

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

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

(Signature)

(Date)

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title:	Date	Date	Policy	Page:
	Semester/Module Coordination	Effective: 02.26.10	Replaces: 10.1.04	Number: 06-02	1 of 1
<p>Approval Signatures & Date:</p> <p>Department Chair:  02/26/2010</p>					

PURPOSE: To ensure integration of materials in related courses and coordination of schedule within a semester/module.



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

DEFINITION:

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

PROCEDURE:

- | | |
|------------------|---|
| Department Chair | <ol style="list-style-type: none"> 1.1 Appoints a faculty member as coordinator during the annual review and development plan process. 1.2 Oversees scheduling of classes. 1.3 Reports class schedule on appropriate University forms. |
| Coordinator | <ol style="list-style-type: none"> 2.1 Meets with faculty in semester/module to: <ol style="list-style-type: none"> 2.1.1 develop plan for integration of related material; 2.1.2 coordinate schedule; 2.1.3 initiate evaluation of effectiveness of curriculum within semester/module; and 2.1.4 make recommendations to curriculum committee for curricular changes. 2.2 Reports schedule and any changes to Department Chair. |

 Department of Physical Therapy Policy & Procedure	Title: Schedule of Classes	Date Effective: 08.01.06	Date Replaces: 08.01.05	Policy Number: 06-03	Page: 1 of 1
	Approval Signatures & Date: Department Chair:  08/01/2006				

PURPOSE: To ensure classes meet appropriate to credit hours and semester/module schedule.

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

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

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

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

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

PROCEDURE:

Responsibility



Action

Department Chair

- 1.1 Develops overall schedule
- 1.2 Communicates schedule to students

Semester/module coordinator

- 2.1 Manages and coordinates classes and activities within a given semester or module
- 2.2 Consults with department chair as needed

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Program and Curriculum Assessment	Date Effective: 12.02.16	Date Replaces: 12.03.10	Policy Number: 06-04	Page: 1 of 1
	<p>Approval Signatures & Date:</p> <p>Department Chair:  12.02.16</p>				

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.

 <p>Department of Physical Therapy</p> <p>Policy & Procedure</p>	Title: Tuition & Fees	Date Effective: 08.01.15	Date Replaces: 07.22.14	Policy Number: 06-05	Page: 1 of 2
	<p>Approval Signatures & Date:</p> <p>Department Chair:  08.01.15</p>				

PURPOSE: To define the parameters for paying tuition and fees for the SBU DPT program

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

PROCEDURE

Flat Rate Tuition

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

Fees

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

2.2 The department will establish and collect a curriculum fee and/or other specific course fees that will be directly used to offset the costs of annual operations of the department.

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

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

2.3 Current fee rates are published accordingly in department and university catalogs and/or handbooks, university websites, and via accreditation portals.



Southwest Baptist
UNIVERSITY

Doctor of
Physical Therapy
Student Handbook
(Appendix)

Updated 08.01.19

“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

Department of Physical Therapy

Handbooks & Catalog Acknowledgment (updated 08-10-2019)

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 Department 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



Southwest Baptist UNIVERSITY

Department of Physical Therapy

Disclosure of Disability Form *(updated 06.11.19)*

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

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

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

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

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



Southwest Baptist UNIVERSITY

Department of Physical Therapy

Disclosure of Disability Form

(updated 06.11.19)

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: _____



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

Department 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)

THE EEOC DEFINITIONS OF SEXUAL HARASSMENT

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

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

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

Hostile Environment Harassment This may apply to school, within limits

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

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

The main issues involved in investigating sexual harassment complaints are:

Unwelcomeness

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

Hostility

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

Liability

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



Southwest Baptist University Physical Therapy Department

Participation Consent Form

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

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

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

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 Physical Therapy Department

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?	<input type="checkbox"/> Satisfied <input type="checkbox"/> Refer to Department Chair
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.
- Breathe 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.

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 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

Respiratory Protection (Specify Type)		If exposure exceeds occupational exposure limits use a NIOSH approved respirator to prevent overexposure. Per 29 CFR 1910.134 CCROV or SA types recommended.	
Ventilation	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
Protective Gloves	Impervious gloves; (for Solvent)		Eye Protection Chemical goggles or safety glasses
Other Protective Clothing or Equipment Work apron to avoid contact with personal clothing and skin.			
Work/Hygienic Practices Keep area clean. Wash hands thoroughly after working with product.			

9. Physical and Chemical Properties

Boiling Point	Heptane (Component)	209° F	Specific Gravity (H ₂ O = 1)	Approx. .75
Vapor Pressure (mm Hg)	at 68° 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

Stability	Unstable		Conditions to Avoid
	Stable	X	N/A
Compatibility (Materials to Avoid) Oxidizing Agents			
Hazardous Decomposition or Byproducts CO ₂ and CO when subjected to flames or excessive heat			
Hazardous Polymerization	May Occur		Conditions to Avoid
	Will Not Occur	X	N/A

11. Toxicological Information

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

12. Ecological Information

No data available

13. Disposal Considerations

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

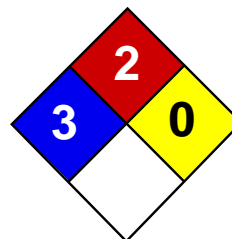
Regulated VOC's by weight 100% - 6.4 lbs/gal - 768 g/l

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

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

Dated January 6, 2012

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



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 adverse human female reproductive effects and occupational exposure. Furthermore, no human data could be found on adverse reproductive effects from occupational exposure to Methanol. Exposure to Formaldehyde may cause cancer.

Special Remarks on other Toxic Effects on Humans:

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

Section 12: Ecological Information

Ecotoxicity: Not available.

BOD5 and COD: Not available.

Products of Biodegradation:

Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

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

Special Remarks on the Products of Biodegradation:

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

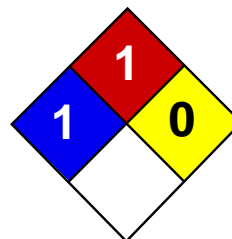
References: Not available.

Other Special Considerations: Not available.

Created: 10/09/2005 05:35 PM

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

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Health	1
Fire	1
Reactivity	0
Personal Protection	G

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; $\log(\text{oil/water}) = -1.8$

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 placenta in small amounts. May cause adverse reproductive effects based on animal data (Paternal Effects (Rat): Spermatogenesis (including genetic material, sperm morphology, motility, and count), Testes, epididymis, sperm duct). May affect genetic material.

Special Remarks on other Toxic Effects on Humans:

Acute Potential Health Effects: Low hazard for normal industrial handling or normal workplace conditions. Skin: May cause skin irritation. May be absorbed through skin Eyes: May cause eye irritation with stinging, redness, burning sensation, and tearing, but no eye injury. Ingestion: Low hazard. Low toxicity except with very large doses. When large doses are ingested, it can cause gastrointestinal tract irritation with thirst (dehydration), nausea or vomiting diarrhea. It may also affect behavior/central nervous system/nervous system (central nervous system depression, general anesthetic, headache, dizziness, confusion, insomnia, toxic psychosis, muscle weakness, 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

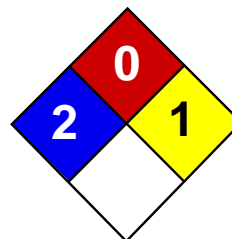
References: Not available.

Other Special Considerations: Not available.

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Health	3
Fire	0
Reactivity	1
Personal Protection	

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 oxidizer. It is not flammable itself, but it can cause spontaneous combustion of flammable materials and continued support of the combustion because it liberates oxygen as it decomposes. Hydrogen peroxide mixed with magnesium and a trace of magnesium dioxide will ignite immediately.

Special Remarks on Explosion Hazards:

Soluble fuels (acetone, ethanol, glycerol) will detonate on a mixture with peroxide over 30% concentration, the violence increasing with concentration. Explosive with acetic acid, acetic anhydride, acetone, alcohols, carboxylic acids, nitrogen containing bases, As₂S₃, Cl₂ + KOH, FeS, FeSO₄ + 2 methylpyridine + H₂SO₄, nitric acid, potassium permanganate, P₂O₅, H₂Se, Alcohols + H₂SO₄, Alcohols + tin chloride, Antimony trisulfide, chlorosulfonic acid, Aromatic hydrocarbons + trifluoroacetic acid, Azelaic acid + sulfuric acid (above 45 C), Benzenesulfonic anhydride, tert-butanol + sulfuric acid, Hydrazine, Sulfuric acid, Sodium iodate, Tetrahydrothiophene, Thiodiglycol, Mercurous oxide, mercuric oxide, Lead dioxide, Lead oxide, Manganese dioxide, Lead sulfide, Gallium + HCl, Ketenes + nitric acid, Iron (II) sulfate + 2-methylpyridine + sulfuric acid, Iron (II) sulfate + nitric acid, + sodium carboxymethylcellulose (when evaporated), Vinyl acetate, trioxane, water + oxygenated compounds (eg: acetaldehyde, acetic acid, acetone, ethanol, formaldehyde, formic acid, methanol, 2-propanol, propionaldehyde), organic compounds. Beware: Many mixtures of hydrogen peroxide and organic materials may not explode upon contact. However, the resulting combination is detonatable either upon catching fire or by impact. EXPLOSION HAZARD: SEVERE, WHEN HIGHLY CONCENTRATED OR PURE H₂O₂ IS EXPOSED TO HEAT, MECHANICAL IMPACT, OR CAUSED TO DECOMPOSE CATALYTICALLY BY METALS & THEIR SALTS, DUSTS & ALKALIES. ANOTHER SOURCE OF HYDROGEN PEROXIDE EXPLOSIONS IS FROM SEALING THE MATERIAL IN STRONG CONTAINERS. UNDER SUCH CONDITIONS EVEN GRADUAL DECOMPOSITION OF HYDROGEN PEROXIDE TO WATER + 1/2 OXYGEN CAN CAUSE LARGE PRESSURES TO BUILD UP IN THE CONTAINERS WHICH MAY BURST EXPLOSIVELY. Fire or explosion: May explode from friction, heat or contamination. These substances will accelerate burning when involved in a fire. May ignite combustibles (wood, paper, oil, clothing, etc.). Some will react explosively with hydrocarbons (fuels). Containers may explode when heated. Runoff may create fire or explosion hazard. /Hydrogen peroxide, aqueous solution, 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, alkalis, 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, platinum, tungsten, molybdenum, 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, alkalis, 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, unconsciousness, and possible death. At high concentrations, respiratory effects may include acute lung damage, and delayed pulmonary edema. May affect blood. Ingestion: Causes gastrointestinal tract irritation with nausea, vomiting, hypermotility, and diarrhea. Causes gastrointestinal tract burns. May affect cardiovascular system and cause vascular collapse and damage. May affect blood (change in leukocyte count, pigmented or nucleated red blood cells). May cause difficulty in swallowing, stomach distension and possible cerebral swelling. May affect behavior/central nervous system (tetany, excitement). Chronic Potential Health Effects: Prolonged or repeated skin contact may cause dermatitis. Repeated contact may also cause corneal damage. Prolonged or repeated ingestion may affect metabolism (weight loss). Prolonged or repeated inhalation may affect respiration, blood. (Hydrogen Peroxide)

Section 12: Ecological Information

Ecotoxicity: Not available.

BOD5 and COD: Not available.

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

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

Special Remarks on the Products of Biodegradation: Not available.

Section 13: Disposal Considerations

Waste Disposal:

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

Section 14: Transport Information

DOT Classification: CLASS 5.1: Oxidizing material.

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

Special Provisions for Transport: Not available.

Section 15: Other Regulatory Information

Federal and State Regulations:

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

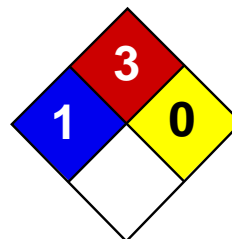
References: Not available.

Other Special Considerations: Not available.

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Health	2
Fire	3
Reactivity	0
Personal Protection	H

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 decomposition can occur, which in some cases can become explosive. A homogeneous mixture of concentrated peroxides + isopropyl alcohol are capable of detonation by shock or heat. Barium perchlorate + isopropyl alcohol gives the highly explosive alkyl perchlorates.

It forms explosive mixtures with trinitormethane and hydrogen peroxide. It produces a violent explosive reaction when heated with aluminum isopropoxide + crotonaldehyde. Mixtures of isopropyl alcohol + nitroform are explosive.

Section 6: Accidental Release Measures

Small Spill:

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

Large Spill:

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

Section 7: Handling and Storage

Precautions:

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

Storage:

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

Section 8: Exposure Controls/Personal Protection

Engineering Controls:

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

Personal Protection:

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

Personal Protection in Case of a Large Spill:

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

Exposure Limits:

TWA: 983 STEL: 1230 (mg/m³) [Australia] TWA: 200 STEL: 400 (ppm) from ACGIH (TLV) [United States] [1999] TWA: 980 STEL: 1225 (mg/m³) from NIOSH TWA: 400 STEL: 500 (ppm) 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; $\log(\text{oil/water}) = 0.1$

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, fetotoxicity, 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, unconsciousness, coma and possible death), peripheral nerve and sensation, blood, urinary system, and liver. Ingestion: Swallowing small amounts during normal handling is not likely to cause harmful effects. Swallowing large amounts may be harmful. Swallowing large amounts may cause gastrointestinal tract irritation with nausea, vomiting and diarrhea, abdominal pain. It also may affect the urinary system, cardiovascular system, sense organs, behavior or central nervous system (somnolence, generally depressed activity, irritability, headache, dizziness, drowsiness), liver, and respiratory system (breathing difficulty). Chronic Potential Health Effects: May cause defatting of the skin and dermatitis and allergic reaction. May cause adverse reproductive effects based on animal data (studies).

Section 12: Ecological Information

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

BOD5 and COD: Not available.

Products of Biodegradation:

Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

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

Special Remarks on the Products of Biodegradation: Not available.

Section 13: Disposal Considerations**Waste Disposal:**

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

Section 14: Transport Information

DOT Classification: CLASS 3: Flammable liquid.

Identification: : Isopropyl Alcohol UNNA: 1219 PG: II

Special Provisions for Transport: Not available.

Section 15: Other Regulatory Information**Federal and State Regulations:**

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 Tennessee: 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

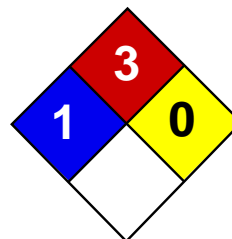
References: Not available.

Other Special Considerations: Not available.

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

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Health	2
Fire	3
Reactivity	0
Personal Protection	H

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 Chloroform + 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; $\log(\text{oil/water}) = -0.8$

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, ignition sources, incompatible materials

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

Corrosivity: Non-corrosive in presence of glass.

Special Remarks on Reactivity:

Can react vigorously with oxidizers. Violent reaction with alkyl aluminum salts, acetyl bromide, chloroform + sodium methoxide, chromic anhydride, cyanuric chloride, lead perchlorate, phosphorous trioxide, nitric acid. Exothermic reaction with sodium hydroxide + chloroform. Incompatible with beryllium dihydride, metals (potassium and magnesium), oxidants (barium perchlorate, bromine, sodium hypochlorite, chlorine, hydrogen peroxide), potassium tert-butoxide, carbon tetrachloride, alkali metals, metals (aluminum, potassium magnesium, zinc), and dichloromethane. Rapid autocatalytic dissolution of aluminum, magnesium or zinc in 9:1 methanol + carbon tetrachloride - sufficiently vigorous to be rated as potentially hazardous. May attack some plastics, rubber, and coatings.

Special Remarks on Corrosivity: Not available.

Polymerization: Will not occur.

Section 11: Toxicological Information

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

Toxicity to Animals:

WARNING: THE LC50 VALUES HEREUNDER ARE ESTIMATED ON THE BASIS OF A 4-HOUR EXPOSURE. Acute oral toxicity (LD50): 5628 mg/kg [Rat]. Acute dermal toxicity (LD50): 15800 mg/kg [Rabbit]. Acute toxicity of the vapor (LC50): 64000 4 hours [Rat].

Chronic Effects on Humans:

MUTAGENIC EFFECTS: Mutagenic for mammalian somatic cells. Mutagenic for bacteria and/or yeast. TERATOGENIC EFFECTS: Classified POSSIBLE for human. Causes damage to the following organs: eyes. May cause damage to the following organs: blood, kidneys, liver, brain, peripheral nervous system, upper respiratory tract, skin, central nervous system (CNS), optic nerve.

Other Toxic Effects on Humans:

Hazardous in case of skin contact (irritant), of ingestion, of inhalation. Slightly hazardous in case of skin contact (permeator).

Special Remarks on Toxicity to Animals: Not available.

Special Remarks on Chronic Effects on Humans:

Passes through the placental barrier. May affect genetic material. May cause birth defects and adverse reproductive effects(paternal and maternal effects and fetotoxicity) based on animal studies.

Special Remarks on other Toxic Effects on Humans:

Section 12: Ecological Information

Ecotoxicity: Ecotoxicity in water (LC50): 29400 mg/l 96 hours [Fathead Minnow].

BOD5 and COD: Not available.

Products of Biodegradation:

Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

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

Special Remarks on the Products of Biodegradation:

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

Section 13: Disposal Considerations

Waste Disposal:

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

Section 14: Transport Information

DOT Classification: CLASS 3: Flammable liquid.

Identification: : Methyl alcohol UNNA: 1230 PG: II

Special Provisions for Transport: Not available.

Section 15: Other Regulatory Information

Federal and State Regulations:

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 Tennessee 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:**

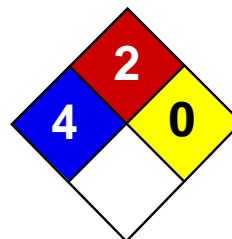
-SAX, N.I. Dangerous Properties of Industrial Materials. Toronto, Van Nostrand Reinold, 6e ed. 1984. -Material safety data sheet emitted by: la Commission de la Santé et de la Sécurité du Travail du Québec. -Hawley, G.G.. The Condensed Chemical Dictionary, 11e ed., New York N.Y., Van Nostrand Reinold,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

Other Special Considerations: Not available.

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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 hydroxide; Phenylic acid

Chemical Name: Carboic 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 oxidizing acids results in fire. Phenol + calcium hypochlorite is an exothermic reaction producing toxic fumes which may ignite.

Special Remarks on Explosion Hazards:

Phenol + sodium nitrite causes explosion on heating. Peroxydisulfuric acid + phenol causes explosion.

Section 6: Accidental Release Measures

Small Spill: Use appropriate tools to put the spilled solid in a convenient waste disposal container.

Large Spill:

Corrosive solid. Stop leak if without risk. Do not get water inside container. Do not touch spilled material. Use water spray to reduce vapors. Prevent entry into sewers, basements or confined areas; dike if needed. Eliminate all ignition sources. Call for assistance on disposal. Be careful that the product is not present at a concentration level above TLV. Check TLV on the MSDS and with local authorities.

Section 7: Handling and Storage**Precautions:**

Keep locked up.. Keep container dry. Keep away from heat. Keep away from sources of ignition. Empty containers pose a fire risk, evaporate the residue under a fume hood. Ground all equipment containing material. Do not ingest. Do not breathe dust. Never add water to this product. In case of insufficient ventilation, wear suitable respiratory equipment. If ingested, seek medical advice immediately and show the container or the label. Avoid contact with skin and eyes. Keep away from incompatibles such as oxidizing agents, acids.

Storage:

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; $\log(\text{oil/water}) = 1.5$

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, peroxydisulfuric acid, acetaldehyde, sodium nitrite, boron trifluoride diethyl ether + 1,3-butadiene, isocyanates, nitrides, mineral oxidizing acids, calcium hypochlorite, halogens, formaldehyde, metals and alloys, lead, zinc, magnesium and their alloys, plastics, rubber, coatings, sodium nitrate + trifluoroacetic acid. Phenol + isocyanates results in heat generation, and violent polymerization. Phenol + 1,3-butadiene and boron trifluoride diethyl ether complex results in intense exothermic reaction. Phenol + acetaldehyde results in violent condensation.

Special Remarks on Corrosivity:

Minor corrosive effect on bronze. Severe corrosive effect on brass.

Polymerization: Will not occur.

Section 11: Toxicological Information

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

Toxicity to Animals:

Acute oral toxicity (LD50): 270 mg/kg [Mouse]. Acute dermal toxicity (LD50): 630 mg/kg [Rabbit].

Chronic Effects on Humans:

CARCINOGENIC EFFECTS: A4 (Not classifiable for human or animal.) by ACGIH, 3 (Not classifiable for human.) by IARC.
MUTAGENIC EFFECTS: Mutagenic for mammalian somatic cells. Mutagenic for bacteria and/or yeast. May cause damage to the following organs: kidneys, liver, central nervous system (CNS).

Other Toxic Effects on Humans:

Very hazardous in case of skin contact (corrosive, irritant), of ingestion, . Hazardous in case of skin contact (sensitizer, permeator), of eye contact (corrosive), of inhalation (lung corrosive).

Special Remarks on Toxicity to Animals:

Lowest Published Lethal Dose: LDL [Human] - Route: Oral; Dose: 140 mg/kg LDL [Infant] - Route: Oral; Dose: 10,000 mg/kg

Special Remarks on Chronic Effects on Humans:

Animal: passes through the placental barrier. May cause adverse reproductive effects and birth defects (teratogenic)
Embryotoxic and/or foetotoxic in animal. May affect genetic material (mutagenic).

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

Created: 10/10/2005 11:17 AM

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

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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 ₂ CH ₂ CF ₃ \ F ₃ CCH ₂ F,	

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

VIII. EXPOSURE CONTROLS – PERSONAL PROTECTION

Engineering Controls	Provide local ventilation at filling zones and where leakage is probable. Use with adequate ventilation.
Respiratory Protection	None generally required for adequately ventilated work situations. For accidental release in confined space, where the concentration may be above the PEL of 1,000 ppm, use a NIOSH approved, self contained, positive pressure respirator for emergencies and in situations where air may be displaced by vapors.



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

SECTION I - EMERGENCY CONTACTS

For MSDS Information:
 Acuity Specialty 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

Printing date: 09/10/03

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
VAPOR PRESSURE(mmHg) - N/D
VAPOR DENSITY(AIR-1) - N/D
SOLUBILITY IN WATER - COMPLETE
pH(USE DILUTION OF) - 1:100 10.7
VOC CONTENT (CONCENTRATE) - 3.1% 0.26 lb/gl
APPEARANCE AND ODOR - CLEAR GREEN LIQUID WITH A PLEASANT ODOR.

SPECIFIC GRAVITY - 1.01
EVAPORATION RATE (WATER=1) - 1
pH(CONCENTRATE) - 12.6

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 work-week.

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 work-week.

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)



Department of Physical Therapy

Portfolio Introduction, Guidelines and Templates (*July 2019*)

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. Multiple sources of data may be used to contribute to the portfolio in terms of constructive feedback including self, advisor, faculty and peers. In the simplest terms, the learner will compile a “robust” curriculum vitae (CV) that demonstrates superlative achievement and provide evidence of successful professional behaviors. 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 (page/section 1)
- 2) Goal self-assessment/reflections (page/section 2)
- 3) Professional Behaviors self-assessment / reflections (page/section 3)
- 4) Advisor Feedback (page/section 4)

The portfolio is a graded element of the professional development seminars for year one and two and for clinical education IV during the third year. Consequence for failing to meet this expectation may result in a student failing the respective course with subsequent review by the PT Review committee. Timeframe for turn-in to advisor is no earlier than March 1 but no later than April 1 of Spring semester. Grading penalties may be applied for late submission of documents on the part of the student.



Doctor of Physical Therapy

Portfolio Files

(Updated March 2019)

CURRICULUM VITAE

Name:

Address:

Telephone:

Name of Educational Program and Institution:

Education: post high school, from most recent to earliest, including:
institution
location
duration of study (from – to -)
field of study
degree received/anticipated and date

Licensure Information/Registration Number and Certifications:

Employment and Positions Held: from most recent to earliest as appropriate.

Peer Reviewed Scientific and Professional Presentations:

from the most recent to the earliest
include: presenter(s), title, occasion, and date

Current/Active Research Activity: as appropriate.

Membership in Scientific/Professional Organizations: include positions held

Community Service: CWV and/or SPTA, include title or nature (note if chair held)
agency
duration (from – to --)

Honors and Awards: include title or nature
awarding agency
date

Continuing Education Attended: while attending the PT program

Program Goals Self-Assessment

Southwest Baptist University PT Program Goals & Outcomes:

1.0 Integrate the Christian faith into the practice of physical therapy. (Student will reflect in one comprehensive paragraph how they have met the goal using sub-objectives as reference material to include or relate in their written reflection.)

- 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)

Professional Behaviors Self-Assessment

Physical Therapist Professional Behavior Assessment: (Student will highlight on each of the professional behaviors everything they think they do. Use **Yellow** for the first year and **Green** the second year. The highlights will then serve to help the student rank themselves and highlight their overall level for each behavior each year in the next section.)

<p>1. Critical Thinking - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.</p>			
<p>Beginning Level:</p> <ul style="list-style-type: none"> • Raises relevant questions • Considers all available information • Articulates ideas • Understands the scientific method • States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) • Recognizes holes in knowledge base • Demonstrates acceptance of limited knowledge and experience in knowledge base 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Feels challenged to examine ideas • Critically analyzes the literature and applies it to patient management • Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas • Seeks alternative ideas • Formulates alternative hypotheses • Critiques hypotheses and ideas at a level consistent with knowledge base • Acknowledges presence of contradictions 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Distinguishes relevant from irrelevant patient data • Readily formulates and critiques alternative hypotheses and ideas • Infers applicability of information across populations • Exhibits openness to contradictory ideas • Identifies appropriate measures and determines effectiveness of applied solutions efficiently • Justifies solutions selected 	<p>Post-Entry Level:</p> <ul style="list-style-type: none"> • Develops new knowledge through research, professional writing and/or professional presentations • Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process • Weighs information value based on source and level of evidence • Identifies complex patterns of associations • Distinguishes when to think intuitively vs. analytically • Recognizes own biases and suspends judgmental thinking • Challenges others to think critically
<p>2. Communication - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</p>			
<p>Beginning Level:</p> <ul style="list-style-type: none"> • Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting • Recognizes impact of non-verbal communication in self and others • Recognizes the verbal and non-verbal characteristics that portray confidence • Utilizes electronic communication appropriately 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences • Restates, reflects and clarifies message(s) • Communicates collaboratively with both individuals and groups • Collects necessary information from all pertinent individuals in the patient/client management process • Provides effective education (verbal, non-verbal, written and electronic) 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups • Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing • Maintains open and constructive communication • Utilizes communication technology effectively and efficiently 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> • Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning • Effectively delivers messages capable of influencing patients, the community and society • Provides education locally, regionally and/or nationally • Mediates conflict

<p>3. Problem Solving – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</p>			
<p>Beginning Level:</p> <ul style="list-style-type: none"> • Recognizes problems • States problems clearly • Describes known solutions to problems • Identifies resources needed to develop solutions • Uses technology to search for and locate resources • Identifies possible solutions and probable outcomes 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Prioritizes problems • Identifies contributors to problems • Consults with others to clarify problems • Appropriately seeks input or guidance • Prioritizes resources (analysis and critique of resources) • Considers consequences of possible solutions 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Independently locates, prioritizes and uses resources to solve problems • Accepts responsibility for implementing solutions • Implements solutions • Reassesses solutions • Evaluates outcomes • Modifies solutions based on the outcome and current evidence • Evaluates generalizability of current evidence to a particular problem 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> • Weighs advantages and disadvantages of a solution to a problem • Participates in outcome studies • Participates in formal quality assessment in work environment • Seeks solutions to community health-related problems • Considers second and third order effects of solutions chosen
<p>4. Interpersonal Skills – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</p>			
<p>Beginning Level:</p> <ul style="list-style-type: none"> • Maintains professional demeanor in all interactions • Demonstrates interest in patients as individuals • Communicates with others in a respectful and confident manner • Respects differences in personality, lifestyle and learning styles during interactions with all persons • Maintains confidentiality in all interactions • Recognizes the emotions and bias that one brings to all professional interactions 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Recognizes the non-verbal communication and emotions that others bring to professional interactions • Establishes trust • Seeks to gain input from others • Respects role of others • Accommodates differences in learning styles as appropriate 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Demonstrates active listening skills and reflects back to original concern to determine course of action • Responds effectively to unexpected situations • Demonstrates ability to build partnerships • Applies conflict management strategies when dealing with challenging interactions • Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> • Establishes mentor relationships • Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

5. Responsibility – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> • Demonstrates punctuality • Provides a safe and secure environment for patients • Assumes responsibility for actions • Follows through on commitments • Articulates limitations and readiness to learn • Abides by all policies of academic program and clinical facility • Attends class/clinical or academic activities as scheduled 	<ul style="list-style-type: none"> • Displays awareness of and sensitivity to diverse populations • Completes projects without prompting • Delegates tasks as needed • Collaborates with team members, patients and families • Provides evidence-based patient care 	<ul style="list-style-type: none"> • Educates patients as consumers of health care services • Encourages patient accountability • Directs patients to other health care professionals as needed • Acts as a patient advocate • Promotes evidence-based practice in health care settings • Accepts responsibility for implementing solutions • Demonstrates accountability for all decisions and behaviors in academic and clinical settings 	<ul style="list-style-type: none"> • Recognizes role as a leader • Encourages and displays leadership • Facilitates program development and modification • Promotes clinical training for students and coworkers • Monitors and adapts to changes in the health care system • Promotes service to the community

6. Professionalism – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

<p>Beginning Level:</p> <ul style="list-style-type: none"> • Abides by all aspects of the academic program honor code and the APTA Code of Ethics • Demonstrates awareness of state licensure regulations • Projects professional image • Attends professional meetings • Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Identifies positive professional role models within the academic and clinical settings • Acts on moral commitment during all academic and clinical activities • Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making • Discusses societal expectations of the profession 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary • Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity • Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development • Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices • Discusses role of physical therapy within the healthcare system and in population health • Demonstrates leadership in collaboration with both individuals and groups 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> • Actively promotes and advocates for the profession • Pursues leadership roles • Supports research • Participates in program development • Participates in education of the community • Demonstrates the ability to practice effectively in multiple settings • Acts as a clinical instructor • Advocates for the patient, the community and society
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7. Use of Constructive Feedback – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

<p>Beginning Level:</p> <ul style="list-style-type: none"> • Demonstrates active listening skills • Assesses own performance • Actively seeks feedback from appropriate sources • Demonstrates receptive behavior and positive attitude toward feedback • Incorporates specific feedback into behaviors • Maintains two-way communication without defensiveness 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Critiques own performance accurately • Responds effectively to constructive feedback • Utilizes feedback when establishing professional and patient related goals • Develops and implements a plan of action in response to feedback • Provides constructive and timely feedback 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Independently engages in a continual process of self evaluation of skills, knowledge and abilities • Seeks feedback from patients/clients and peers/mentors • Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities • Uses multiple approaches when responding to feedback • Reconciles differences with sensitivity • Modifies feedback given to patients/clients according to their learning styles 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> • Engages in non-judgmental, constructive problem-solving discussions • Acts as conduit for feedback between multiple sources • Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients • Utilizes feedback when analyzing and updating professional goals
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8. Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.

<p>• Beginning Level:</p> <ul style="list-style-type: none"> • Attends and comes prepared for the day's activities/ responsibilities • Identifies resource limitations (i.e. information, time, experience) • Determines when and how much help/assistance is needed • Accesses current evidence in a timely manner • Verbalizes productivity standards and identifies barriers to meeting productivity standards • Self-identifies and initiates learning opportunities during unscheduled time 	<p>• Intermediate Level:</p> <ul style="list-style-type: none"> • Utilizes effective methods of searching for evidence for practice decisions • Recognizes own resource contributions • Shares knowledge and collaborates with staff to utilize best current evidence • Discusses and implements strategies for meeting productivity standards • Identifies need for and seeks referrals to other disciplines 	<p>• Entry Level:</p> <ul style="list-style-type: none"> • Uses current best evidence • Collaborates with members of the team to maximize the impact of treatment available • Has the ability to set boundaries, negotiate, compromise, and set realistic expectations • Gathers data and effectively interprets and assimilates the data to determine plan of care • Utilizes community resources in discharge planning • Adjusts plans, schedule etc. as patient needs and circumstances dictate • Meets productivity standards of facility while providing quality care and completing non-productive work activities 	<p>• Post Entry Level:</p> <ul style="list-style-type: none"> • Advances profession by contributing to the body of knowledge (outcomes, case studies, etc) • Applies best evidence considering available resources and constraints • Organizes and prioritizes effectively • Prioritizes multiple demands and situations that arise on a given day • Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care
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9. Stress Management – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

<p>• Beginning Level:</p> <ul style="list-style-type: none"> • Recognizes own stressors • Recognizes distress or problems in others • Seeks assistance as needed • Maintains professional demeanor in all situations 	<p>• Intermediate Level:</p> <ul style="list-style-type: none"> • Actively employs stress management techniques • Reconciles inconsistencies in the educational process • Maintains balance between professional and personal life • Accepts constructive feedback and clarifies expectations • Establishes outlets to cope with stressors 	<p>• Entry Level:</p> <ul style="list-style-type: none"> • Demonstrates appropriate affective responses in all situations • Responds calmly to urgent situations with reflection and debriefing as needed • Prioritizes multiple commitments • Reconciles inconsistencies within professional, personal and work/life environments • Demonstrates ability to defuse potential stressors with self and others 	<p>• Post Entry Level:</p> <ul style="list-style-type: none"> • Recognizes when problems are unsolvable • Assists others in recognizing and managing stressors • Demonstrates preventative approach to stress management • Establishes support networks for self and others • Offers solutions to the reduction of stress • Models work/life balance through health/wellness behaviors in professional and personal life
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10. Commitment to Learning – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

<ul style="list-style-type: none"> • Beginning Level: • Prioritizes information needs • Analyzes and subdivides large questions into components • Identifies own learning needs based on previous experiences • Welcomes and/or seeks new learning opportunities • Seeks out professional literature • Plans and presents an in-service, research or cases studies 	<ul style="list-style-type: none"> • Intermediate Level: • Researches and studies areas where own knowledge base is lacking in order to augment learning and practice • Applies new information and re- evaluates performance • Accepts that there may be more than one answer to a problem • Recognizes the need to and is able to verify solutions to problems • Reads articles critically and understands limits of application to professional practice 	<ul style="list-style-type: none"> • Entry Level: • Respectfully questions conventional wisdom • Formulates and re-evaluates position based on available evidence • Demonstrates confidence in sharing new knowledge with all staff levels • Modifies programs and treatments based on newly-learned skills and considerations • Consults with other health professionals and physical therapists for treatment ideas 	<ul style="list-style-type: none"> • Post Entry Level: • Acts as a mentor not only to other PT's, but to other health professionals • Utilizes mentors who have knowledge available to them • Continues to seek and review relevant literature • Works towards clinical specialty certifications • Seeks specialty training • Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine) • Pursues participation in clinical education as an educational opportunity
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Summary and Reflection of Professional Behaviors (Highlight your level for each behavior using the same colors as above for each year)

Professional Behavior	Level			
	Beginning	Intermediate	Entry	Post Entry
Critical Thinking	Beginning	Intermediate	Entry	Post Entry
Communication	Beginning	Intermediate	Entry	Post Entry
Problem Solving	Beginning	Intermediate	Entry	Post Entry
Interpersonal Skills	Beginning	Intermediate	Entry	Post Entry
Responsibility	Beginning	Intermediate	Entry	Post Entry
Professionalism	Beginning	Intermediate	Entry	Post Entry
Use of Constructive Feedback	Beginning	Intermediate	Entry	Post Entry
Effective Use of Time & Resources	Beginning	Intermediate	Entry	Post Entry
Stress Management	Beginning	Intermediate	Entry	Post Entry
Commitment to Learning	Beginning	Intermediate	Entry	Post Entry
Overall	Beginning	Intermediate	Entry	Post Entry

Reflection(reflect on overall where you are in your professional behaviors; Include an action plan for improvement /progression to next level, specifically in areas of weakness.)

- Year 1 –
- Year 2 –

Faculty Advisor Feedback

Year 1:

Year2:

Year3: