

AGENDA
West Virginia State University Board of Governors
Policy Review Special Committee
Erickson Alumni Center, Grand Hall
April 6, 2018
8:00 a.m. – 9:15 a.m.

1. Call to Order and Roll Call –Chair Paul Konstanty, presiding
2. Verification of Appropriate Notice of Public Meeting Action 2
3. Review and Approval of Meeting Agenda Action 1
4. Review and Approval of Minutes of Previous Meeting Action 3
5. Review, Discussion and Recommendations
 - 5.1 Proposed BOG Policy – Evaluation of Tenured Faculty Action 6
 - 5.2 Proposed BOG Policy – Record Retention Action 11
 - 5.3 Proposed BOG Policy – Furlough Action 19
 - 5.4 Proposed BOG Policy – Controlled Substances Research Action 22
6. Next Meeting – *May 11, 2018*
7. Adjournment

West Virginia State University
Policy Review Special Committee

Date/Time: 4/6/2018 -- 8:00 AM

Location:

Erickson Alumni Center
Grand Hall
West Virginia State University
Institute, WV 252112

Purpose: To conduct the regular business of the Committee in preparation for the April 6 Full Board Meeting.

Notes:

This is a compliant meeting.

Meeting was approved : 3/27/2018 4:13:01 PM

**West Virginia State University Board of Governors
Policy Review Special Committee
Judge Damon J. Keith Scholars Hall, Dr. Ann Brothers Smith Conference Room
Minutes
March 27, 2018**

1. Call to Order and Roll Call

Mr. Konstanty called the meeting of the West Virginia State University Board of Governors Policy Review Special Committee to order at 4:00 PM.

Present: Mr. Kelley, Mr. Konstanty, Mr. Swingle, and Dr. Vaughan. Mr. Joseph Leonoro of Steptoe & Johnson participated by conference call. Several members of the faculty, staff, and administration were also present.

2. Verification of Appropriate Notice of Public Meeting

Mr. Konstanty stated that meeting was noticed as a public meeting. However, the notice was submitted late and the meeting is not compliant. Hence, no action items were listed on the agenda no actions would be taken, no deliberation would be had, and the meeting would continue for the committee to receive information.

3. Review and Approval of Agenda

Mr. Swingle motioned for approval of the agenda. Mr. Kelley seconded the motion, and the motion carried.

4. Review and Approval of Minutes of Previous Meeting

Mr. Swingle motioned for approval of the minutes of the February 8, 2018 meeting. Mr. Kelley seconded the motion. Dr. Vaughan noted a typographical error under Section 5.1. Mr. Swingle accepted the friendly amendment to approve the minutes with the correction noted, and the motion carried.

5. Review and Discussion

5.3 Mr. Konstanty proposed that the agenda be amended to take Item 5.3 Proposed BOG Policy on Furlough first, as counsel was on the phone regarding that policy, and the members concurred. Mr. Leonoro said he reviewed the proposed policy and spoke with President Jenkins last week about a few suggested changes and points. He said he would go over his recommendations beginning with Section 5 and moving up through the policy. He proposed that Section 5 regarding an appeal be stricken, as employees always have the right to file a grievance. For Section 4.3, he proposed striking the section because under West Virginia law, an employee cannot be prohibited from seeking unemployment. He noted that an employee may not be approved for unemployment, but they are entitled to file a claim.

With regard to Section 4.1, Mr. Leonoro said he did not make significant changes other than adding references to applicable law and benefit plans. Under this section, he recommended consideration of other types of benefits that employees are eligible to receive, such as short-term or long-term disability, so that employees remained

eligible during a furlough and how premiums would be handled. He said it would not have to be outlined specifically in the policy, but there should be a reference. Mr. Kelley asked whether under the Wage Payment Collection Act, the University could require an employee to sign an authorization. Mr. Leonoro said he discussed this with President Jenkins and noted that the Wage Payment Collection Act makes certain exceptions where the wage authorization form does not apply and recommended putting in place a wage authorization form for employees to sign. Dr. Vaughan asked if an employee is covered by insurance if they are injured while furloughed. Mr. Leonoro responded that if the premium is being paid, the insurance coverage should continue. Dr. Vaughan inquired about how a furlough policy would affect nine- and ten-month faculty who are paid over 12 months. Mr. Leonoro said there should be language in the policy that speaks to employees such as faculty in that scenario. Dr. Vaughan also commented about concerns with how a furlough would affect faculty who supervise graduate students and labs. Mr. Leonoro said there might need to be an exception for certain employees in these types of instances, and the President would likely make that decision. Mr. Konstanty noted that the issue of safety of labs or supervising students is generally meant to be included in Section 3.5 of the policy. Mr. Swingle referred back to earlier discussion regarding employees not agreeing to a post wage assignment form to repay any benefits or monies advanced. He asked if the University could recondition employment based on refusal to sign documents. Mr. Leonoro said it would not typically be a separation of employment, but you could give the employee the option of having payroll deduction or paying the University outright by check. This could also be addressed in the notice of a furlough. Mr. Swingle asked if the changing the proposed days to limit the furlough from 15 to 30 would change any of the advice from Mr. Leonoro. Mr. Leonor said changing to 30 days would not, but anything longer than that would. Dr. Vaughan stated that the University had hired competent outside counsel well versed in employment law and higher education law.

Mr. Leonoro continued on to Sections 3.6 and 3.7, which is said are somewhat inconsistent and suggested that the Committee rework that language. Mr. Konstanty said the Committee will reconvene on April 6 and today's meeting was to receive information only and generally discuss advice of counsel. He said the Furlough Policy has not been noticed for the seven-day intent to draft and subsequent 30-day comment period. Mr. Kelley commented that he has reservations about the policy and questioned how a 15-day furlough, having essential employees who cannot be furloughed, and employees who are paid for work already performed would save the University a substantial amount of money during a financial emergency. Mr. Konstanty noted that Mr. Leonoro might be asked to attend the Committee and/or full Board meetings on April 6.

- 5.1 Mr. Konstanty said the proposed Evaluation of Tenured Faculty Policy had been debated, revised, noticed for seven-day intent to plan, and distributed for a 30-day comment period that began on February 21, 2018 and concluded on March 22, 2018. The Committee received two comments, which are included in the meeting materials. Within the process of the Committee meetings over several months, verbal comments were received in those forums as well. The first comment was about a technical issue

with Section 2.5 and suggested a slight revision about convening a review committee. The commenter felt the Provost should have some determination as to whether or not a review committee be appointed. Mr. Konstanty noted that a previous edit to the policy to address some of this concern was to give the faculty an opportunity to select representatives to service on the review committee. The second comment received refers to the policy lacking language that encourages faculty to excel. Mr. Konstanty said this comment was also made in meetings before the 30-day comment period and he felt it was addressed. Dr. Vaughan confirmed that there is a merit pay policy and a form exists that could be completed to request a merit pay increase. Reference to the merit pay policy is included in the faculty handbook. A link to the handbook will be provided to the Committee for their information.

5.2 The proposed Record Retention policy was sent for a seven-day intent to draft and 30-day comment period, which began on February 21, 2018 and concluded on March 22, 2018. No comments were received about the policy.

5.4 Mr. Konstanty said a policy on controlled substances in research has been drafted since the last Committee meeting. The proposed policy is included in materials as information and Committee members were asked to review the document prior to the April 6 meeting.

6. Next Meeting Date

April 6, 2018

7. Adjournment

With there being no further discussion, the meeting adjourned at 4:58 p.m.

Respectfully submitted,

Crystal Walker
Executive Assistant to the President
Campus Events Coordinator

WEST VIRGINIA STATE UNIVERSITY BOARD OF GOVERNORS

West Virginia State University

BOG Policy #//

TITLE: Evaluation of Tenured Faculty

Section 1. General

- 1.1 Scope: This policy establishes guidelines and procedures related to a process for evaluation of tenured faculty to include, but not be limited to, all current tenured faculty and any future tenured faculty.
- 1.2 Authority: West Virginia Code § 18B-1-6, § 18B-8-7
- 1.3 Adopted:
- 1.4 Effective: Upon adoption. However, no action will be taken against tenured faculty until the 2019-2020 evaluation period.

Section 2. Procedures for Evaluation of Tenured Faculty

- 2.1 Pursuant to West Virginia Code § 18B-8-7, any rules adopted by a governing board related to faculty preempts any conflicting rule adopted by the West Virginia Higher Education Policy Commission. Therefore, the West Virginia State University Board of Governors adopts this policy to ensure an evaluation of tenured faculty (ETF) is conducted on all tenured faculty to include, but not be limited to, all current tenured faculty and any future tenured faculty.
- 2.2 Evaluation of Tenured Faculty is intended to ensure consistent and continued faculty productivity. It considers the professional quality with which faculty members discharge the academic duties associated with their positions. It is further designed to support the development of faculty and to enhance student success that is to be assessed by qualitative and quantitative measures to include, but not be limited to: retention rates, persistence rates, and completion rates of students through faculty teaching, research and service. The West Virginia State University Board of Governors has an ethical responsibility to the students of the University, as well as a fiscal responsibility to the community that the University serves, to promote and ensure faculty productivity and

excellence. Faculty at West Virginia State University are expected to contribute to the mission and goals of the University through a combination of teaching, research/scholarly activity, and/or service.

- 2.3 The Board of Governors, consistent with West Virginia Code, hereby establishes the following procedures to take effect upon adoption by the West Virginia State University Board of Governors. However, to enable the gathering of data, no action will be taken against faculty until the 2019-2020 evaluation of tenured faculty but will continue annually thereafter.
- 2.4 All tenured faculty are to be evaluated on an annual basis by a procedure and an instrument to be developed and, as needed, revised by the Provost with the approval of the Faculty Senate. The evaluation procedure and the evaluation instrument is to be in the Faculty Handbook as soon as is practical. Should the Provost determine that it is beneficial to allow the research/scholarly activity portion of the instrument to vary by college, doing so will be permissible as long as the research/scholarly contribution across colleges be equitable and both the teaching and service components are university-wide. This instrument will rate tenured faculty members as being: needs improvement, satisfactory, or excellent in each of four categories: (1) teaching; (2) research/scholarly activities; (3) service to the University, the community, or the profession; and (4) overall performance as a tenured faculty member.
- 2.5 During the faculty member's annual review, should the Chair or Dean to which a faculty member reports determine the faculty member's performance to be in the category of needs improvement in the area of either teaching or overall, the Provost, along with the Dean and/or department Chair of the faculty member in question, shall direct the establishment of an Evaluation of Tenured Faculty Committee (ETFC). The charge of the ETFC shall be to review the circumstances surrounding poor faculty performance, develop a plan of improvement (if necessary), and evaluate the success of such a plan in accordance with this policy.
- 2.5.1 Given that highest level of effective teaching lies at the heart and mission of the university, serious deficiencies in teaching can in and of themselves, be considered to constitute a designation of needs improvement and therefore result in a review of the faculty member and therefore subject the faculty member in question to the possibility of the sanctions contained within this policy..

- 2.5.2 As an 1890 land grant university, tenured faculty – especially those in leadership positions – fulfill the University’s mission in a variety of ways. This includes participation in shared governance, service to the University, service to the community, and excellence in research/scholarly activities, all of which should be recognized by both in the evaluation of tenured faculty and by the instrument applied.
- 2.6 An ETFC shall be composed of the following: (1) a faculty member designated by the Provost; (2) the Dean of the College of the faculty member under review; (3) a faculty member selected by the Chair of the Faculty Senate; (4) a Dean chosen by the faculty member under review; and (5) a faculty member chosen by the faculty member under review.
- 2.7 Yearly evaluations begin in the fall of each semester and are typically completed by March 1st of each academic year. The timeline contemplated herein is that any faculty that may become subject to an improvement period as a result of a year evaluation shall be notified of that decision on or before March 15th of the academic year. Any hearing shall be conducted between March 15th and April 15th of the academic year. Any improvement plan shall be in place by May 1st of the academic year and remain in place until the next evaluation cycle one year from that time. For example, if an improvement plan is in place on May 1st, 2018 for a faculty member, the next evaluation as contemplated by this policy would be in the fall semester, 2019 (thus affording more than 12 months under the improvement period).
- 2.7.1 Following the initial organizational meeting of the ETFC, the faculty member must provide, within twenty-one (21) calendar days, a written document to the ETFC, which addresses the specific areas in need of improvement.
- 2.7.2 Upon receipt of the written faculty response addressing concerning the areas in need of improvement, the ETFC must schedule a hearing with the faculty member in question, to review the charge of “needs improvement.” This hearing is to be conducted no later than April 15th of that academic year as explained above. The Chair of the ETFC will provide a summary of the Committee’s findings to the Provost within 14 days.

- 2.7.3 As a result of this process, the Provost may direct the ETFC to develop an improvement plan for the faculty member in question. The improvement plan will be drafted by the ETFC, in consultation with the faculty member. The improvement plan will be subject to approval by the Provost. The improvement plan must include performance goals to raise the performance in the deficient areas(s), strategies for attaining the goals, the resources to be provided by the University to achieve the goals specified in the plan, specific measures by which the goals are to be assessed, and a timeline for the completion of goals included in the improvement plan. The approved faculty improvement plan for the coming academic year should be in place no later than May 1st of that academic year.
- 2.7.4 The timeline for completion of goals included in the improvement plan shall be determined by the Evaluation of Tenured Faculty Committee, with the approval of the Provost. The timeline can vary dependent upon the area of improvement, and the circumstances surrounding area in need of improvement the discretion of the Evaluation of Tenured Faculty Committee and with the approval of the Provost. Improvement timelines teaching in need of improvement, which is central to the goal of the University, and service in need of improvement, which can be improved immediately, are not to exceed one (1) academic year. Improvement timelines for research/scholarly activity in need of improvement, which may take longer to correct or to be properly evaluated, shall not exceed two (2) academic years initially. Faculty improvement plans shall begin the next academic year after the academic year in which the improvement plan is developed. Any resources needed to meet the requirements within the improvement plan shall be specified in the plan, but should not exceed any resources that would have been necessary to achieve a performance ranking of satisfactory initially.
- 2.7.5 If, at the next annual review of the faculty member on an improvement plan is progressing in a positive direction but has not yet achieved the satisfactory rating, the ETFC may redesign or adjust the improvement plan for one (1) successive year only with the approval of the Provost.
- 2.7.6 If, at the conclusion of the timeline for the improvement plan, the

Evaluation of Tenured Faculty Committee determines the faculty member's performance is still be in need of improvement, the Provost, upon review, may initiate sanctions to include, but not be limited to, termination of employment of the faculty member, at the discretion of the Provost after consultation with the Committee. In the event that the faculty member's employment is terminated, a one-year terminal contract may be extended to the faculty member.

Section 3. Appeals

- 3.1 Upon receiving an notification that a faculty member needs improvement in teaching or overall performance and receiving an improvement plan from the Evaluation of Tenured Faculty Committee, the faculty member may file a grievance with the Faculty Grievance Committee as specified in **Appendix C: WV Code§29-6-C Grievance Procedure for State Employees** of the Faculty Handbook.

WEST VIRGINIA STATE UNIVERSITY BOARD OF GOVERNORS

West Virginia State University

BOG Policy #//

TITLE: Record Retention Policy

Section 1. General Information.

- 1.1. Scope: This policy provides guidelines for retention of business records of West Virginia State University as outlined in a certain schedule of documents published on the University's website. This policy applies to all University departments and offices as defined herein who create, receive, or maintain such records. Finally, this policy also provides guidance for the destruction of documents that have met their retention schedule.
- 1.2. Authority: W.Va. Code §18B-1-6 and §5A-8-1
- 1.3. Passage Date:
- 1.4. Effective Date:

Section 2. Statement of General Policy.

- 2.1. West Virginia State University requires that university records, as defined herein, regardless of format, be retained for specific periods of time in accordance with legal or other institutional requirements, or for historical value, and at the expiration of that time, be destroyed as specified herein. The University has designated official repositories to manage the retention and disposal of these records according to procedures outlined in this document. Federal and State laws, regulations and best practices require that the University adhere to certain record retention requirements and periods of retention. West Virginia State University requires that records be maintained in a consistent and logical manner and be retained in such a manner so that West Virginia State University can:
 - 2.1.1. Meet legal standards for protection, storage, and retrieval;
 - 2.1.2. Protect the privacy of students and employees of the University;
 - 2.1.3. Make the most efficient use of limited space;
 - 2.1.4. Minimize the cost of record retention;
 - 2.1.5. Ensure that no record is destroyed unless authorized;
 - 2.1.6. Ensure that the means of destruction is appropriate for the type of record;

- 2.1.7. Ensure the preservation of records of permanent value; and
- 2.1.8. Ensure that record retention policies, schedules and procedures are reviewed and modified as necessary to respond to changes in technology or regulations.
- 2.2. Retention periods adopted in this policy may be amended from time to time due to various considerations, including but not limited to: Federal or State statute or regulation; Judicial interpretation or case law; Judicial or Administrative Consent, Decree or Order; private or governmental contract requirements; agency investigation; pending litigation, or audit requirements. Such modifications supersede the retention period for the applicable record stated in the General Retention Schedule and should be kept until final resolution of the action.
- 2.3. The Vice President of Business & Finance or designee shall notify the various administrative departments to preserve potential relevant documents until final resolution of any action above.

Section 3. Definitions.

- 3.1. Active Records: records that are generally referred to once a month or that are needed to support the current business activity of an office or division.
- 3.2. Administrative Unit: the department, office, college, division, or other University area acting as an entity within the institution with a chair or official-in-charge that may have other administrative units reporting to said unit. This term is sometimes used synonymously with the generic term “department.”
- 3.3. Business Record: a financial or operational record that is currently being used, or will be used, by the administrative unit that received or generated the record. Records may remain active for varying numbers of years, depending on the purposes for which they were created. The unit has the responsibility of determining the access required and the security needed for the records. Business records can be electronic records.
- 3.4. Confidential Record: any information that is received or created that includes protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA), personal and educational information under the Family Educational Rights and Privacy Act (FERPA), or any personal financial information under the Gramm-Leach-Bliley Act (GLB). This includes, but is not limited to, name, address, social security number, bank account numbers, financial or financial aid information, student numbers, and medical information. Such records should have access limited to “need-to-know” individuals and should be protected from inadvertent access or disclosure.
- 3.5. Disposition of Records: the terminal treatment of records, through either destruction or permanent storage.
- 3.6. Electronic Mail (E-Mail) (electronic mail, E-mail, Instant Messaging etc.): any communication that requires an electronic device for storage and/or transmission. E-

mail often refers to a package of services designed to automate office communications. E-Mail may be found on desktop computers, laptop computers, tablets and smart phones that are issued by and are property of the University.

- 3.7. Electronic Records: records created or stored by electronic means, including, but not limited to, digital files, images, objects, files on tape, disks, or internal memory.
- 3.8. Electronic Record Management System (also known as Record-keeping Systems): any electronic system that manages the storage, location and retrieval of records, either paper or electronic.
- 3.9. Inactive Records: records that have not been needed for at least one year or for which the active period has passed. The period determining whether a record is inactive begins on the date that the record is executed or published.
- 3.10. Litigation Hold: a communication issued as the result of current or anticipated litigation, audit, government investigation, or other similar matter that suspends the normal process regarding the retention and disposition of University records.
- 3.11. Metadata: structured data about data. It is information about a record and which describes a record. It is descriptive information about an object or resource whether it is physical or electronic. For example, in an e-mail, the “to:”, “from:”, “date:”, “subject:” etc., would be the metadata. In a word processing document the summary portion of properties would be the metadata. When electronic records are collected or transferred to other media, the appropriate metadata needs to follow the electronic records. Metadata can be manually created or derived automatically using software.
- 3.12. Permanent Records: also known as archival records, permanent records have historical, administrative, or research value to the University, which the University keeps indefinitely. Area administrators are responsible for ensuring that the University identifies these records and that they are stored appropriately once they become inactive.
- 3.13. Record: any information, regardless of physical form or characteristics, made or received in connection with the transaction of university business in accordance with law or regulation. A record may include a document, correspondence, recordings, reports, studies, data maps, drawings, photographs, or e-mail, whether in paper, electronic or other form. Typical records include official publications, fiscal data, and incoming/outgoing correspondence including meeting minutes, reports and student files, with the exception of “confidential records.”
- 3.14. General Retention Schedule: an internal document describing categories of records, providing a length of time they should be kept and including instructions for disposition. State or Federal law may determine the period that certain records must be kept. The General Retention Schedule referred to in this policy and published on the University’s website lists the most common records at the University and provides a retention period along with any special instructions related to disposal. Almost every office or department will have records requiring retention that are not on the

General Retention Schedule. Records that are not on this schedule should be added on a case-by-case basis.

- 3.15. Records Destruction: the physical or electronic destruction of a record after it has become obsolete or otherwise in accordance with these guidelines.
- 3.16. Responsible Department: the department or other administrative unit designated as having the responsibility for retention and timely destruction of the particular types of University records in their control.
- 3.17. Retention Period: minimum required length of time for which a university office or department is responsible for maintaining records. Departments may hold records longer than the retention period if feasible and space allows.
- 3.18. The “official copy” of all records related to an employee are retained and maintained by the Human Resources Office, with one exception: The official copy of all records pertaining to faculty promotion, tenure and evaluation are retained and maintained by the Vice President for Academic Affairs.
- 3.19. Students who work in jobs that are NOT part of their educational experience are treated as all other employees for the purposes of record keeping. However, some students are paid to do jobs as a result of a financial aid award or as an integral part of their college education. In that case, their employment information is maintained as a student record with the unique obligations associated with student records.
- 3.20. At the end of a search, the chair of a search committee should collect from each member of the committee all files, notes, applications, recommendations and other material related to that search. This material should be reduced to one “official copy” of each record with the rest destroyed. All e-mail and other electronic records should be printed and kept with other print documents and the e-copy deleted from the e-mail system. All search committee members should delete all electronic files related to the search from their computers, e-mail programs and hard drives.

Section 4. Electronic Records.

- 4.1. Information maintained in electronic format has the same status as paper records. Issues concerning the Freedom of Information Act, privacy protection, legal discovery, retention and disposition apply to information in electronic format.
- 4.2. If official business is conducted via e-mail, even if over privately-owned equipment, it is subject to the same rules and regulations as hard copy records.
- 4.3. E-mail sent or received over the University’s computer system may constitute a form of university record. While not all e-mails are business records, all university e-mails are property of the University and are subject to discovery in the event of litigation against the University or any of its faculty, staff, or students. These records may also be responsive to a Freedom of Information Act request. Consequently, the administration has the ability and the right to view the e-mail of all members of the University community.

- 4.4. Individual faculty and staff are not obligated to retain e-mails. E-mails addressed to @wvstateu.edu are automatically archived upon receipt or transmission.

Section 5. Litigation Holds.

- 5.1. Where the University has actual notice of litigation or of a government investigation or audit, or has reason to believe that such events are likely to occur, or a formal request to retain records has been received, it has the obligation to take steps to preserve documents that might be implicated in such litigation or investigation. In such event, the University will take steps to identify all paper and digitally maintained files that may contain documents relevant to the case, including e-mails, and will notify members of the University community to preserve such documents indefinitely. If any employee of the University receives a notice to preserve records, the employee is obligated to forward the notice to the Vice President of Business & Finance, or designee, and obtain further instruction.
- 5.2. In the event of a litigation hold, all policies for the disposition of documents must be suspended with respect to those matters that are the subject of the hold. Electronic information should be preserved in its original electronic form on the media on which it is stored. Electronic information should not be transferred from the media on which it is stored to a different media for the duration of the litigation hold unless such transfer is necessary to preserve the integrity of the information for the duration of the hold, and such transfers should be made only after consultation with the IT department to preserve the integrity of the electronic data. In addition, the faculty and/or staff member that receives the notice shall similarly preserve any new information that is generated that may be relevant to the litigation or investigation by saving it in a segregated file. Any employee who fails to adhere to this policy and promptly forward any notice to preserve records, or having received such a notice fails to preserve such records, will be subject to discipline, up to and including termination.

Section 6. Department Responsibilities.

- 6.1. Vice presidents and/or their designee(s) are responsible for creating administrative procedures for establishing appropriate record retention management practices in their administrative units. Each vice president or designee must:
 - 6.1.1. Publish electronically, the unit's record management policies so that it is accessible to unit personnel;
 - 6.1.2. Implement the unit's record management practices and conduct periodic in-services for unit personnel and information sessions for new employees;
 - 6.1.3. Ensure that these management practices are consistent with this policy;
 - 6.1.4. Educate staff within the unit in understanding sound record management practices;
 - 6.1.5. Ensure that access to confidential records and information is restricted;

- 6.1.6. Destroy inactive records upon passage of the applicable retention period; and
- 6.1.7. Ensure that records are destroyed in a manner that is appropriate for the type of records and information involved.
- 6.2. Vice presidents shall have latitude with respect to which types of records shall have specific retention periods, except that respective vice presidents shall include retention periods for the following types in their administrative procedures:
 - 6.2.1. Financial Records;
 - 6.2.2. Human Resources Records;
 - 6.2.3. Administrative Records (procurement, real property and other assets, etc.);
 - 6.2.4. Research-related Records;
 - 6.2.5. Student Affairs Records;
 - 6.2.6. Financial Aid Records; and
 - 6.2.7. Information Technology including Archives
- 6.3. If records are not listed, it does not mean that they can or should be destroyed without first considering the general requirements in this policy.

Section 7. Confidentiality Requirement.

- 7.1. Many records subject to record retention requirements contain confidential information. In addition to the retention requirements, any record that contains confidential information should be considered confidential, stored, and secured accordingly.

Section 8. Disposal and Destruction of Records.

- 8.1. Following the established retention schedule, records should be securely maintained for the period of retention in either the office or department where they were created or used. Records that have been identified as archival records must be permanently retained in a designated storage area.
- 8.2. If a determination has been made, pursuant to this policy, authorizing the disposal of certain records, they must be destroyed in one of the following ways:
 - 8.2.1. Recycle or shred non-confidential paper records;
 - 8.2.2. Shred or otherwise render unreadable confidential paper records; or
 - 8.2.3. Permanently erase or destroy electronically stored data in a manner that renders it unrecoverable. Such a manner shall be determined by the University's Information Technology Department.

- 8.3. Each Vice President or designee is required to sign off on the destruction of documents or transfer to storage.
- 8.4. Periodic reviews are required of records generated and maintained electronically in the University's information systems or equipment (including all computer and data storage systems) to ensure that these requirements are met.
- 8.5. Records that will not be listed on a retention schedule and therefore may be destroyed at any time include:
 - 8.5.1. material that is not considered a "record" (see definition of record);
 - 8.5.2. duplicates of an official copy which is stored and retained by another office, such as personnel records, financial and budget information, and copies of information used in an employee search;
 - 8.5.3. records that have served their purpose and are no longer needed, such as drafts of reports; or
 - 8.5.4. notes that have been turned into meeting minutes.

Section 9. General Retention Schedule

- 9.1. The General Retention Schedule (hereinafter "the schedule") will NOT include all records that are to be on a schedule. The Vice President or designee shall provide guidance regarding any Federal or State statutes when developing a retention schedule for records not mentioned in this policy.
- 9.2. Not all records must be retained. The list below describes items in a typical office that are not classified as records and therefore do not need to be categorized or maintained. These materials may be destroyed at any time if they are no longer needed by the office in which they are held. These items will not appear on a retention schedule:
 - 9.2.1. large quantities of duplicate materials and all duplicates of "official copies";
 - 9.2.2. magazines and newspapers not published by the University;
 - 9.2.3. published reports produced by other entities;
 - 9.2.4. purchased data from other sources;
 - 9.2.5. catalogues, journals or other printed matter created by other entities used for informational purposes; or
 - 9.2.6. notes or working papers once a project is complete, unless they provide more complete information than the final report.
- 9.3. Web sites have replaced many publications and are a significant archival record of the University and its operation. Web masters and others creating web page content

should capture copies of their web site's content as electronic files and archive them for permanent retention.

- 9.4. The schedule applies to all types of records, regardless of media or format, including documents, e-mail, photographs, audiotapes, videotapes, CDs and DVDs. Retention periods reflect minimum time periods. Records may be retained for longer periods of time at the discretion of the department or as required by legal counsel. Do not destroy any records while they are subject to audit, investigation, or where investigation is probable. Records that are in storage areas such as basements or attics are often at risk of water damage or destruction and should be evaluated in light of this schedule.

Section 10. Review Date.

- 10.1. The policy and retention schedule will be reviewed annually based on best practices.

DRAFT

WEST VIRGINIA STATE UNIVERSITY BOARD OF GOVERNORS

West Virginia State University

BOG Policy #//

TITLE: Furlough

Section 1. General

- 1.1 Scope: This policy provides the framework by which the President may implement a faculty and/or employee furlough plan that would allow the University to balance its budget should a reduction in state funding or other loss of revenue cause a significant operating budget deficit.
- 1.2 Authority: West Virginia Code § 18B-1-6, § 18B-7-3, § 18B-8-7
- 1.3 Adopted:
- 1.4 Effective:

Section 2. Definitions

- 2.1 “Furlough” means the placement of a faculty or employee deemed non-essential into a temporary non-duty, non-pay status.
 - 2.1.1 Faculty or employees are not permitted to work when placed on furlough.
 - 2.1.2 Faculty or employees may not utilize accrued annual or sick leave or comp time during a furlough period.
- 2.2 “Faculty” means any faculty of the University to include, but not be limited to, tenured, tenured-track, adjunct or term faculty.
- 2.3 “Employee” means, unless noted elsewhere in this policy, all regular University employees to include, but not be limited to, full or part-time, permanent or term employees.
 - 2.3.1 Employees that are holders of H-1B visas as defined by the Immigration and Nationality Act, Section 101(a)(15)(H) are not subject to this policy.
 - 2.3.2 Student employees or graduate assistants are not subject to this policy.
 - 2.3.3 Faculty or employees designated by the President may be excluded from this policy so long as they are designated as essential to the operations of the

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University, which specifically include positions that are required to maintaining the health and safety on the University's campus.

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Section 3. Implementation

3.1 After consultation with the individual members of the Executive Committee of the West Virginia State University Board of Governors, the President may implement, extend, modify or cancel a furlough.

Commented [PK2]: The Board does not get consulted on other day to day operations, so why is this different? This provision should probably just say that the President has the Authority to implement this policy at his discretion – and by reason of the drafting of the policy, the Board gives its approval

3.2 Although the President shall have the discretion provided in Section 3.1, any furlough is to be implemented in a fair manner that prioritizes the mission of the University. Prior to implementation of a furlough, the President should consult with his senior cabinet to determine the faculty and/or employees to be placed on furlough.

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3.3 If the President determines a furlough is necessary, the number of furlough days will be communicated to the affected faculty and/or employees as soon as possible and every effort is to be made to provide notification at least thirty (30) calendar days in advance of implementation of the furlough.

3.4 Scheduling of furlough days or portions of days shall be the responsibility of the President or his/her designee(s), but in no event will the University close completely.

3.5 Furloughs may be implemented on a differential, intermittent, or staggered basis based on pay/salary level, employee classification or nature of appointment. For example, furloughs may be differential, taking into account the essential operations and safety needs of the University, the availability of designated Federal funding, or income generated by the division, department, unit or program.

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3.6 Days the University is normally closed or days that may not normally be work days for certain groups of faculty and/or employees (i.e. spring break, winter break and holidays) may be but are not required to be designated as furlough days.

3.7 Furlough time can only be assigned on days that an employee is normally scheduled to work. Notwithstanding the foregoing, faculty may be placed on furlough during semester breaks, holiday breaks and/or spring break but furlough is not limited to only these times.

Commented [PK3]: Section 3.7 seems inconsistent with Section 3.6

3.8 Faculty and/or employees may not be furloughed for more than fifteen (15) working days in a fiscal year.

Section 4. Pay and Benefit Calculations

4.1 To the extent allowed by applicable law and benefit plans, furloughed faculty and/or employees will remain eligible for public employee health insurance as before the furlough, if applicable. The furlough shall not prohibit the employer from paying the employer portion of the insurance premium for any faculty or employee to the Public Employees Insurance Agency. If, because of the furlough, an employee's pay is

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insufficient to deduct from and remit to the Public Employee Insurance Agency the employee's share of his or her health insurance premium, then the employer shall remit to the Public Employee Insurance Agency such portion of the employee's share of the Public Employee Insurance Agency premium as is unpaid: Provided, That when the furlough ends, the employer shall deduct such aggregate payments from the faculty and/or employee's future pay in the manner and at the maximum rate permissible under State and Federal law.

4.2 Days, parts of days or weeks for which faculty and/or employees are furloughed will count as days employed or days worked for purposes of calculating retirement eligibility, State service time, incremental pay calculations and for purposes of accruing sick and/or annual leave.

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Section 5. Appeal¶

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5.1 . The furlough plan shall not be subject to the administrative grievance or appeal at the University or Board level under this or any other policy.¶

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USE OF CONTROLLED SUBSTANCES IN
RESEARCH
POLICIES AND PROCEDURES

Revised on March 7, 2018

WEST VIRGINIA STATE UNIVERSITY
OFFICE OF RESEARCH & PUBLIC SERVICE

WEST VIRGINIA STATE UNIVERSITY BOARD OF GOVERNORS

West Virginia State University

BOG Policy # 63 (?)

Title: Policy on the Use of Controlled Substances in Research

1. Policy Introduction & Purpose

Many substances used for medical and scientific research purposes are otherwise illegal. The Federal Controlled Substance Act (21 U.S.C. Chapter 13; implementing regulations at 21 CFR 1300-1399) and West Virginia Uniform Controlled Substances Act (WV Code 60 A, Article 9 - Controlled Substances Monitoring Act) regulates such use. Due to their potential abuse, drugs identified by the US Department of Justice, Drug Enforcement Administration (DEA), **Drug Control Division (DCD)** as controlled substances are subject to extensive licensing, registration, storage, security, use, and disposal requirements. At the state level, the WV Board of Pharmacy coordinates with the **Division** of Justice and Community Services, and the Office of **Drug Control** Policy these regulations. **The West Virginia State University's Office of Environmental Health and Safety (WVSU-EHS), under the auspices of the Research and Public Service Unit,** has the responsibility for assisting researchers negotiate these requirements, including obtaining appropriate regulatory documents; **WVSU-EHS officials can be contacted at 304-XXX-XXXX** during regular business hours. Please note that this policy applies exclusively to the research use of controlled substances, including human subject studies.

Therefore, the purpose of these policies and procedures is to create an oversight support system upon which WVSU and WVSU researchers can comply with federal, state and institutional requirements regarding the use of controlled substances in research.

2. Operating Definition of "Controlled Substance"

Controlled substances are any "...drug, substance, or immediate precursor in schedules I to V, **inclusive of the West Virginia Uniform Controlled Substances Act (WV Code, Chapter 60)**

3. Applicability and Non-compliance

Principal Investigators (PIs) or Researchers, including WVSU faculty and approved staff engaged in research involving the use of DEA controlled substances, are required to register with the DEA and the WV Board of Pharmacy. Authorized users of controlled substances must comply with the DEA's requirements for secure storage, recordkeeping, inventorying, reporting loss, theft, or abuse, and safe disposal. Thus, Authorized users will be responsible for updating the controlled substances records as described below, and for assuring compliance with applicable state and federal regulations. The registrant must not allow the permit to lapse until all controlled substances are spent, disposed of, or transferred to another registered person.

Authorized users using controlled substances in their research (including research involving animals and non-therapeutic research involving human subjects) are subject to extensive state and federal regulatory requirements, as outlined in this Policy. **Note that these requirements (including licensing/registration with regulatory agencies) are separate from and in addition to requirements that apply to medical practice; therefore MDs and MD/PhDs conducting laboratory or non-therapeutic human subject research involving controlled substances must obtain licensure/registration for laboratory use of controlled substances in addition to licensure for their practice. Please further note that therapeutic research, in which the subjects are receiving controlled substance(s) as part of their treatment, requires only the medical practice license, and not a laboratory research license. (The inclusion of subjects receiving only a placebo does not invalidate this exception.)**

The WVSU-EHS will assist individuals engaged in research in complying with applicable rules and regulations in the form of educating researchers about requirements and providing compliance oversight through the coordination of inspections. However, it is ultimately the registrant's responsibility to ensure compliance with state and federal regulations.

The State of WV and the DEA can impose administrative, civil, and criminal actions against a controlled substance licensee and DEA registrants for noncompliance and/or theft or loss associated with the storage, administration, recordkeeping, and other aspects of controlled substances.

Failure to comply with this WVSU Controlled Substance Policy, state, or federal regulations will automatically result in the termination of the researcher's controlled substance authorization and will also result in the suspension of controlled substance orders through the University or WVSU Research & Development Corporation.

4. Schedules

Controlled substances are categorized into five categories known as Schedules. Schedules are based on whether the substances have a currently accepted medical use in treatment in the U.S., their relative abuse potential, and likelihood of causing dependence when abused. Schedules I and II are the most stringently regulated, and both have high potential for abuse. However, Schedule II drugs have a currently accepted medical use in treatment, while those in Schedule I do not. Schedule III drugs include many stimulants and depressants, pain-killers and cough suppressants, the veterinary anesthetic ketamine, and anabolic steroids. Schedule IV substances cover the balance of lower abuse potential stimulants and depressants, and Schedule V includes therapeutic drug mixtures containing very limited quantities of controlled substances.

Researchers planning work with controlled substances must be aware of and are responsible for complying with relevant state and federal statutes and regulations for these materials. The state and federal schedules of controlled substances are substantially similar, but not identical.

5. Licensing and Registration

Since the University cannot, by law, maintain "blanket" registration for controlled substances, it is the responsibility of individual Principal Investigators (PI) or Researchers to obtain

appropriate licenses and registration, and to adhere to applicable state and federal regulatory requirements when working with controlled substances. PIs must obtain research licensure from the WV Board of Pharmacy as well as registration from the federal DEA. A table summarizing the license and registration obligations by different research activities appears in Attachment A [Need to adapt table to WVSU needs]. Instructions for completing licensing/registration applications are summarized below:

- A. **State Licensing:** PIs must complete both, the WVSU-EHS Institutional Approval Form for Application for Controlled Substance Laboratory License, and from the State of West Virginia's Board of Pharmacy (WVBOF) Controlled Substance License, and submit them (with charging instructions and business office authorizing signature) to WVSU-EHS for processing. As part of the application process, the DCD (WVBOF?) will inspect the designated laboratory work area; a copy of the DCD (WVBOF?) inspection checklist is attached to facilitate PIs review of the items covered in their laboratory work areas to ensure that facilities and operations are consistent with DCD (WVBOF?) requirements. Approved applicants will receive a one-year license to work with controlled substances in a manner consistent with the approved use(s) described in the application. The DCD (WVBOF?) also conducts periodic random inspections of licensees thereafter.
- B. **Federal Registration:** After receiving state DCD (WVBOF?) licenses from WVSU-EHS, PIs will be provided with a research laboratory registration (Form DEA-225), along with another charging instructions request for the DEA license fee. These forms should be completed and returned to WVSU-EHS, where they will be processed for submission and payment to DEA. Note that for work with Schedule I substances, three copies of the research protocol must accompany the application form. Due to internal DEA protocols, PIs will receive their registration certificate (known as Form DEA-223) directly from DEA. Upon receipt of certificates, PIs should make a copy and forward it to WVSU-EHS. DEA registrations remain active for a 3-year period, at which time a renewal notice will be mailed to the PI. DEA has also implemented an on-line registration system that can be directly accessed upon successful state licensing.
- C. **Renewals:** Notices of pending license and registration renewals will be sent out by WVSU-EHS several weeks prior to expiration. Renewals will be processed in the same manner as initial licenses. Registrants seeking to modify, transfer, or terminate their research laboratory use license and/or registration must submit a written request to WVSU-EHS for processing with the regulatory agencies.

6. Purchasing Controlled Substances

Controlled substances are considered “restricted purchase items” at West Virginia State University and may only be ordered through the Purchasing Department or the Purchasing Department's approved designee. Researchers are required to provide a copy of their current license to the Purchasing Department at the time of each purchase. PIs involved in “human subjects” research must obtain their controlled substances by prescription from an approved Investigational Drug Service or research pharmacy. Please note that Medical Practitioners may NOT use their prescription privileges to order controlled substances for *in vitro* benchtop or *in vivo* animal laboratory research.

7. Scope of Use

Controlled substances may be used only for duly authorized, legitimate medical or scientific research purposes, to the extent permitted by a registrant's license and registration, and in conformity with state and federal statutes and regulations.¹

8. Storage and Security Controls

Controlled substances must be maintained in a manner and location that comply with state and federal law. Any controlled substances maintained otherwise, are subject to seizure by and forfeiture to the state. Failure to comply with applicable requirements may also result in a suspension of the PI's purchasing privileges and disciplinary actions through the **University Safety Committee (???)**.

In order to guard against theft or diversion, all controlled substances - regardless of schedule - must be kept under lock and key, and accessible only to authorized personnel. The number of authorized staff must be kept to the minimum essential for efficient operation, and the stocks of controlled substances must be limited to the smallest quantity needed.

Security requirements vary by drug schedule. Schedule I and II controlled substances are subject to the highest security requirements, and must be stored separately from other drugs in an approved safe (as defined below). Schedule III through V substances must also be stored separately from other drugs in a secure locked location. Regardless of schedule, all controlled substances must be kept locked in their storage location except for the actual time required for authorized staff to remove, legitimately work with, and replace them.

Safes for Schedules I and II:

An approved safe is one approved by the DCD or DEA prior to January 1, 1975, or any safe that minimally conforms to *all* of the following standards:

- a. Safe Manufacturer's National Association certified as being Class A, B or C.
- b. Underwriters Laboratories certified as being inspected for one or two hours.
- c. Underwriters Laboratories certified as being equipped with a relocking device.
- d. Weight of 750 pounds or more, or rendered immobile by being securely anchored to a permanent structure of the building.

WVSU-EHS can provide recommendations for safes that comply with these requirements.

9. Export

Federal law prohibits the export of controlled substances unless certain requirements are met, including, in most cases, export and import permits. Violators of the law risk arrest at U.S. Customs or on airplanes, imprisonment, and fines both in the United States and foreign countries. Licensed brokers are available for transport of controlled substances. **WVSU-EHS** can provide assistance in arranging for any necessary transport of controlled substances.

¹ Pursuant to the Drug-Free Workplace Act of 1988, West Virginia State University prohibits the unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance at the workplace. In addition, the University prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by faculty, staff, and students on its property or as part of any of its activities in accordance with the Drug-Free Schools and Communities Act Amendments of 1989. Violation of these University's policies can lead to disciplinary action, up to and including termination.

10. Authorized Staff

PIs or Researchers may authorize members of their laboratory staffs to work with controlled substances under their license/registration, provided staff members have been listed on the license and registration applications. In the case of non-therapeutic human subject research, authorized staff must also be appropriately credentialed to administer such materials to patients. Authorized staff members must follow all of the rules and regulations outlined and referenced in this Policy, and are also obliged by law to immediately report any loss or diversion of controlled substances to their PI, **WVSU Police Department**, and **WVSU-EHS**. Persons previously convicted of a felony offense relating to controlled substances or who, at any time, had an application for registration with the DEA denied, had a DEA registration revoked, or surrendered a DEA registration for “cause”, may not be authorized for work with these materials. (In this instance, “cause” is the surrender of a license or registration resulting from a federal or state investigation into an individual’s handling of controlled substances.)

11. Recordkeeping

PIs must maintain complete and accurate inventory records for all controlled substances. These records must be kept separately from all other records and documents, in or near the primary work area, and be readily available for inspection during regular work hours or at any other reasonable time. Records must be written, typewritten, or printed form. The use of codes, symbols, or foreign languages in identifying a controlled substance or person in the record is prohibited. Records should be kept in such a manner as to facilitate quick and accurate assessment of quantity on hand and history of use to the individual container level. In the event that any controlled substances are lost, destroyed, or stolen, the kind and quantity of the material and the date of discovery of such loss must be recorded in detail. **All records must be maintained by PIs for a period of at least three years** from the date of the last recorded purchase, transfer, use, or other transaction involving the controlled substance. The recordkeeping system must include *at least* the following information maintained as prescribed in state and federal controlled substance laws and regulations:

- A. **Receipt of Controlled Substance:** A separate and current record of the receipt of controlled substances, indicating date received, name and address of supplier, and the type, strength or concentration, and amount of the controlled substances received. Each record must be signed by the person receiving the controlled substance. DEA Forms 222 and invoices should be maintained as applicable.
- B. **Use of Controlled Substances:** A separate and current record for the storage and use of each controlled substance (use meaning to administer, dispense, professionally use, or otherwise dispose of), indicating the date, building and room, specific research experiment, controlled substance’s application in the research, and type, strength and quantity of each controlled substance use. The record must also include the name and address of the person to whom, or for whose use, or the owner and species of animal for which, the substances were administered or dispensed. By noting starting volume or mass of substance in the container, each use is a subtraction from the starting quantity, and the running (decreasing) amount should equal the total amount remaining on-hand. Each record of use must be signed by the person working with the controlled substance. The inventory should also include a detailed list of any controlled substances lost, destroyed, or stolen, including the type, strength, and

quantity of such substances, and the date of the discovery of such loss, destruction, or theft. See Section 13 for more information.

- C. **Biennial Inventory of Controlled Substances:** A complete and accurate inventory of the stock of controlled substances within each PI's laboratory must be recorded **when he/she first engages in research with controlled substances and then biennially thereafter**, within four days of May 1 of each *odd numbered year* (2017, 2019, 2021, etc.). The inventory can be taken either as of the opening of business or the close of business on the inventory date and this should also be noted on the inventory. The type, strength, and quantity of all controlled substances must be recorded at this time in the manner prescribed in DEA regulations. The person conducting the inventory must also date and sign the record. Reminder notices and forms **will be distributed by WVSU-EHS** several weeks in advance. **This biennial inventory must be retained on the laboratory premises for three years**, separate from other business records and readily available for potential regulatory review as described above.

12. Disposal

Controlled substances from non-human research work may only be disposed under witness from the State DCD (**WVBOF?**) or Federal DEA, through a reverse distributor by documented return to the supplier or manufacturer, or as otherwise authorized or directed by regulatory agency personnel.

Expired material, unused or unwanted product, or neat waste must be accumulated and stored under lock and key until ready for disposal. The State DCD (**WVBOF?**), Federal DEA, or **WVSU-EHS** should be contacted to arrange for a disposal visit or permission to otherwise dispose of controlled substances. Controlled substances injected into research animals, consumed in a reaction, or converted into a non-recoverable hazardous waste mixture may be disposed of through routine waste disposal procedures available **from WVSU-EHS** and the **WVSU IRB (?) (Yale Animal Resources Center)**.

Unused or unwanted controlled substances derived from human subject research must be **returned to the WVSU-EHS (?) (Investigational Drug Service)** for disposal, or locally disposed to sewer upon double-witness by authorized research staff.

13. Reporting of Loss, Destruction, Theft, or Unauthorized Use

Any losses of any controlled substance, including thefts, unauthorized uses, or unauthorized destruction must be **reported to the WVSU Police Department and WVSU-EHS** immediately upon discovery. Registrants must also document the incident in writing for submittal to the State DCD (**WVBOF?**), (within 72 hours) and Federal DEA (within one business day). The written statement must describe the kinds and quantities of controlled substances in question, and the specific circumstances involved. If the circumstances are unknown, immediate notice should still be given to regulators and a complete statement provided thereafter if the loss is substantiated. Regulators should be kept apprised of any ongoing investigation and notified if the loss is not subsequently substantiated. In addition, where a controlled substance is stolen, lost, or destroyed in transit, the consignee (and consignor if within this state) is also required to prepare a loss report that includes documentary evidence that local authorities were notified. The registrant should retain a copy of the statement for at least three years.

14. Resources and References

Registration with the West Virginia Department of Agriculture (Industrial Hemp)

Cancellation of Registration

Authorized Use

Federal Drug-Free Workplace and School Compliance

Purchasing Controlled Substances

Storage and Security of Controlled Substances

Storage

Security

Inspections

Record-keeping Requirements

Controlled Substance Tracking

Inventory Procedures

Reporting Loss, Destruction, Theft or Unauthorized Use

Licenses terminating affiliation with WVSU

<https://policies.utexas.edu/policies/controlled-substances-research>

Registration Procedures

WVSU faculty or staff wishing to obtain controlled substances must proceed in the following order:

Institutional Application

1. Any staff or faculty wishing to register with the U.S. DEA or WV Board of Pharmacy to use controlled substances in research conducted on behalf of WVSU must first obtain institutional approval to do so. Please see the Office of Sponsored Programs' website or contact the OSP office for a current application form.

The application form will help facilitate the process for the individual applying to the DEA and WV Board of Pharmacy, including identifying the research being conducted, location of research, storage site, and inspection plan.

If a WVSU faculty or staff member already has a DEA Controlled Substance and/or a WV Board of Pharmacy license due to affiliation with a previous institution, that staff or faculty member still must request institutional approval before ordering, storing, or using controlled substances at a WVSU-affiliated location.

WV Board of Pharmacy Registration

2. After institutional approval is obtained, the next step in the registration process is to apply to the WV Board of Pharmacy. The WV Board of Pharmacy is the body charged with carrying out the WV Uniform Controlled Substances Act. Registration with the U.S. DEA requires the applicant to be registered with the state first.

Registration with the WV Board of Pharmacy is required on an annual basis. The individual registering to use controlled substances in research is responsible for renewing and maintaining his or her registration with the WV Board of Pharmacy.

U.S. DEA Registration

3. The final step of registering to use controlled substances in research is to apply to the U.S. DEA using Form 225.