Pharmacy Student Governance Association (PSGA)
Constitution, Standing Rules, Policies and Procedures

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**Article I. – NAME**

The name of this organization shall be “Pharmacy Student Governance Association” hereafter referred to as PSGA.

**Article II. – PURPOSE**

The purpose of this organization is to facilitate unity, progress, professional and personal development among the pharmacy students at the University of Charleston School of Pharmacy, hereafter referred to as UCSOP.

The objectives of this organization will be:

- To coordinate quality programming and activities of professional organizations and professional year classes.
- To serve as a conduit for active student participation in professionally developing activities/initiatives on the local, state and national level.
- To support recognized professional organizations activities/initiatives that meet the purpose of the organization and foster the goals and mission of the UCSOP.

In addition to engaging in public service activities and initiatives, this organization seeks to promote and encourage educational and cultural awareness among its members and to the community. PSGA shall be the primary programming, governing, and coordinating unit of student activities for the UCSOP.

**Article III. - PSGA MEMBERSHIP**

Membership in this organization is open to all appropriately registered and identified professional pharmacy students at the UCSOP and shall otherwise be referred to within as the PSGA General Body. Membership in this organization may belong to any of the following functioning bodies: the PSGA Executive Committee, PSGA Executive Board, PSGA Standing and Special Committees, and the PSGA General Body. The PSGA Advisor(s) will act as ex officio member(s) without a vote for both the PSGA Executive Committee and PSGA Executive Board.

**Section 1: Announcement of Professional Organizations/Professional Year Classes.**

Officially-recognized professional year classes are as follows: First Professional Year (P1) Class, Second Professional Year (P2) Class, Third Professional Year (P3) Class, and Fourth Professional Year (P4) Class. All other officially recognized professional organizations will be announced at the first PSGA General Body meeting of each academic semester and documented in meeting minutes.

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1 See Article VI: Executive Organization
2 See Article VI: Executive Organization
Article IV. – PSGA OFFICERS

The officers that comprise the PSGA Executive Committee shall be elected by the organizational membership of each academic year.

Section 1: Appointed Officers. Vacant or vacated officer positions may be appointed at the discretion and the approval of the PSGA Executive Committee.

Section 2: Duties of Officers. The duties of each officer position within the PSGA Executive Committee are:

The President serves as Chairperson of the PSGA Executive Committee and the PSGA Executive Board. The President shall:

1. Preside over all PSGA Executive Committee, PSGA Executive Board, and PSGA General Body meetings.
2. Give administrative guidance and direction to the structure and programming of the organization.
3. Enforce the PSGA Constitution and other guiding documents.
4. In conjunction with the duties of the Vice-President, monitor and evaluate all designated PSGA forms submitted by the professional organizations and professional year classes.
5. Appoint chairpersons to PSGA Committees and Special Committees.
6. Countersign checks with the Treasurer and PSGA Advisor(s).
7. Attend all PSGA events and/or secure a representative to represent the organization in his/her absence.
8. Be official spokesperson and representative for PSGA or delegate authority to other members in the attendance of official functions.
9. Liaison with Student Governance Association (SGA).
10. Maintain a file of administrative materials to be passed on to the succeeding President.
11. Organize the transition of officers meeting for all entities of the PSGA prior to the end of the semester.

The Vice-President serves in the absence, incapacitation, or at the request of the President. The Vice-President shall:

1. Officiate over meeting(s) or events(s) if the President is unavailable.
2. In conjunction with the duties of the President, monitor and evaluate all designated PSGA forms submitted by the professional organizations and professional year classes.

3 See Article 3, Section 1 for Executive Committee List of Officers
3. Promote activism by encouraging member participation.
4. Serve as liaison person for the School of Pharmacy Student Mentorship Program.
5. Maintain a file of administrative materials to be passed on to the succeeding Vice-President.
6. Perform any other duties assigned by the President.
7. Work with the President to organize and implement the transition of officers meeting for all entities of the PSGA prior to the end of the semester.

The Secretary shall:

1. Work with the Historian to ensure that members of the PSGA Executive Board and PSGA General Body are notified in a timely fashion of upcoming meeting, events, and initiatives, etc.
2. Submit a report and announce the state of all meeting attendance and meeting minutes including the PSGA Executive Committee, PSGA Executive Board, and PSGA General Body meetings. These minutes must be preserved and under no circumstances be altered once they have been adopted.
3. Maintain and organize all designated PSGA forms of all professional organizations submitted to PSGA for approval.
4. Update all designated PSGA forms for professional organizations and professional year classes.
5. Coordinate, disseminate, and archive appropriate and official communications from member organizations or other recognized entities to the PSGA General Body.
6. Maintain and archive each professional organizations’ and professional year classes’ designated PSGA forms and other documentation.
7. Maintain a roster of members with their address, telephone, e-mail, and birthdays.
8. Perform any other duties assigned by the President.
9. Maintain a file of administrative materials to be passed on to the succeeding Secretary.

The Treasurer shall:

1. Work with the President to present a proposed budget to the PSGA Executive Committee and PSGA Executive Board Meeting of each academic semester.
2. Submit a report and announce the state of finances of the organization at the beginning of each official meeting of the PSGA Executive Committee, PSGA Executive Board and the PSGA General Body. These reports must be preserved and under no circumstances be altered once they have been adopted.
3. Monitor all necessary financial forms submitted by professional organizations and professional year classes.
4. Execute and organize fundraising events of PSGA.
5. Pay all authorized bills upon request of the President and/or Advisor(s).
6. Deposit and disburse all funds in a timely manner.
7. Countersign checks with the President and PSGA Advisor(s).
8. Obtain copies of all professional organizations’ and professional year classes’ financial budget reports per the ending of each semester.
9. Perform any other duties assigned by the President.
10. Maintain a file of administrative materials to be passed on to the succeeding Treasurer.

The **Historian** shall:

1. Work with the Secretary to ensure that members of the PSGA Executive Board and PSGA General Body are notified in a timely fashion of upcoming meeting, events, and initiatives, etc.
2. Maintain and preserve the events, activities, etc of PSGA, professional organizations, and professional year classes in written form that can be archived for the UCSOP.
3. Perform any other duties assigned by the President.
4. Maintain a file of administrative materials to be passed on to the succeeding Historian.

The **Parliamentarian** shall:

1. Advise the President of the Policy and Procedures of the organizational business in accordance with the Parliamentary Authority ascribed within.
2. Maintain proper decorum during all meetings and assess fines as necessary for disorderly conduct of members during meetings.
3. Secure the room of only necessary members throughout the duration of the meetings.
4. Reserve the necessary rooms and create a schedule of date and times for PSGA Executive Committee and PSGA Executive Board meetings that is appropriate to the officers’, representatives’, and Advisor(s)’ schedules.
5. Assist the President in overseeing that all professional organizations and professional year classes are adhering to the rules and guidelines set forth within the PSGA Constitution.
6. Serve as the time-keeper for all meeting discussions.
7. Be present during the counting of election ballots as long as it is not for a position in which they are running.
8. Assist the Secretary in verifying the number of votes for approved motions.
9. Perform any other duties assigned by the President.
10. Maintain a file of administrative materials to be passed on to the succeeding Parliamentarian.

**Section 3: Discipline for PSGA Officers.** The PSGA officers shall be disciplined for not adhering to all of the following: the Constitution, the Bylaws, and the policies and procedures of the School of Pharmacy and/or the University of Charleston. Action will be initiated by the PSGA Advisor(s) and presented to the General Body for approval.
Section 4: Qualifications and Eligibility. Qualifications and Eligibility will be in accordance with The Guidelines for Professional Student Organization Elections.

Section 5: General Procedure and Rules for Nominations and Elections. General Procedure and Rules for Nominations and Elections will be in accordance with The Guidelines for Professional Student Organization Elections.

Section 6: Methods of Campaigning. Methods of Campaigning will be in accordance with The Guidelines for Professional Student Organization Elections.

Section 7: Method of Voting. Method of Voting for Elections will be in accordance with The Guidelines for Professional Student Organization Elections.

Section 8: Term of Office. Offices are effective at the end of the last official organizational meeting of the academic year and ensue until the last official organizational meeting of the following academic year.

Section 9: Vacancies of Office. Vacant or vacated officer positions of any professional organization or professional year class may be appointed and approved at the discretion of their Executive Committee.

Section 10: Vacancies of Standing Committees. Vacant or vacated standing committee (Academic Affairs, Student Affairs, and Student-Faculty Liaison) positions shall be filled by a method according to the Dean of the School of Pharmacy.

ARTICLE V. – PSGA GENERAL BODY MEETINGS

PSGA General Body meetings shall be open to anyone at anytime and shall be held at least three times a semester during the regular academic school year during available convocation hours.

Section 1: Postponement/Call of Meetings. The PSGA President may call or postpone a PSGA General Body meeting anytime he/she deems necessary upon the PSGA Executive Board approval.

Section 2: Presence of Quorum. No official business shall be transacted without the presence of a quorum, which consists of a majority of the active members (one-half plus one of the membership).

ARTICLE VI. – PSGA EXECUTIVE ORGANIZATION

PSGA Executive Organization is divided into two functioning bodies: The Executive Committee and the Executive Board.
Section 1: PSGA Executive Committee. The PSGA Executive Committee is comprised of the officers of PSGA, which include the President, Vice-President, Secretary, Treasurer, Historian, and Parliamentarian.

The PSGA Executive Committee is charged with the following responsibilities:

1. Assist the PSGA President in establishing the goals for each academic year and planning the organizational calendar.
2. Recognize how each professional organization can work together to fulfill the set goals for each academic year.
3. Make recommendations to the general membership related to student considerations and concerns.
4. Hold one meeting prior to the PSGA General Body meeting to assist in planning the agenda for the PSGA General Body meeting.
5. The PSGA Executive Committee shall act for the general membership in case of emergencies.

Section 2: PSGA Executive Board. The PSGA Executive Board consists of the PSGA officers and one representative from each officially recognized professional organization and professional year class. The representative is determined by the professional organization/professional year class and approved by the professional organization/professional year class’s faculty advisor(s).

Representatives of the PSGA Executive Board are charged with the following responsibilities:

1. State their organization’s goals of activism, programming, fundraising and budget, and social events at the first PSGA Executive Board meeting of each semester.
2. Update the PSGA Executive Board of any changes, additions, or deletions of their respective organization’s proposed events.
3. Relay the information discussed at the PSGA Executive Board meetings to the appropriate officers and general membership of their organization within an appropriate time frame.
4. Oversee the dissemination and completion of the appropriate forms designated by PSGA.
5. Perform any other duties assigned by the PSGA Executive Committee.
ARTICLE VII. – PSGA COMMITTEES

At the first PSGA General Body meeting, the active PSGA Committees will be announced and recorded within the minutes in accordance to the PSGA Executive Board’s goals of the academic year. The PSGA Committees may include but are not limited to: Activism & Community Outreach, Fundraising & Budget, Programming, Publicity, and Social.

Section 1: Committee Guidelines. Each committee should adhere to the following guidelines:

1. Objectives of each committee shall reflect the goals of the PSGA Executive Board of that academic year at the discretion of the PSGA Executive Committee.
2. Perform any other duties assigned by the PSGA President.
3. Individual committee meetings will be held at the discretion of the committee chairperson and PSGA President.
4. Funding for each PSGA Committee will be determined by the PSGA Executive Committee at the beginning of the academic year and taken out of the “PSGA Operations” division. Additional funding requests may be granted by using the “University of Charleston School of Pharmacy PSGA Public Funding Form”.
5. Maintain a file of administrative materials to be passed on to the succeeding committees.

Section 2: Responsibilities of Committee Chairpersons. Committee Chairperson will be determined by the PSGA Executive Committee and be charged with the following responsibilities:

1. Poll the committee members for a convenient meeting time/day using the wishes of the majority.
2. Take an attendance roll for each committee meeting and notify committee members that they are expected to attend 50% of the meetings to be considered members of the said committee.
3. Minutes of each meeting shall be given to the PSGA Secretary by the earliest PSGA Executive Committee meeting.
4. Give recommendations/reports to the PSGA Executive Committee and/or the General Body that accurately reflect the concerns and suggestions of the committee.
5. Present the report given to the PSGA Executive Committee meeting to the General Body for its approval. Only if the report is approved by the General Body shall the committee take action.
6. Perform any other duties assigned by the PSGA President.

Section 3: Special Committees. Special committees shall be created at the discretion of the PSGA President with the approval of the PSGA Executive Committee.
Section 4: Discipline for PSGA Committee Chairpersons and Members. Committee chairpersons or members, who do not adhere to the duties and responsibilities of their said appointments after documented warning, shall be replaced per the recommendation of the PSGA President and through actions of the PSGA Executive Committee in consultation with the PSGA Advisor(s).

Article VIII. – PARLIMENTARY AUTHORITY


Article IX. – AMENDMENTS

The PSGA Constitution may be amended at any PSGA General Body meeting by 2/3 majority vote, provided that the amendment has been submitted in writing at the previous PSGA General Body meeting.

Article X. – RATIFICATION

Ratification of the PSGA Constitution requires a 2/3 majority vote of all active voting members of PSGA.

Article XI. – PSGA FINANCES

PSGA budgets, checkbooks, and ledgers shall be maintained by the PSGA Treasurer and the PSGA Advisor(s).

Section 1: PSGA General Funds. The PSGA General Funds shall be secured from the allocations provided through the Office of Professional and Student Affairs.

Section 2: PSGA Funds Allocation Approval. The PSGA General Funds will be budgeted by the PSGA Executive Committee and approved by majority vote of the PSGA Executive Board. For final approval, the proposed PSGA budget must be voted on at the earliest PSGA General Body meeting. If the budget is subject to change, the PSGA Executive Board and General Body must be notified.

Section 3: The Division of the PSGA General Funds. The PSGA General Funds will be divided into 3 main divisions as follows:

1. “Professional Organizations and Professional Year Classes”: The money allotted to this division must be requested using the “University of Charleston School of Pharmacy PSGA Professional Organization and Professional Year
Class Fund Request Form”. The allotment of money will be based on a specified percentage determined by the PSGA Executive Committee according to the budget allotted to PSGA for that particular year.

II. “PSGA Operations”: The money allotted to this division will be solely used for PSGA Operational purposes.

III. “PSGA Public Funding”: The money allotted to this division must be requested using the “University of Charleston School of Pharmacy PSGA Public Funding Form”. Groups that may request from this division are as follows: officially recognized professional organizations, professional year classes, and PSGA.

Section 4: Request of Public Funding. The “University of Charleston School of Pharmacy PSGA Public Funding Form” must be submitted to the PSGA Treasurer and approved at the earliest PSGA Executive Board Meeting. The form will be voted on by the PSGA Executive Board members not including the representative from that professional organization or professional year class that requested the funding.

Section 5: Reallocation of Year-End Public Funding. The money not used at the end of the academic year within the division of the “PSGA Public Funding” will then be reallocated into “The PSGA General Funds”.

Section 6: Reimbursement. Reimbursement from PSGA Executive Committee will occur when an official receipt of purchase and the “University of Charleston School of Pharmacy PSGA Reimbursement Request Form” is completed, given to the PSGA Treasurer, and approved by the PSGA Executive Committee. The reimbursement will be taken from the division of “PSGA Operations”.

Section 7: PSGA Income Allocation. All income generated by PSGA shall be deposited into the division of the “PSGA Operations”.

Section 8: Establishment of Bank Accounts. If officially recognized by the PSGA Executive Board, professional organizations and professional year classes will be allotted their PSGA funding only after they receive appropriate bank accounts, tax identification number, and have elected officers.

Section 9: Contractual Obligations. Approval by the PSGA Executive Committee is required for all contractual obligations. A request must be submitted to the PSGA President and the PSGA Advisor(s) for approval.
GUIDELINES FOR PROFESSIONAL STUDENT ORGANIZATION ELECTIONS

Section 1: Qualifications and Eligibility. Members nominated for office shall:

1. Be currently enrolled as a full-time student and in good professional standing for the academic year in which they are being nominated.

2. Have a cumulative GPA of 2.5 or higher at the time of election. The required GPA must be maintained while a member in the organization. Members falling short of the minimum GPA will be granted a one semester probation period to attain the required GPA.
   a. A student may hold one elected position and one appointed position on a Standing Committee within the School of Pharmacy during one term of office.4
   b. In the Spring semester, third professional year students (P3) may only run for the fourth professional year (P4) class officer positions.

Section 2: General Procedure and Rules for Nominations and Elections. All election materials will be contained in the “Pharmacy Student Leadership Election Informational Packet” along with the general procedure for elections and other important election details.

1. Fall Elections will contain the First Professional Year (P1) Class and New Professional Organizations.

2. Spring Elections will contain the Professional Year Classes (P1, P2, P3), Pre-existing Professional Organizations and Standing Committees.

3. The “Pharmacy Student Leadership Election Information Packet” will be distributed prior to the designated nomination period.

4. Using the “Nomination Form for Elected Pharmacy Student Leadership Positions”, organizational members can nominate either themselves or other member(s) for a specific position(s). The form must be submitted at the specified date to the appropriate designated person. The Assistant Dean of Professional and Student Affairs will notify the nominee if they are eligible for the position(s).

5. After the approval notification, the nominee must submit the “Application for the Pharmacy Student Leadership Position” to the designated person at the specified date in order to run for one specific professional organization position and/or Standing Committee nomination.

6. Once the applications are received, all the applicants’ statements will then be disseminated to the entire PSGA General Body within an appropriate time frame.

7. All elections must occur after a “UCSOP Campaign Forum”.

8. The dates for submission of nominations, the officer’s position applications, “UCSOP Campaign Forum”, and election-day will be established by the PSGA Executive Board and PSGA Advisor(s) and announced at the first PSGA General Body meeting of each academic semester.

9. If prior to a “UCSOP Campaign Forum” there is a vacant or unopposed position, an eligible student may submit an “Application for the Pharmacy Student Leadership Officer Position” to the PSGA President and PSGA Advisor(s) 48 hours prior to the

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4 Reference the UCSOP Student Handbook for Standing Committees
scheduled forum. Likewise, one who has already applied for a position may switch and run for a vacant or unopposed position. However, the applicant will need to resubmit an “Application for the Pharmacy Student Leadership Officer Position” for the vacant or unopposed position. The application will follow the same process detailed above, and after eligibility criteria have been verified, the nominee will be announced to the General Body prior to the forum.

10. An applicant may decide to not run for their designated position up to 48 hours before their scheduled election. The applicant must inform the PSGA Advisor(s) prior to their scheduled election and be removed from the ballot(s).

Section 3: Methods of Campaigning. Campaigning for a position of a professional year class or professional organization will take place during a “UCSOP Campaign Forum” at a specified convocation time.

A. A “UCSOP Campaign Forum” is an organizational meeting in which all applicants must be present.

B. The time allotted for a UCSOP Campaign Forum can be approved or established by the PSGA Executive Board and Advisory Council and the time will be appropriate for the number of applicants.

Rules for a UCSOP Campaign Forum:

1. Each applicant must be present at the time of the forum. If the applicant fails to attend the forum, the applicant forfeits their position. Attendance can be excused by the Advisory Council.

2. Forum procedure must appropriately and fairly represent each professional organization, professional year class, and applicant for each position.

3. Forum procedure must be approved by the PSGA Executive Board and Advisory Council.

4. The forum must allow organizational members time to ask appropriate questions to the applicants of each position.

5. Forum procedure must be disseminated to the applicants prior to a UCSOP Campaign Forum.

Section 4: Method of Voting. The election for positions shall be by secret ballot and on the date established by the PSGA Executive Board and Advisory Council.

Rules for voting:

1. “Write ins” will not be accepted or counted on the received official ballots.

2. All students in the School of Pharmacy are eligible to vote on the applicants of each position of which they are members.

3. Elected officials will be determined by simple majority vote of a quorum of the members.

4. The results of the Standing Committee elections will be sent to the Dean of the School of Pharmacy who has final decision in appointment.

5. If a position results in a tie vote after the election, a separate election will take place between the candidates of the tied position.
GUIDELINES FOR PROFESSIONAL ORGANIZATIONS AND PROFESSIONAL YEAR CLASSES

Section 1: Procedure for Initiating New Professional Organizations

1. Any individual (student, faculty, staff, etc.) interested in starting a professional organization should notify the PSGA Executive Committee.

2. In order to initiate the process of official recognition, the “PSGA New Professional Organization Petition Form” must be submitted to the PSGA President. The form will be presented and reviewed at the earliest PSGA Executive Board meeting with the person(s) responsible for submitting the petition present at the meeting.

3. Once the form is submitted, the new professional organization will be designated in “preliminary status” and must follow the rules for official professional organizations outlined within the PSGA Constitution.

4. The petition requests:
   i. a valid mission statement of the professional organization
   ii. why the need of the professional organization exists
   iii. a potential advisor
   iv. the number of interested members in participating within the professional organization
   v. a request for the person(s) responsible for submitting the petition to attend a PSGA Executive Board meeting

5. Once the PSGA Executive Board members reviewed the petition, the new professional organization will be announced at the earliest PSGA General Body meeting and an appropriate amount of time will be designated for comments from the PSGA General Body.

6. After the period for comments from the PSGA General Body has ended, the PSGA Executive Board will meet again and decide whether the professional organization is approved for official recognition. Person(s) responsible for the petition may be present at the deciding meeting, but do not have a vote.

7. Automatically, the First Professional Year (P1) Class is officially recognized by the PSGA Executive Board as long as they adhere to the rules for professional organizations stated below. The First Pharmacy Professional Year (P1) Class must submit their governing documents and roster to the PSGA President by the conclusion of the Fall semester.

Section 2: Remaining an Official Professional Organization and Pharmacy Year Class

Each Professional Organization and Professional Year Class:

1. Must not promote activities that are illegal or that violate the rights of others.
2. Must contain at least 3 officer members (President, Treasurer, and a 3rd officer).
3. Must have a representative on the PSGA Executive Board.
4. Must submit their governing documents and roster to the PSGA President in the Fall semester.
5. Must submit forms for any event, activity, fundraiser, etc. that takes place within or outside the UCSOP and announce them at the earliest PSGA Executive Board meeting.
6. Must use PSGA funding accordingly to achieve their organization’s mission. However, the events in which they pursue may be evaluated by any student by submitting the “University of
Charleston School of Pharmacy PSGA Event Evaluation Form” to the PSGA President. (Evaluations received may dictate future funding given to that particular organization or professional year class.)

7. Must submit documentation for all completed programmed activities, fundraisers, and social events by completing the “University of Charleston School of Pharmacy PSGA Accomplished Activities Form” to the PSGA President by the end of each semester.

8. Must announce their proposed expense report at the first PSGA Executive Board meeting in the beginning of each semester and an updated expense report must be given to the PSGA Treasurer at the end of each semester.

9. If the professional organization or professional year class does not adhere to the above rules, the organization and its members are subject to possible disciplinary action from the Office of Professional Affairs and/or the Dean of the School of Pharmacy.

10. All professional organizations and professional year classes shall perform any other duties approved by the PSGA Executive Board.
UNIVERSITY OF CHARLESTON
Appendix A: Event Request Form

This form is to be completed for any organizational event held on or off campus (not including meetings). This form must be completed and approved by the Director of Student Programs at least ten business days prior to the event. All activities should be consistent with the university standards and policies as well as the mission/purpose of your organization. If you have any questions or concerns, please contact the Director of Student Programs in the Division of Student Affairs. Events are not confirmed until this form is completed, returned and approved by the Director of Student Programs. You will receive an e-mail notification of approval.

Name of Organization: _____________________________________________ Date: __________________________

Contact Name: _______________________ Phone: ___________________ Email: __________________________

Advisor Name: _______________________ Phone: ___________________ Email: __________________________

Name of Event: _____________________________________________ Date: __________________________

Location: __________________________________________ Alternate Location: _______________________

Set up Time: __________ Start Time: __________ Clean up Time: __________ End Time: __________

Event Type (Circle One): Fundraiser Educational Spiritual Recreational Social/Retreat Community Service Conference/Seminar Other

Social/Retreat Community Service Conference/Seminar Other

Attendance Type (check all that apply): Members Only _____ UC Community_____

General Public _____ Other _____   Estimated No. to Attend: ____________

Will alcohol be present at this function? ______ Yes ______ No

If Yes: How will you prevent underage drinking? __________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

*How will persons of the legal drinking age be identified? Wristbands? ______ Other ____________

*What type of food will be provided? __________________________________________________________

* A Certificate of Insurance for the organization and/or venue must be on file in the
Division of Student Affairs

Does your organization hold liability insurance? (It may be necessary for your organization to purchase liability insurance depending on the event. Please check with the Director of Student Activities.) Yes__ No __

Name of Security hired ___________________ How many hired? ______

Are you traveling? If you are traveling please let the Director of Student Activities know all names of those (traveling with the group, if the advisor will or will not be joining the group, and emergency contact information for each individual.) Yes __ No __

Transportation provided by: ________________________________________________________________

Name of officer(s) responsible for the event:
1.____________________________________  2.__________________________________________
I have read and understand Student Organizations Rights and Responsibilities, in regards to scheduling of off campus events, as outlined in the University of Charleston Student Organization Handbook. I also certify that the information on this form is accurate and as host(s) accept responsibility for this event. I understand there will be consequences for providing false and/or misleading information on this form. I understand the host organization is responsible for ensuring the safety of its members and guests. I also understand that I must be in attendance at the event. If I am unable to attend, I will appoint another member as the official representative. I will notify the Director of Student Programs of any changes in the plans for the event including cancellation.

____________________________________________Ph._______________ Date____________
Signature of President of host organization

____________________________________________Ph._______________ Date____________
Signature of President of co-host organization

____________________________________________Ph._______________ Date____________
Signature of Advisor

____________________________________________Ph._______________ Date____________
Signature of Advisor

Room Reservation Signature (must be signed for event approval)

The following guidelines must be used by organizations when hosting a social event.

I. An Event Request form must be completed and returned to the Division of Student Affairs five (5) business days prior to the event.

II. The total number of persons present may not exceed three times the membership of one host organization or 100, whichever is greater. Exceptions must be approved by the Director of Student Programs or his/her designee at least 72 hours prior to the beginning of the event.

III. It is illegal for persons under the age of 21 to consume alcohol. The student organization, as host of the event, is responsible for ensuring that only persons 21 years of age or older consume alcoholic beverages.

IV. The host organization is responsible for taking steps necessary to prevent uninvited guests and noticeably intoxicated people from entering the event; to prevent underage persons from bringing alcohol into the event; to prevent persons from leaving the event to drink, then being readmitted to the event; and to make certain individuals do not leave the event with open containers of alcohol.

V. All entrances and exits to the event must be monitored at all times. If a student is given this responsibility, he/she must be a fully initiated member of the host organization. The persons monitoring the entrances and exits are not permitted to consume alcoholic beverages or be under the influence of drugs or alcohol during the event.

VI. Glass bottles are strictly prohibited at any social event. Exceptions must be approved by the Director of Student Programs or his/her designee at least 72 hours in advance of the event.

VII. The host organization is responsible for ensuring that a safe means of transportation is available for its members and guests such as cabs or designated drivers.

VIII. All areas surrounding the location of the event must be cleaned by the host organization immediately following the close of the event.

IX. Be advised that registration of an event does not constitute permission to allow noise levels or traffic to become a public nuisance. The event host is responsible for preventing the event from becoming a public nuisance.

X. Social activities or gatherings, planned or unplanned, should not be held during summer orientation/registration sessions or finals week.
Appendix B: Student Organization Fundraising Form

Organization: _______________________________________
Student Contact: ________________________ Ph. #:__________________
Student email: ____________________________________________
Advisor Name: ________________ Advisor Phone No.: ____________

What is your fundraising goal (amount)? _______________
(You must report your final fundraising total and where it goes to the Director of Student Programs!)

Please describe the fundraiser you will conduct:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Item you are selling: _____________ Cost: ______________
Location: ______________________ Date: ___________ Time: __________

Will you request donations from any local businesses? Yes  No
If yes, what business (es) do you plan to approach?
1. __________________________________________
2. __________________________________________

Please circle the type of advertising you plan to use:
Flyers/Posters/ Public Radio Broadcasts/Local Newspapers
Other: ____________________________________________

All advertising off campus, it MUST be approved through University Relations and the Office of Student Life. On campus advertising must follow posting regulations.

I have read, and understand and agree to follow the rules and regulations regarding fundraising. I understand failure to follow these guidelines may result in loss of University privileges.

Officer’s Signature: ______________________ Date: ___________
Advisor’s Signature: ______________________ Date: ___________
Catering Signature: ______________________ Date: ___________

Approval  No  Yes
_________________________ Date: __________________

Director of Student Activities
Dean of Students (If applicable)________________________ Date: __________

Form MUST be turned in at least 2 weeks in advance!
Appendix C: APPROVAL FORM FOR FUNDRAISING ACTIVITIES
To: Jennie Ferretti, Advancement  
From: ___________________________ (name)  
______________________________ (position)  
Re: Fundraising approval for ____________________ (department/organization)  
Date: ________________  

All fundraising activities of organizations and affiliates of the University of Charleston must have prior approval of the Associate Vice President for Advancement and the appropriate Cabinet officer. Please submit the following for approval thirty (30) days prior to beginning fundraising for the requested project.

Project/Event: ________________________________________________  
(Please attach any relevant flyer, invitation, or other description).

Date of project or event: ______________________________________________________________________ 

Fundraising schedule (start and finish date of solicitation): ______________________________________________________________________ 

Fundraising goal: $__________  

How will the proceeds be used? : ___________________________________________________________  

________________________________________________________________________________________  

Constituencies to be solicited (attach specific prospect list if applicable): __________________________ 

________________________________________________________________________________________  

________________________________________________________________________________________  

Who is doing the soliciting? __________________________________________________________________ 

Solicitation method (mail, telephone, personal visit, etc.): ______________________________________  

________________________________________________________________________________________  

________________________________________________________________________________________  

Signature of applicant ________________________________________________________________  

Approved:  

______________________________  
Cabinet Officer  

______________________________  
Associate Vice President for Advancement
Appendix D: Chaperone Form

Name of Organization: ______________________________________ Date: ______________

Contact Name: ___________________ Phone: _______ Email: ______________________

Advisor Name: ___________________ Phone: _______ Email: ______________________

Name of Event: ___________________ Date: __________________

Location: _______________________ Alternate Location:__________________________

Chaperone’s Name: ______________________________________
Phone: ___________________ Email: ______________________

Chaperone’s Name: ______________________________________
Phone: ___________________ Email: ______________________

Chaperone’s Name: ______________________________________
Phone: ___________________ Email: ______________________

Chaperone’s Name: ______________________________________
Phone: ___________________ Email: ______________________

Acknowledgements – for office use

Date Received: ___________________ Time Received: ___________________
Approved: Yes___ No___ Date: ___________________

Director of Student Programs Signature: ____________________________
Sponsoring Organization/Department: ___________________________________________________
Event: _____________________________________________________________________________
Date: ______________________________________________________________________________
Place: _____________________________________________________________________________

Trip Agreement and Contract

Name: ______________________________________________________________________________
Permanent Address: __________________________________________________________________
City: ______________________________ State: _______ ____ Zip: ______________
Permanent Phone: ___________________________________________________________________

Campus Address: __________________________________ Campus Phone: _________________
Emergency Contact: ____________________________ Relationship: _______________________
Phone: _____________________________________ Date of Birth: _________________________
Social Security Number: _____________________ Male: ________ Female: _____________

Trip Information

• Participant must be a registered student at the University of Charleston.
• Payment for the trip must be made at time of registration.
• There will be no refunds.
• All questions should be directed to the Office of Student Life (304) 357-4745.

The University of Charleston acts only in the capacity of agent for the purpose of arranging transportation, accommodations, and any other services offered in connection with the tour, and as such, the University of Charleston expressly disclaims any liability for personal injury, death, damage, loss, accident, delay, or any other person or company rendering any services in conjunction with the tour.

Certain tour activities may involve inherent risk. Trip participants must recognize that by electing to participate in such activities, they are assuming those risks. Participants are free to decline to participate in any activity in which they feel involves unacceptable risk.

Under no circumstances is the University of Charleston to be held responsible for:

a) baggage damage or loss
b) loss of personal property, possession, or monies
c) personal illness, injury, or arrest
d) personal conduct, action, or moral behavior of any tour member

Any participant responsible for damage to any property will be required to pay immediately for such damages incurred.
Conditions of Participation

Neither the University of Charleston nor any persons acting on its behalf shall be liable for any injury or loss which may occur during any part of the program.

EMERGENCY AND MEDICAL PRECAUTIONS

The trip leader designated by the University of Charleston shall organize and schedule trip activities for trip participants. Trip participants who elect to participate in such activities are expected to comply with directives of the trip leader.

The trip leader designated by the University of Charleston may require a trip member to leave the trip at any time if, in his/her sole discretion, he/she feels that the member’s further participation in the trip may be detrimental to the trip or the member’s health. All expenses incurred in leaving a trip are the financial responsibility of the participant. Staff are not expected, however, to act in loco parentis nor to provide supervision of free time. STUDENTS ARE RESPONSIBLE FOR THEIR ACTIONS AT ALL TIMES and may be held accountable for violation of UC policy upon return to campus.

LIABILITY FOR VANDALISM

Students will assume any repair and/or replacement cost which are the results of any vandalism in which they may cause or participate in while on the trip.

HOLD HARMLESS

In consideration for my participation in the University of Charleston trip and for other good and valuable consideration, the undersigned, for myself, my heirs, executors, administrators, and assigns, do hereby fully and forever release and discharge the University of Charleston, its officers, agents, employees, any persons or parties acting on its behalf, and their successors and assigns, from any claims or causes of action in any manner which may result from personal injuries, conscious suffering, death, or property damage, sustained by myself arising out of my participation in the said trip, the ownership or operation, use, maintenance, or control of any vehicle or any other conditions that may cause a personal injury in connection with, or arising out of such trip.

I further hereby agree to indemnify, and/or at the request of the institution, defend and hold the University of Charleston, its officers, agents, employees, and their successors and assigns, harmless from any and all claims or demands for loss of, or damage to property, for injury or death to any third person from any cause whatsoever, and expenses, including legal expenses, arising out of any intentional, willful, or negligent act by myself at any time during said trip.

I have read the terms, conditions, and policies above and I agree to bound thereby. I acknowledge that the above information is complete and accurate. I further acknowledge that I am enrolled as a student for at least 7 credit hours of class in the current semester at the University of Charleston, or am an employee of the University of Charleston.

Signature: _________________________________  Date: _________________
Appendix F: PSGA Public Funding Form

Date of Event: ____________  Date Submitted: ________________

Club/Organization Name: ___________________________________
Treasurers Name: _________________________________________
Number of active members in club/organization: _________________
Name of Event/Activity: ____________________________________
Please give a brief description of the event and its benefits

---------------------------------
Target Audience: __________________________________________
Estimated Total Cost (not requested from PSGA): ________________
Please provide a detail list of what the money will be spent on:

---------------------------------
Amount Requested from PSGA: $___________
Planned fundraisers: ________________________________
Amount from fundraisers: $_______________
Admission fee for event/activity: $__________
Signature: ________________________________  Date:_____________
Appendix G: PSGA Reimbursement Request Form

Original, Itemized Receipts Are Required For Reimbursement

REIMBURSEMENT MADE PAYABLE TO:

<table>
<thead>
<tr>
<th>Individual or Organization Name:</th>
<th>________________________________</th>
</tr>
</thead>
</table>

Home or Organization Address: (include city, state, & zip) ________________________________________________

(If reimbursing an individual, instead of an organization, a home address is required.)

<table>
<thead>
<tr>
<th>If Organization Reimbursement:</th>
<th>Or</th>
<th>If Individual Reimbursement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name: ___________________</td>
<td>Contact Name: ___________________</td>
<td></td>
</tr>
<tr>
<td>Home or Work Phone: ________________</td>
<td>Position: ___________________</td>
<td></td>
</tr>
<tr>
<td>Email: ____________________________</td>
<td>Phone: ___________ Email: ___________</td>
<td></td>
</tr>
</tbody>
</table>

PURCHASE INFORMATION: (Each item must be listed or attach spreadsheet of each item)

<table>
<thead>
<tr>
<th>Item(s) Purchased</th>
<th>Item</th>
<th>$Amount</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Total Amount to Reimburse $________________

Event Title ____________________________________________________________________

I certify the above information is true and correct to the best of my knowledge.

_________________________________     _____________________
Signature        Date

Check Number ________ Signature of Check Received/Date _________________________
"A leader leads by example, whether he intends to or not."

Unknown Author

Appendix H:
Pharmacy Student Leadership
Election Informational Packet
"The quality of a leader is reflected in the standards they set for themselves.”
Ray Kroc

<table>
<thead>
<tr>
<th>Item</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Student Leadership Election Process</td>
<td></td>
</tr>
<tr>
<td>Elected Pharmacy Student Leadership Position Descriptions</td>
<td></td>
</tr>
<tr>
<td>Nomination Form for Elected Pharmacy Student Leadership</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td></td>
</tr>
<tr>
<td>Application Form for Elected Pharmacy Student Leadership</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td></td>
</tr>
</tbody>
</table>
Pharmacy Student Leadership
Election Process

“Leadership is practiced not so much in words as in attitude and in actions.”
Harold S. Geneen

In order to run for an elected student leadership position, an individual must be nominated using the “Nomination Form for Elected Pharmacy Student Leadership Position” and the form must be submitted by the provided deadline. Individuals may be nominated by their classmates or an individual may nominate themselves for any elected position. Once nominated, the individual will be reviewed by the Office of Professional and Student Affairs to ensure that the eligibility criteria/qualifications are met (for example: minimum GPA). Individuals nominated for an elected position will be informed of their nomination(s) by e-mail from the Assistant Dean of Professional and Student Affairs. In order to accept the nomination and to run for an elected position, the nominee will be required to complete and submit the “Application Form for Elected Pharmacy Student Leadership Position” by the provided deadline date. Remember, if nominated for more than one position, you may only apply for one position and/or one Standing Committee position.

Upon receipt of all of the “Application Form for Elected Pharmacy Student Leadership Position” from students interested in running for an elected position, a slate of candidates for each position will be provided to the entire student body within 48 hours. The qualifications, position statements, and goals of each candidate will be provided to each pharmacy student for their review and consideration in advance of the “UCSOP Campaign Forum”. If prior to the “UCSOP Campaign Forum”, there is a vacant or unopposed position, an eligible student or an opposed applicant may submit the “Application Form for Elected Pharmacy Student Leadership Position” to the PSGA President and the Assistant Dean of Professional and Student Affairs 48 hours prior to the forum. Once the applicant is approved by the Assistant Dean of Professional and Student Affairs, the applicant is eligible to run for an elected position. The “UCSOP Campaign Forum” is designed to provide the student body the opportunity to hear in greater detail the position of candidates for elected positions and will be held in advance of the election. All applicants must participate in the “UCSOP Campaign Forum” or forfeit their nominated position. Following the “UCSOP Campaign Forum”, elections will then take place.

Important Dates to remember:

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dissemination of Election Materials</td>
</tr>
<tr>
<td></td>
<td>Nomination Form Due Date</td>
</tr>
<tr>
<td></td>
<td>Application Form for Elected Pharmacy</td>
</tr>
<tr>
<td></td>
<td>Leadership Position Due Date</td>
</tr>
<tr>
<td></td>
<td>Dissemination of Slate of Candidates</td>
</tr>
<tr>
<td></td>
<td>Platform to the Organizational Membership</td>
</tr>
<tr>
<td></td>
<td>UCSOP Campaign Forum</td>
</tr>
<tr>
<td></td>
<td>Election/Voting Day</td>
</tr>
</tbody>
</table>
Appendix I:
Nomination Form for Elected Pharmacy Student Leadership Positions

DIRECTIONS: Using the Pharmacy Student Leadership Election Informational Packet document provided, please feel free to nominate your classmates or yourself for the available elected positions or standing committee positions. Nominations must be submitted electronically on this form to the Assistant Dean of Professional and Student Affairs by **Time and Date**.

<table>
<thead>
<tr>
<th>Nominee’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td></td>
</tr>
<tr>
<td>Position Seeking</td>
<td></td>
</tr>
<tr>
<td>Name of Person Making Nomination</td>
<td></td>
</tr>
</tbody>
</table>

---

UNIVERSITY OF CHARLESTON
2300 MacCorkle Ave, S.E., Charleston, WV 25304  Phone (304) 357-4858  Fax (304) 357-4868  pharmacy.ucwv.edu
## Appendix J: Application for the Pharmacy Student Leadership Position

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Organization</th>
<th>Position Seeking</th>
</tr>
</thead>
</table>

1. Within the text box provided, give a brief biographical sketch including leadership experience and community involvement.

2. Within the text box provided, provide your position statement regarding the organization and your goals for the respective organization as it relates to the office you are seeking.
Appendix K: PSGA New Professional Organization Petition Form

Individual(s) Proposing the New Professional Organization:

_____________________________________________________________________________

Please circle if you are a:

Student       Faculty Member       Staff Member       Other:____________________________

Has the organization made the PSGA Executive Committee and General Body aware of its initiations and intentions through an approved method by the PSGA Executive Board?

Please Circle:

Yes       No

If so, when: _____________________________

Proposed Name of Organization:  ________________________________________________

Name of Proposed Organization Advisor: _________________________________________

Number of Students Interested in Membership of Proposed Organization: _____________

Stated Need for Proposed Organization: ___________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Mission Statement of Proposed Organization: _______________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

PSGA Signature: _______________________________ Date Received: ______________
Appendix L: PSGA Event Evaluation Form

Date: __________________ 

Name of Organization: ____________________________________________________

Your Name: __________________ Email: __________________

Program/Event Title: ______________________________________________________

1. Circle the response that best reflects how you felt about the program: “The program was successful.”
   
   Strongly Agree    Agree    Neutral/Ambivalent    Disagree    Strongly Disagree

2. What elements of the program/event did you feel were most successful?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. What would you change to make the program more successful?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. Do you feel the event was a worthwhile endeavor and should be repeated in the future?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

PSGA Signature: ________________________________  

Date Received: _______________
Appendix M: PSGA Accomplished Activity Form

Name of Organization: ________________________________ Date: ____________

Event Type (Circle One): Fundraiser  Educational  Spiritual  Recreational

Social/Retreat  Community Service  Conference/Seminar  Other_______________

Attendance Type (Select all that apply): Members Only ___ UC Community ___

General Public ___ Other _____________________

Number in Attendance: ______

Description of Activity: ______________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Accomplishments: __________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Future Improvements: _______________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

(Please feel free to attach any other pertinent information pertaining to your event. Ex, flyer used for advertisement, pictures, budget expenses, etc.)

PSGA Signature: ________________________________ Date Received: ____________
Appendix N: PSGA Professional Organization and Professional Year Class Fund Request Form

Date of Event: _______________  Date Submitted: _______________

Club/Organization Name: ___________________________________

Treasurer's Name: _________________________________________

Number of active members in club/organization: _______________

Name of Event/Activity: ____________________________________

Please give a brief description of the event and its benefits

__________________________________________________________________________________

Target Audience: __________________________________________

Estimated Total Cost (not requested from PSGA): ______________

Please provide a detail list of what the money will be spent on:

__________________________________________________________________________________

Amount Requested from PSGA: $___________

Planned fundraisers: __________________________________________

Amount from fundraisers: $______________

Admission fee for event/activity: $__________

Signature: ____________________________________________  Date:_____________