

BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

STANDARD OPERATING PROCEDURES

Creation, Modification and Maintenance of Standard Operating Procedures		SOP #: GA.003.03
Effective Date	5/28/2019	
Last Revision/Review	8.27.24 (Reviewed)	

1. Purpose

The development and maintenance procedures within the College shall include the review and recommendation of Department Heads and Committee Chairs. This standard operating procedure has been established under the authority of the President and Dean/Chief Academic Officer to fulfill this objective.

2. Related Policy/Authority

3. Faculty/Staff Responsibilities

The Responsible Official, Office of Institutional Effectiveness, Dean/CAO, President

4. Definitions/Abbreviations

Responsible Official: The department head/committee chair assigned the coordination to develop, modify, review, and eliminate procedures within an assigned area of responsibility.

5. Procedural Steps

1. A Standard Operating Procedure may be initiated by a Responsible Official with the authority and responsibility for the subject area addressed within the Standard Operating Procedure at any time.
2. Any College stakeholder may propose Standard Operating Procedures or modifications to a Responsible Official. The Responsible Official will supervise the development and composition of the Standard Operating Procedure, and may designate and authorize others to assist.
 - a. In developing or amending an SOP, the Responsible Official shall confer with the leadership of Faculty Council, Staff Council, and/or Student Government Association to determine if additional stakeholder input is needed prior to final approval.
3. To develop a new Standard Operating Procedure, the Responsible Official, working with appropriate stakeholders, utilizes the SOP Template and submits the SOP to the Office of Institutional Effectiveness for review.
4. The Office of Institutional Effectiveness will determine whether the SOP has been vetted appropriately and is not in conflict with existing policies and/or procedures. If in conflict, the Responsible Official will be notified that a revision is needed. If not in conflict, the SOP will be assigned a number and sent to the web developer for posting.
5. The SOP will then be communicated to the College Community through an update provided by the Office of Institutional Effectiveness.
6. All Standard Operating Procedures will be reviewed and updated as necessary. All SOPs will be subject to periodic review by the Responsible Official.

BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

STANDARD OPERATING PROCEDURES

6. Reports/Charts/Forms/Attachments/Cross References

Standard Operating Procedure Template

7. Maintenance

Annually

8. Signature

Approved by

8.27.24

Dept. Head Institutional Effectiveness

Date

9. Distribution List

Internal/External

10. Revision History

Revision Date	Subsection #	Summary of Changes	New/Cancellation/Replacement? (if applicable)	Approval Date
8/18/19	2	Update to responsible official titles		8/28/19
6.23.2020	5	Update Responsible Official to be a department head/committee chair		6.23.2020
3.28.23	5	Added section 2a. regarding stakeholder input		3.28.23