Course Title or Program: MDCA1417 Proced	lures in a Clinical Setting
Fee Name: Lab Fee	
Fee Amount: \$24.00	Detail Code/FOAPAL:
Requested Implementation Date or Term: 202130	assigned by Business/Bursar Office
Justification for fee (attach applicable supporting documentation):	
Program lab fee for Medical Assiting Advanced Practice Anticipated supply cost for this course: - EKG Machine Paper \$185.20 - EKG Machine Electrodues \$143.62 - Exam Table Paper \$29.00 - Gauze and Bandages - \$32.00 - Surgical Instrucment Wrappers - \$74.51 - Suture Supplies - \$10.11 Enrollment is capped at 20 students. For the course, the lab su	pply cost per student is appoximately \$24.00.
Select one from each list below:  Original approval request (requires VP and Board appro Change to existing fee amount (requires VP Board appr Course Designation Change (no fee change): Fee Termination Notice:  Approvals:	
Julia Westcott Julia Westcott (Nov 6, 2020 16:18 CST)	Nov 6, 2020
Requestor: Director or Associate Dean's Name/Signature	Date
Approver: Dean's Name/Signature	11. 6.20 Date
Melanto	11/10/20
Approver: Provost/Associate Vice President's Name/Signature	Date
Approver: Vice President's Name/Signature	12\7\20 Date
Instructions: Complete all requested information, including detailed cost just page, if needed.) Vice President/Provosts are to submit this form, once appro	tification, and route for approving signatures. (Attach a second oved, to the Office of the Senior Vice President of Campus

Operations.

Note: Requests for new or modified fees will be submitted to the Board of Trustees for approval by the Office of the Senior Vice President of Campus Operations. The Office of the Bursar will receive all requests, once approved. Departments are responsible for any necessary fee entries in Banner at the course section level. The Office of Bursar forwards approvals to the curriculum coordinator for Banner catalog input.

#### Texas Education Code (TEC) Citations for assessing fees:

TEC, Subchapter E.54.501: Laboratory Fees...shall not be more the \$24 per semester credit hour of laboratory course credit...

TEC, Subchapter B.54.051(1): Courses in art, architecture, drama, speech, or music where individual coaching or instruction is the usual method of instruction...TEC, Subchapter E. 54.504: Incidental Fees...reasonably reflect actual cost to the university of the materials or services for which the fee is

TEC, Chapter 130.084(b): Fees necessary for efficient operation of the college...

Approver: Vice President's Mame/Signature  12)7)20  Date	Course Title or	Program:	MDCA1448 Pharmac	cology & Adm	ninstraiton o	f Medications	3
Requested Implementation Date or Term: 202130  Justification for fee (attach applicable supporting documentation):  Program lab fee for Medical Assiting Advanced Practice Anticipated supply cost for this course: - Syringes 3mL \$22.30 - Syringes 3mL \$22.30 - Demo Dose Medication Assortment \$225.36 - Gloves \$5.30 Enrollment is capped at 20 students. For this course, lab supply cost per student is approximately \$14.00 per student.  Select one from each list below: Original approval request (requires VP and Board approval): Change to existing fee amount (requires VP Board approval): Course Designation Change (no fee change): Fee Termination Notice:  Approvals:  Approvals:  Nov 6, 2020  Date  Approver: Provost/Associate Vice President's Name/Signature  Date  Approver: Provost/Associate Vice President's Name/Signature  Date  12,7/20	Fee Name:	Lab	Fee				
Requested Implementation Date or Term: 202130  Justification for fee (attach applicable supporting documentation ):  Program lab fee for Medical Assiting Advanced Practice Anticipated supply cost for this course: - Syringes 1mL \$22.30 - Syrings 3mL \$22.30 - Demo Dose Medication Assortment \$225.36 - Gloves \$5.30  Enrollment is capped at 20 students. For this course, lab supply cost per student is approximately \$14.00 per student.  Select one from each list below: Original approval request (requires VP and Board approval): Change to existing fee amount (requires VP Board approval): Course Designation Change (no fee change): Fee Termination Notice:  Approvals:  Approvals:  Nov 6, 2020  Date  Approver: Provost/Associate Dean's Name/Signature  Approver: Vice President's Name/Signature  Approver: Vice President's Name/Signature	Fee Amount:	\$14.	00	Detai	il Code/FOAPAL:		
Program lab fee for Medical Assiting Advanced Practice Anticipated supply cost for this course: - Syringes 1mL \$22.30 - Demo Dose Medication Assortment \$225.36 - Gloves \$5.30 Enrollment is capped at 20 students. For this course, lab supply cost per student is approximately \$14.00 per student.  Select one from each list below: Original approval request (requires VP and Board approval): Change to existing fee amount (requires VP Board approval): Course Designation Change (no fee change): Fee Termination Notice:  Approvals:  Milia Westcott  Approver: Dean's Name/Signature  Approver: Dean's Name/Signature  Approver: Provost/Associate Vice President's Name/Signature  Approver: Vice President's Name/Signature  Approver: Vice President's Name/Signature  Approver: Vice President's Name/Signature	Requested Impl	ementatio	n Date or Term: 202130			assigned by Busine	ess/Bursar Office
Anticipated supply cost for this course: - Syringes 3mL \$22.30 - Demo Dose Medication Assortment \$225.36 - Gloves \$5.30 Enrollment is capped at 20 students. For this course, lab supply cost per student is approximately \$14.00 per student.  Select one from each list below: Original approval request (requires VP and Board approval): Change to existing fee amount (requires VP Board approval): Course Designation Change (no fee change): Fee Termination Notice:  Approvals:  Mov 6, 2020  Date  Approver: Dean's Name/Signature  Approver: Provost/Associate Vice President's Name/Signature  Approver: Vice President's Name/Signature  Approver: Vice President's Name/Signature  One of this is a course above the (-\$24): This is a course above the (-\$24): This is a pass-through fee: Other (explain in justification block):  Nov 6, 2020  Date  Date	Justification for	fee (attach	applicable supporting documentation ):				
Original approval request (requires VP and Board approval): Change to existing fee amount (requires VP Board approval): Course Designation Change (no fee change): Fee Termination Notice:  This is a course special fee (>\$24): This is a pass-through fee: This is an administrative fee: Other (explain in justification block):  Nov 6, 2020  Requestor: Director or Associate Dean's Name/Signature  Approver: Dean's Name/Signature  Approver: Provost/Associate Vice President's Name/Signature  Approver: Vice President's Name/Signature  Date  12 7 20 Date	Anticipated - Syringes 7 - Syrings 3r - Demo Dos - Gloves \$5 Enrollment	supply of the su	cost for this course: 2.30 30 cation Assortment \$225.3 ed at 20 students. For this	6	pply cost per	student is	
Approvals:  Julia Westcott Julia Westcott Julia Westcott (Nov 6, 2020  Requestor: Director or Associate Dean's Name/Signature  Date  Approver: Dean's Name/Signature  Approver: Provost/Associate Vice President's Name/Signature  Approver: Vice President's Name/Signature  Date    Columbia   Columbia		Original a Change to Course De	pproval request (requires VP and B existing fee amount (requires VP esignation Change (no fee change):	200000	This is a course of this is a course of this is a pass-thin this is an admin	lab fee (<\$24): special fee (>\$24): rough fee: istrative fee:	
Approver: Provost/Associate Vice President's Name/Signature  Approver: Vice President's Name/Signature  Date    10.0.70	Approvals:					,	
Approver: Provost/Associate Vice President's Name/Signature  Approver: Vice President's Name/Signature  Date  12/7/20  Date	Julia Westcott (Nov 6, 20	0tt 20 16:18 CST)			No	ov 6, 2020	
	Approver: Dean Approver: Prov	's Name/Si ost/Associa	ignature ate Vice President's Name/Signat	ure	Date Date	1.6.ZD (10)26	
				and an at it satisfies at its			· · · · · · · · · · · · · · · · · · ·

**Instructions**: Complete all requested information, including detailed cost justification, and route for approving signatures. (Attach a secong page, if needed.) Vice President/Provosts are to submit this form, once approved, to the Office of the Senior Vice President of Campus Operations.

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TEC, Chapter 130.084(b): Fees necessary for efficient operation of the college...

Course Title or	Program:	MDC/	1452 N	ledical A	ssisting L	.ab Proce	dures
Fee Name:	Lab	Fee					
Fee Amount:	\$16.	00		De	etail Code/FOAPAL:		
Requested Imp	olementatio	on Date or Tern	n: 202130			assigned by Busine	ess/Bursar Offic
Justification fo	r fee (attach	applicable suppor	rting documentation	):			
Anticipated su - Urinalysis Cu - Urine Reage - Gloves - \$5.3 - Vacutainer T - Quick Strep - HCG Test Ki - Phlebotomy	pply cost fo up \$0.33 nt Strips - \$ 30 ubers - \$41 Test - \$117 t \$135.57 Needles - \$	or this course: 15.78 .67 .15	the course, the la	ab supply cost per	student is appoxima	tely \$16.00.	
Approvals:	Original a Change to Course De	existing fee a	st (requires VP and mount (requires V nge (no fee change):	Board approval) : P Board approval) :	This is a course This is a course This is a pass-th This is an admir		
Julia West	100tt				No	ov 6, 2020	Ш
Requestor: Dir	ector or As	sociate Dean's	Name/Signature		Dat		7.
Approver: Dea	AF					1/10/20	
Approver: Pro	vost/Associ	ate Vice Presid	ent's Name/Signa	ature	Dat	e	
Approver: Vice	President	s Name/Signat	ure		Date	2 7 20	
Instructions: Col page, if needed.	mplete all re ) Vice Presid	quested informa ent/Provosts are	tion, including deta to submit this form	ailed cost justification	n, and route for appro the Office of the Senia	ving signatures. (Attac or Vice President of Car	h a second

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Course Title or Program:	PTHA 1413 Function	onal Anatomy	/
Fee Name: Lab F			
Fee Amount: \$24		Detail Code/FOAPAL:	
Requested Implementation [	late or Term: 202130		assigned by Business/Bursar Offic
Justification for fee (attach app	licable supporting documentation ):		
exam gloves - \$80 face masks - \$113 face shields - \$88 gowns - \$384 disposable pillow cases - disposable sheets - \$320 table paper - \$29 hand sanitizer - \$100	ne Rehabilitation Aide - OSA. The la \$176 4 students per class - \$53.75	ab supplies will include pe	ersonal protective equipment:
Original app Change to ex	one from each list below: roval request (requires VP and Board approximation for a mount (requires VP Board approximation Change (no fee change): tion Notice:	This is a course This is a course This is a pass-th This is an admir Other (explain in	special fee (>\$24): rough fee: iistrative fee: justification block):
Approver: Provost/Associate  Approver: Vice Preside ot's N	ature  Vice President's Name/Signature	Date Date	1.11.20 e 11/11/20 e 2/7/20
nstructions: Complete all reque	sted information, including detailed cost just Provests are to submit this form, once and	stification, and route for appro	ving signatures. (Attach a second

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