

**Collin College**  
**Request for Board Approved Fee**

*Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.*

Course Title or Program: EMSP-1355 Trauma Management

Fee Name: Lab Fee

Fee Amount: \$24.00 Detail Code: TLAB  
(assigned by Business/Bursar Office)

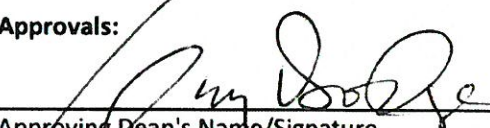
Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

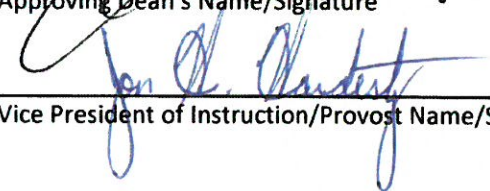
These courses currently have a \$15 fee attached for lab supplies. The request is to increase the fee to \$24 to compensate for the increased cost in disposable supplies. James Shiplet, Coordinator of EMS, conducted a calculation and determined the cost for the supplies ranges between \$25-\$27.

Select one:	Original approval request:	<input type="checkbox"/>	
	Change to existing fee amount:	<input checked="" type="checkbox"/>	as of effective Date or Term: <u>201810</u>
	Course Designation Change (no fee change):	<input type="checkbox"/>	as of effective Date or Term: _____
	Fee Termination Notice:	<input type="checkbox"/>	as of effective Date or Term: _____

**Approvals:**

  
Approving Dean's Name/Signature

10/14/2016  
Date

  
Vice President of Instruction/Provost Name/Signature

10/21/16  
Date

\_\_\_\_\_  
Vice President of Administration and CFO (upon Board approval)

\_\_\_\_\_  
Date

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

TEC, Subchapter E.54.501: *Laboratory Fees. An institution of higher education shall set and collect a laboratory fee in an amount sufficient to cover the general cost of laboratory materials and supplies used by a student . . . The laboratory charge shall not be more the \$24 for any one semester of summer term for any student in any one laboratory course, but shall not exceed the cost of actual materials and supplies used by the student.*

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Course Title or Program: EMSP-1356 Patient Assessment & Airway Management

Fee Name: Lab Fee

Fee Amount: \$24.00

Detail Code: TLab  
(assigned by Business/Bursar Office)

Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

These courses currently have a \$15 fee attached for lab supplies. The request is to increase the fee to \$24 to compensate for the increased cost in disposable supplies. James Shiplet, Coordinator of EMS, conducted a calculation and determined the cost for the supplies ranges between \$25-\$27.

Select one:	Original approval request:	<input type="checkbox"/>	
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**Approvals:**

[Signature]  
Approving Dean's Name/Signature

10/14/2016  
Date

[Signature]  
Vice President of Instruction/Provost Name/Signature

10/21/16  
Date

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Course Title or Program: EMSP-1438 Introduction to Advanced Practice

Fee Name: Lab Fee

Fee Amount: \$24.00 Detail Code: T Lab  
(assigned by Business/Bursar Office)

Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

Formerly EMSP-1338. These courses currently have a \$15 fee attached for lab supplies. The request is to increase the fee to \$24 to compensate for the increased cost in disposable supplies. James Shiplet, Coordinator of EMS, conducted a calculation and determined the cost for the supplies ranges between \$25-\$27.

Select one: Original approval request: ☐ as of effective Date or Term: 201810  
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\_\_\_\_\_  
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10/21/16  
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Course Title or Program: EMSP-2143 Assessment Based Management

Fee Name: Lab Fee

Fee Amount: \$24.00 Detail Code: \_\_\_\_\_  
(assigned by Business/Bursar Office)

Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

These courses currently have a \$15 fee attached for lab supplies. The request is to increase the fee to \$24 to compensate for the increased cost in disposable supplies. James Shiplet, Coordinator of EMS, conducted a calculation and determined the cost for the supplies ranges between \$25-\$27.

Select one: Original approval request: ☐ as of effective Date or Term: 201810  
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Course Designation Change (no fee change): ☐ as of effective Date or Term: \_\_\_\_\_  
Fee Termination Notice: ☐ as of effective Date or Term: \_\_\_\_\_

Approvals:

[Signature]  
Approving Dean's Name/Signature

10/14/2016  
Date

[Signature]  
Vice President of Instruction/Provost Name/Signature

10/21/16  
Date

\_\_\_\_\_  
Vice President of Administration and CFO (upon Board approval) Date

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Course Title or Program: EMSP-2206 Emergency Pharmacology

Fee Name: Lab Fee

Fee Amount: \$24.00 Detail Code: TLab  
(assigned by Business/Bursar Office)

Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

New course/new fee. The fee is directly related to the cost of simulated medications and other lab supplies required in this course. James Shiptet, Coordinator of EMS, conducted a calculation and determined the cost for the supplies ranges between \$25-\$27.

Select one: Original approval request: ☒ X  
Change to existing fee amount: ☐  
Course Designation Change (no fee change): ☐  
Fee Termination Notice: ☐

as of effective Date or Term: \_\_\_\_\_  
as of effective Date or Term: \_\_\_\_\_  
as of effective Date or Term: \_\_\_\_\_

Approvals:

Jim Dwyer  
Approving Dean's Name/Signature

10/14/2016  
Date

Jan D. Dwyer  
Vice President of Instruction/Provost Name/Signature

10/21/16  
Date

\_\_\_\_\_  
Vice President of Administration and CFO (upon Board approval)

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Course Title or Program: EMSP-2305 EMS Operations

Fee Name: Lab Fee Thab

Fee Amount: \$24.00 Detail Code: \_\_\_\_\_  
(assigned by Business/Bursar Office)

Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

Formerly EMSP-2338. These courses currently have a \$15 fee attached for lab supplies. The request is to increase the fee to \$24 to compensate for the increased cost in disposable supplies. James Shiplet, Coordinator of EMS, conducted a calculation and determined the cost for the supplies ranges between \$25-\$27.

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Approvals:

[Signature]  
Approving Dean's Name/Signature

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[Signature]  
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10/21/16  
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Course Title or Program: EMSP-2330 Special Populations

Fee Name: Lab Fee

Fee Amount: \$24.00 Detail Code: TLab  
(assigned by Business/Bursar Office)

Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

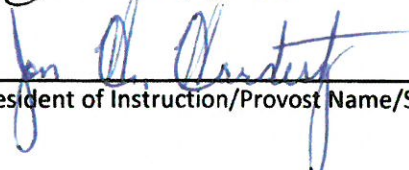
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*I Drive: Cashier Procedures/Business Office Procedures*



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Course Title or Program: EMSP-1160 Clinical EMT

Fee Name: FISDAP

Fee Amount: \$50.00 Detail Code: \_\_\_\_\_  
(assigned by Business/Bursar Office)


Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

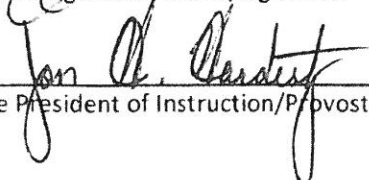
See change request form for EMSP-1501

Select one:	Original approval request:	<input type="checkbox"/>	
	Change to existing fee amount:	<input type="checkbox"/>	as of effective Date or Term: _____
	Course Designation Change (no fee change):	<input type="checkbox"/>	as of effective Date or Term: _____
	Fee Termination Notice:	<input checked="" type="checkbox"/>	as of effective Date or Term: <u>201810</u>

**Approvals:**

  
Approving Dean's Name/Signature

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Course Title or Program: EMSP-1161 Clinical EMT Advanced I

Fee Name: FISDAP

Fee Amount: \$100.00 Detail Code: \_\_\_\_\_  
(assigned by Business/Bursar Office)

Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

See change request for EMSP-1438

Select one:      Original approval request: ☐ as of effective Date or Term: \_\_\_\_\_  
Change to existing fee amount: ☐ as of effective Date or Term: \_\_\_\_\_  
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Fee Termination Notice: ☒ as of effective Date or Term: 201810

Approvals:

[Signature]  
Approving Dean's Name/Signature

10/14/2016  
Date

[Signature]  
Vice President of Instruction/Provost Name/Signature

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Course Title or Program: EMSP-1438 Introduction to Advanced Practice

Fee Name: FISDAP

Fee Amount: \$140.00 Detail Code: N/A  
(assigned by Business/Bursar Office)

Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

The FISDAP fee is currently attached to clinicals EMSP-1161 and 2160. We are requesting that the fee be removed from EMSP-1161 and EMSP-2160 (see termination requests) and added to EMSP-1438. FISDAP is an online, secure testing lab/clinical/practicum scheduler and documentation program. FISDAP fees increased in 2015 from \$100 to \$140 for Paramedic and from \$50 to \$80 for EMT; Collin EMS absorbed the cost. Study tools are now included to assist with course outcomes and success on the certification exam.

Select one:	Original approval request:	<input type="checkbox"/>	
	Change to existing fee amount:	<input checked="" type="checkbox"/>	as of effective Date or Term: <u>201810</u>
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Approvals:

\_\_\_\_\_  
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Course Title or Program: EMSP-1501 EMT Basic

Fee Name: FISDAP

Fee Amount: \$80.00 Detail Code: N/A  
(assigned by Business/Bursar Office)

Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

The FISDAP fee is currently attached to clinical EMSP-1160. We are requesting that the fee be removed from EMSP-1160 (see termination requests) and added to EMSP-1501. FISDAP is an online, secure testing lab/clinical/practicum scheduler and documentation program. FISDAP fees increased in 2015 from \$100 to \$140 for Paramedic and from \$50 to \$80 for EMT; Collin EMS absorbed the cost. Study tools are now included to assist with course outcomes and success on the certification exam.

Select one: Original approval request: ☐ as of effective Date or Term: 201810  
Change to existing fee amount: ☒ as of effective Date or Term: \_\_\_\_\_  
Course Designation Change (no fee change): ☐ as of effective Date or Term: \_\_\_\_\_  
Fee Termination Notice: ☐ as of effective Date or Term: \_\_\_\_\_

Approvals:

Approving Dean's Name/Signature

Date

Vice President of Instruction/Provost Name/Signature

Date

Vice President of Administration and CFO (upon Board approval)

Date

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

TEC, Subchapter E.54.501: *Laboratory Fees. An institution of higher education shall set and collect a laboratory fee in an amount sufficient to cover the general cost of laboratory materials and supplies used by a student . . . The laboratory charge shall not be more the \$24 for any one semester of summer term for any student in any one laboratory course, but shall not exceed the cost of actual materials and supplies used by the student.*

TEC, Subchapter B.54.0501(n): *Students registered for a course or courses in art, architecture, drama, speech, or music where individual coaching or instruction is the usual method of instruction, shall pay a fee, in addition to the regular tuition, set by the governing board of the institution.*

TEC, Subchapter E. 54.504: *The governing board of an institution of higher education may fix the rate of incidental fees to be paid to an institution under its governance by students and prospective students and may make rules for the collection of the fees... The rate of an incidental fee must reasonable reflect the actual cost to the university of the materials or services for which the fee is collected.*

TEC, Chapter 130.084(b): *The governing board of a junior college district may set and collect with respect to a public junior college in the district any amount tuition, rentals, rates, charges, or fees the board considers necessary or the efficient operation of the college . . . as the governing board considers appropriate to reflect course costs or to promote efficiency or another rational purpose.*

**Collin College**  
**Request for Board Approved Fee**

*Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.*

Course Title or Program: EMSP-2160 Clinical EMT Advanced III

Fee Name: FISDAP

Fee Amount: \$100.00 Detail Code: \_\_\_\_\_  
(assigned by Business/Bursar Office)

Requested Implementation Date or Term: Fall 201810

Justification for fee (attach applicable supporting documentation):

See change request for EMSP-1438.

Select one: Original approval request: ☐ as of effective Date or Term: \_\_\_\_\_  
Change to existing fee amount: ☐ as of effective Date or Term: \_\_\_\_\_  
Course Designation Change (no fee change): ☐ as of effective Date or Term: \_\_\_\_\_  
Fee Termination Notice: ☒ as of effective Date or Term: 201810

**Approvals:**

[Signature]  
Approving Dean's Name/Signature

10/14/2016  
Date

[Signature]  
Vice President of Instruction/Provost Name/Signature

10/21/16  
Date

\_\_\_\_\_  
Vice President of Administration and CFO (upon Board approval) Date

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