Kentucky Council on Postsecondary Education

SUBMISSION FORM

Approval of Campus Orientation & Training Program for New Board Members

100 Airport Road

Frankfort, Kentucky 40601

Phone: 502-573-1555

<http://www.cpe.ky.gov>

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| **INSTITUTION**:  | **CAMPUS BOARD APPROVAL DATE:**  |
| **CONTACT NAME & EMAIL**:       |

**INSTRUCTIONS:** Please submit this completed form with the agenda for your orientation program and electronic copies and/or links to the components and materials provided to members during the orientation process.

**CHECKLIST FOR REQUIRED COMPONENTS**: Per the policy, the following components must be included in the campus-level and KCTCS-level orientation programs. Please indicate the location of these items in your submission packet (page number, section, tab, etc.).

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| **Required Component** | **Location** |
| Institutional mission, vision, and values, by-laws, and if applicable, the standing delegation of authority |       |
| The university or KCTCS strategic plan and related accountability system |       |
| Budget and finances, including a review of all sources of revenue and expenditures relevant to the institution’s mission.  |       |
| Board-relevant policies and procedures that affect the students, staff, and board members, including information regarding student privacy/FERPA regulations. |       |
| The board’s fiduciary responsibility and specific board rules as they pertain to open records and open meetings. ( |       |
| Review of conflict of interest and ethical considerations as they apply to Kentucky’s board members. |       |
| Access to historically relevant board actions, including but not limited to the previous two (2) years of meeting minutes. |       |
| If applicable, an overview of the institution’s foundation, including but not limited to the foundation’s mission, membership, financial statements, how the foundation supports the institution, and how the foundation’s board interacts with the campus’s governing board. |       |
| If applicable, the board’s role, responsibilities, and limitations regarding NCAA regulations. |       |

*By signing below, I hereby certify that this submission by is complete and correct to the best of my knowledge. I also certify that if any changes are made to the board member orientation program at , a Revised Submission of approval will be submitted to the Council on Postsecondary Education within 30 days of the revision.*

**Contact Name: Date:

Campus President: Date:**

**SUBMISSION INSTRUCTIONS & LOCATION**

* CPE Contact: Heather Faesy, heather.faesy@ky.gov, 502-892-3008
* Place all documents in the dropbox: <https://www.dropbox.com/scl/fo/ihs6y11kha3mu1gntgkxc/h?dl=0&rlkey=41whxgm3fovio3zinod25liat>