ATSU | Kirksville College of Osteopathic Medicine

Policies, Procedures, and Processes



Updated 09/2026

ATSU | Kirksville College of Osteopathic Medicine

Policies, Procedures, and Processes
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ATSU | Kirksville College of Osteopathic Medicine

ATSU and ATSU-KCOM Policies & Resources for
COCA Standard No. 1.4: Governance & Program Policies

Signature: *On file in Dean's office* **Date Approved:** *December 12, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 1.4, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have a governing body, that defines the mission of the COM and/or institution, approves the strategic plan, provides financial oversight, and approves requisite policies. The COM must publish and abide by policies regarding conflict of interest (for board members, employees, and institutionally employed faculty); due process for employees, students, and credentialed instructional staff; confidentiality of employee, student, and medical records; fiscal management; and ethics. The ethics policy must incorporate the American Osteopathic Association Code of Ethics.

POLICIES & RESOURCES

ATSU-KCOM meets COCA standard 1.4 via the follow policies and resources:

- Bylaws
  - ATSU Bylaws
  - Board of Trustee Members
- Policies and/or Resources
  - Conflict of Interest Policies
    - Board of Trustee - Conflict of Interest
    - ATSU Policy No. 10-212 Conflict of Interest
    - ATSU Employee Handbook
  - Due Process
    - ATSU Policy No. 90-100 Equal Employment Opportunity
    - KCOM Faculty Handbook
      - Due Process - Misconduct hearing - pg. 17
    - ATSU Policy No. 90-209 Employee Problem Solving Procedure
    - ATSU Catalog - Student Academic Appeals
    - ATSU Student Handbook (Appendix B) Code of Behavioral Standards (Appeal) pg. 35
    - ATSU Student Handbook (Appendix H) Process for Requesting Academic Adjustments (Accommodations) for Students with Disabilities pg. 81
    - ATSU Policy No. 10-216 Whistleblower Policy
  - Confidentiality
    - ATSU Policy No. 10-216 Whistleblower Policy
    - ATSU Policy No. 90-210 Prohibition of Discrimination, Harassment, and Retaliation
    - ATSU FERPA Information for Students
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    - ATSU HIPAA Policies *(intranet website)*
  - Fiscal Management and Accountability

- ATSU Policy No. 10-214 Public Availability
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- ATSU Policy No. 50-326 Financial Information Safeguards
- ATSU Policy No. 75-101 Purchasing Policy and Procedure
- ATSU Policy No. 10-210 Red Flags Rule

- Ethics
  - ATSU Policy No. 10-220 Code of Ethical Standards
  - KCOM Faculty Handbook
    - Code of Ethical Standards - pg. 15

REVIEW(S)
Policy & Resources reviewed by:
KCOM Dean - December 12, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 1.6:
Degree-Granting Body

Signature: *On file in Dean's office*

Date Approved: *December 19, 2019*
Updated: October 24, 2025

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation Standard 1.6, ATSU-KCOM is required to confer the degree Doctor of Osteopathic Medicine (DO) upon those students who have satisfactorily completed the requirements for graduation and have been recommended for graduation by the COM's faculty

POLICY

The ATSU-KCOM faculty will meet annually to review the students who have satisfactorily completed the requirements for graduation and vote to recommend such students to the President of ATSU to confer the degree of Doctor of Osteopathic Medicine.

This policy will assure that all candidates for a DO degree will have met the graduation requirements outlined in the ATSU University Catalog including to have "been approved by faculty vote for promotion to graduation."

PROCESS

A. The full Faculty Assembly* holds a meeting no later than April of each year.
B. The Associate Dean for Medical Education provides the proposed list of graduates to the Faculty Assembly with data summarizing each student's satisfactory performance in each of the core competencies.
C. The Chair of the KCOM Faculty Senate** requests a motion, second, and, after any appropriate discussion, a vote by the assembly.
D. The faculty is given time to review the list and provide any comments or concerns or ask questions of the Associate Dean for Medical Education and the KCOM Student Promotion Board.***
E. The faculty members present for the meeting typically vote to approve the entire slate of candidates for the DO degree. However, using Robert's Rules of Order (e.g., motion, second, discussion, vote), the faculty can vote on one or more candidates individually.
F. Only those students who have successfully completed all graduation requirements will be allowed to graduate.
G. Students scheduled to complete all graduation requirements prior to December 31st of the graduating year will be allowed to participate in the commencement ceremony, although no degree will be conferred until all requirements are successfully completed.
H. The list of candidates is then sent to the Dean, who presents the final approved list of graduates to the ATSU President-Missouri Campus.

DEFINITIONS

*The KCOM Faculty Assembly is comprised of all faculty members excluding the associate and assistant deans and dean.
**The Faculty Senate is comprised of one representative of each department within the college as elected by said department.

***The KCOM Student Promotion Board is the disciplinary board of the College responsible for the review and assessment of academic progress and professionalism of all students to assure adequate progress is made toward the doctor of osteopathic medicine degree. It is comprised of five voting members from the faculty.

REFERENCE FILE(S)
ATSU-KCOM Catalog: Graduation Requirements

REVIEW(S)
Process reviewed by:
KCOM Dean - December 12, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU and ATSU-KCOM Policy No. 2.4
Accreditation Standard Complaint Policy

Signature: *On file in Dean's office* **Date Approved:** *December 19, 2019*

Updated: *September 12, 2023, October 15, 2025*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) standard 2.4, A.T. Still University-Kirksville College of Osteopathic Medicine must publish policies and procedures that include a confidential accreditation standard complaint resolution process that includes a description of how these complaints are filed with the COM, resolved through an adjudication process (without retaliation), and maintained through the COM's records retention system. The accreditation standard complaint filing process must also include instructions on filing confidential complaints directly with the COCA and the contact information of the COCA.

This policy outlines student complaint filing regarding accreditation standards, confidential complaint filing, conflict resolution processes, and records retention.

POLICY

If a student has a complaint that the school is not following the COM Continuing Accreditation Standards, a complaint may be filed with:

Secretary, COCA, American Osteopathic Association
142 E. Ontario St.,
Chicago, IL 60611-2864
or via email to predoc@osteopathic.org

The COM Accreditation Standards and Procedures can be found at www.aoacoca.org.

Complaints must be submitted within two years of the alleged incident that is the basis of the complaint.

The COCA does not mediate on behalf of a complainant or otherwise intervene in decisions made by an accredited program.

Complaints may be filed by any individual or group, including but not limited to the following:

- An osteopathic medical student.
- An individual, organization, or institution academically or professionally affected by the accreditation program; or
- A member of the public.

Students who file complaints will not be retaliated against. A student may file complaints within the College or University without retaliation.

PROCEDURE

The Commission on Osteopathic College Accreditation Complaints About a COM:

The complaint policy protects the integrity of the accreditation review procedures. These procedures provide a mechanism for concerned individuals to bring to COCA's attention information concerning matters at a COM that may be in non-compliance with the COCA's standards.

Complaints about a COM may be submitted by an individual who has knowledge about a matter of potential non-compliance. Complaints must be submitted within two years of the alleged incident that is the basis of the complaint. The complaint must be in writing and signed by the complainant. All signed complaints must be submitted to the Secretary, COCA, American Osteopathic Association, 142 E. Ontario St., Chicago, IL 60611, or via email to predoc@osteopathic.org. Unsigned or anonymous complaints will not be processed. The COCA does not disclose the identity of the complainant to other parties. Names of all individuals identified in the complaint will be redacted prior to submission to the COM for its response.

The complaint must present a concern regarding one or more proposed violations of accreditation standards or procedures and must be based on direct and responsible information. A citation to the relevant standard or procedure must be included in the complaint. The complainant must provide a narrative of their allegation related to the accreditation standards or procedures and include any accurate documentation that could support the allegation.

The complainant must provide evidence that an effort has been made to resolve the concern through COM administration (the dean or president), including information about any other actions taken to resolve the concerns before filing the complaint with the COCA.

The COCA does not mediate on behalf of a complainant or intervene in decisions made by an accredited program. Its role is limited to verifying that the COM has and follows policies and processes that are compliant with COCA standards.

COCA Response to Complaints

Within ten business days of receipt of a signed complaint, copies of the complaint will be sent to the COM's Chief Executive Officer or Chief Academic Officer for response to the complaint. The COM will have 15 business days to respond. The complaint and the COM's response will be forwarded to the Commission Chair who will ask either the Executive Committee or an appointed an ad hoc subcommittee to determine whether the complaint merits further investigation. This decision of the Executive Committee or ad hoc subcommittee will be communicated to the complainant and the COM in writing. The complainant will not be informed of the result of any subsequent investigation. This process will be concluded within 15 days.

If further investigation of the COM is warranted, the COCA Secretary, in cooperation with AOA corporate counsel and the Executive Committee or the ad hoc subcommittee will initiate a formal review within 30 days from the decision to initiate an investigation. The COCA Executive Committee or the ad hoc subcommittee will decide what mode of investigation is most appropriate for the complaint, which may include a written progress report, on-site visit, or any investigation as appropriate.

The Executive Committee or the ad hoc subcommittee's findings will be forwarded to the Commission. Based upon these findings, the Commission may dismiss the complaint and report that the COM is in compliance with the accreditation standards; or notify the COM that, based on an investigation, the COCA has determined that it fails to meet the accreditation standards.

If the COM has been found to be out of compliance with any accreditation standard, the COCA may require one or more of the following methods of review:

• A report outlining the COM's plans to address the deficiencies.

• A progress report documenting the COM's planning and its implementation of the plans; or

• An on-site visit to determine whether a change in the accreditation status of the COM is warranted.

These procedures should be completed, and the COM notified, within 15 days of the COCA decision. Decisions affecting the accreditation status of the COM may be subject to a request for reconsideration by the Commission. The timelines outlined in this Policy may be extended by the COCA Secretary when circumstances warrant.

Complaints About the COCA

A complaint about the COCA, including any accreditation staff, must be in writing and signed by the complainant and submitted to the Secretary, COCA, American Osteopathic Association, 142 E. Ontario St., Chicago, IL 60611, or via email to predoc@osteopathic.org.

The COCA Secretary, in conjunction with AOA General Counsel, will present the complaint to the Commission Chair, Vice-Chair, and, when applicable, affected staff members. A subcommittee of the Commission will be appointed by the Chair to formally review the complaint and develop a response. This subcommittee review process and response will be completed and forwarded to the Commission within 30 days of the date the subcommittee is convened.

The Commission will consider the complaint and the subcommittee's response at its next regularly scheduled meeting. The complainant will be given the opportunity to present respective views in writing in the interest of an agreed-upon resolution. The final action of the Commission will be communicated to the complainant within 15 business days of its decision. The timelines outlined in this Policy may be extended by the COCA Secretary when circumstances warrant.

For additional information, contact COCA staff at predoc@osteopathic.org or (312) 202-8124

ATSU Confidential Complaint Filing

- ATSU offers a fraud hotline for students wishing to make an anonymous complaint. Students may do so AT ANY TIME using the 24-hour service at 1.855.FRAUD-HL or use the secure online reporting form at fraudhl.com. Reference companyID ("ATSU") when making a report.
    - Once an anonymous complaint is received, it is reported to the assistant chief human resources; deputy title IX coordinator, the chief financial officer, and the chancellor's office. Based on the nature of the complaint, a determination is made of where the complaint should be routed for review (e.g., issues of discrimination or harassment are routed to the Title IX office, academic issues go to the president, Missouri campus, and/or appropriate dean, non-academic and non-discrimination issues that are related to students go to vice chancellor student affairs; allegations of legal violations or compliance concerns are routed to legal counsel). Once the complaint is routed, the appropriate party investigates the situation and takes appropriate action.
- Students may also file a complaint using the ATSU Student Complaint Resolution process.

ATSU Specific Complaint Filing

- For complaints related to Title IX, students may file a complaint using the ATSU Title IX Complaint Process.
- For more information on types of specific complaints, see the ATSU Student Complaint Resolution process.

ATSU-KCOM Conflict Resolution

- If a conflict arises, the student should attempt to resolve the issue using the Chain of Communication outlined in the KCOM Student Manual. If not possible or not resolved, the student may report the issue to the ATSU-KCOM Dean in writing.
- A student may submit a complaint related to accreditation standards and procedures to the ATSU-KCOM Dean. Upon receipt of a written complaint, the Dean or designee will review and evaluate all relevant information and documentation relating to the complaint and determine the appropriate pathway for adjudication.
- The student can seek guidance from the KCOM associate dean of academic affairs or ATSU vice chancellor for student affairs, as needed.
    - All student complaints will be forwarded to and logged by the KCOM associate dean of academic affairs and made available to the COCA at the next regularly scheduled COCA site visit. The associate dean of academic affairs maintains the student's confidentiality throughout the conflict resolution process by keeping a separate file from the student's academic record and only accessible by the associate dean. Log entries include supporting documentation, actions, resolutions, and other pertinent information.
    - The details of all complaints and other documentation associated with the complaints will be logged by the KCOM associate dean of academic affairs and destroyed after ten years following the incident.
- If the issue is not resolved by the ATSU-KCOM Dean, the student may report the issue to the ATSU senior vice chancellor of academic affairs.

REFERENCE FILE(S)

The policy is referenced from the

- ATSU-KCOM Catalog:
    - Program Accreditation and Complaints
- KCOM Student Manual
    - Chain of Communication and Filing Complaints
- Student Complaint Resolution, including specific and general complaints
- Title IX Complaints
- AOA/COCA Complaint Procedure
    - AOA/COCA Complaint Form

REVIEW(S)

Process reviewed by:
ATSU Legal Counsel - sent for review 12/9/2019
KCOM Dean - January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU and ATSU-KCOM Policies & Resources for
COCA Standard No. 4.2 Security and Public Safety Policies

Signature: *On file in Dean's office*

Date Approved: *December 12, 2019*
Updated: February 25, 2026

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 4.2, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have adequate security systems in place and publish and follow policies and procedures for security; students, faculty, and staff safety; and emergency and disaster preparedness at all COM-operated teaching locations and core and required training sites. The COM's policy must include methods of communication with students, faculty, and staff at all teaching and training locations.

POLICIES & RESOURCES

ATSU-KCOM meets COCA standard 4.2 by adhering to the following ATSU Campus Safety and Facilities policies:

ATSU-KCOM FACILITIES MANAGEMENT POLICIES & RESOURCES		
Policy Number	**Title**	**Policy Attachments**
95-101	Alcohol at ATSU Events	Event Request Form
95-102	Waste Management	A. Mercury Containing Equipment B. Batteries C. E-waste D. Used Lamps
95-103	Lock-out /Tag-out	
95-104	Missing Student Policy	Attachment A - Missing Student
95-105	Incident Reporting	Attachment A – Violent Incident Log Workplace Violence Prevention Plan
95-106	Hazard Communication Program	
95-107	Disease Exposure Prevention & Control Plan	1. Exposure Determination 2. Tasks and Procedures 3. Hepatitis B Vaccine Acceptance/Declination Form 4. TB Risk Assessment Tool 5. Post Exposure Prophylaxis Management 6. ATSU Clinic Employee Immunization 7. Immunization Exemption Request Form
95-108	Vehicle Safety & Usage on ATSU-Approved Business/Activities	1. Vehicle Trip Sheet 2. Motor Vehicle Record Authorization Form
95-109	Identification (ID) Badges	Attachment A - ID Badge Guidelines
95-110	Tobacco-Free Campus & Workplace	

95-111	Service & Assistance Animals	
95-112	Decorations, Postings, and Bulletin Board Policy	
95-113	Emergency Preparedness and Management	ATSU Emergency Operations Plan
95-114	Emergency Notification and Timely Warning	1. Timely Warning flowchart 2. Timely Warning Publication Determination Form
95-115	Peaceful Protest Policy	1. Peaceful Protest Request Form – Faculty and Staff 2. Peaceful Protest Request Form - Student
95-116	Parking Regulations	
95-117	Security Issues & Loss of Personal Property	
95-118	Campus Security Authority	

Student Crisis Response Protocol for ATSU Sponsored International Clinical/Education Experiences

Methods of Communication:
ATSU-KCOM effectively communicates security and public safety information to students, faculty, and staff through many different ways.

Security policies, emergency procedures, and reporting mechanisms are published in the ATSU-KCOM Student Handbook and applicable faculty and employee handbooks and are accessible through the university's website and internal communication platforms. Safety expectations and emergency response procedures are reinforced during new student and employee orientation and through required annual training. Information is sent out to faculty, staff, and students on an annual basis via email.

In the event of a campus emergency, ATSU-KCOM uses multiple formats to notify students, faculty, and staff including university email, text messaging, and other rapid alert mechanisms, to provide immediate notification of confirmed threats to health or safety. Faculty, staff, and students are enrolled in the notification system upon matriculation or hire, and contact information is reviewed annually for accuracy.

ATSU-KCOM has multiple ways for security concerns and behavioral issues to be reported and conducts periodic emergency preparedness drills to promote awareness and readiness. Communication processes are reviewed regularly to verify effectiveness and compliance.

Campus Safety Website

REVIEW(S)

Process reviewed by:

KCOM Dean - February 27, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU and ATSU-KCOM Policies, Procedures & Resources for COCA Standard No. 5.1 Professionalism

Signature: *On file in Dean's office* **Date Approved:** *December 19, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 5.1, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have policies designed to ensure that the learning environment of its osteopathic medical education program is conducive to the ongoing development of professional behaviors in its osteopathic medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. A COM must have a committee, or other approved body, that oversees professionalism. A branch campus may have its own committee/ approved body.

POLICIES, PROCEDURES & RESOURCES

ATSU-KCOM meets COCA standard 5.1 by ensuring that professionalism and ethics policies are in place for students, faculty, and staff along with committee oversight, as well as the publication and annual review of these policies and practices.

ATSU-KCOM meets this COCA standard via various policies:

- Human Resources Online Policy Manual *(intranet website)*
  - ATSU Policy No. 10-220: ATSU Code of Ethical Standards
  - ATSU Policy No. 90-210 Prohibition of Discrimination, Harassment, and Retaliation
  - ATSU Policy No. 10-216 Whistleblower
- ATSU-KCOM Employee and Faculty Handbooks
  - ATSU-KCOM Employee Handbook: Code of Ethical Standards pg. 20
  - ATSU-KCOM Faculty Handbook: Code of Ethical Standards pg. 15 *(intranet website)*
- ATSU Title IX webpage
- ATSU-KCOM University Student Handbook
  - Code of Academic Conduct pg. 5
  - Appendix A Code of Conduct Sanctions pg. 33
  - Appendix B: Code of Behavioral Standards pg. 35
  - Appendix C: Prohibition of Discrimination, Harassment, and Retaliation pg. 43
- KCOM Student Promotion Board process and charge
  - KCOM Student Promotion Board committee members
- ATSU Standards and Ethics Board Process pg. 38
  - ATSU Standards and Ethics Board charge
  - ATSU Standards and Ethics Board members
- ATSU-KCOM Student Manual
  - Chaperoning Patient section *(intranet website)*
- All interprofessional interactions are expected to be respectful and recognize the values, ethics, roles and responsibilities of one another.

REVIEW(S)
Policy & Resources reviewed by:
KCOM Dean - December 19, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU and ATSU-KCOM Policies, Procedures & Resources for COCA Standard No. 5.3: Safety, Health, and Wellness

Signature: *On file in Dean's office* **Date Approved:** *December 19, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 5.3, A.T. Still University-Kirksville College of Osteopathic Medicine is required to publish policies and follow the policies and procedures that effectively mitigate faculty, staff, and student exposure to infectious and environmental hazards, provide education on prevention of such exposures, and address procedures for the care and treatment after such exposures. KCOM will also publish and follow policies related to student, faculty, and staff mental health and wellness and fatigue mitigation in the clinical learning environment.

POLICIES, PROCEDURES & RESOURCES

ATSU-KCOM meets this COCA standard by ensuring that policies and procedures are provided to address safety and health issues, that links to the documents are published, and that information is provided to students and employees via the ATSU Student Handbook and website, ATSU-KCOM Catalog, ATSU- KCOM Student Manual, and Human Resources.

References are as follows:

Policy Number	Policy	Student	Employee
90-220	Timekeeping		x
90-308	Paid Holidays and Personal Days		x
90-309	Vacation Benefits		x
90-312	Paid Medical Leave Benefits		x
90-314	Bereavement Leave		x
90-330	Time Off to Attend Courses		x
90-328	Nursing Suite	x	x
95-106	Hazard Communication Program	x	x
95-107	Disease Exposure Prevention and Control Plan		x
30-100	Needlestick/Bloodborne Pathogens		x

	Student and Employee Resources	Student	Employee
	ATSU Employee Benefit Information		x
	ATSU-KCOM Student Needlestick/Bloodborne Pathogen	x	
	ATSU Library Study Rooms and Spaces	x	x

	Student and Employee Resources	Student	Employee
	ATSU Emergency Operations Plan	x	x
	ATSU-KCOM Catalog: Attendance Policy & Guidelines • Attendance Years 1-4 (Excused absences and personal days)	x	
	ATSU-KCOM Catalog: Clinic Hour • Expectations in Clinic (Clinic Hours)	x	
	Behavioral Health Wellness Counseling • Counseling and Mental Health Services • ATSU-KCOM Physical Health Services in region • ATSU-KCOM Counseling Services in regions	x x	
	The Museum of Osteopathic Medicine Garden	x	x
	Still-Student Wellness Program • Examples of student wellness programs	x	
	ATSU Fitness Facility – Thompson Campus Center	x	x
	ATSU Required Employee Education (REE) • ATSU Required Employee Education Survey (stats/results)		x

REVIEW(S)
Policy & Resources reviewed by:
KCOM Dean - December 19, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 5.4:
Patient Care Supervision

Signature: *On file in Dean's office*

Date Approved: *December 9, 2019*
Updated: *February 25, 2020, September 5, 2023*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 5.4, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have a policy to ensure that osteopathic students in clinical learning situations involving patient care are under direct supervision by a licensed healthcare professional at all times in order to ensure patient safety. The COM must ensure that all supervised activities are within the scope of practice of the supervising healthcare professional. Students must have clear guidelines on their role in care and the limits of their scope of authority.

POLICY

While in the clinical training portion of the academic program, medical students are assigned a director of student medical education to oversee their overall learning and professional development. For each clinical rotation, a Preceptor of Record provides and assures supervision in the clinical setting.

While in clinical learning situations involving patient care, medical students must have direct, on-premises supervision by a licensed healthcare professional. Direct supervision includes:

- Physically present – licensed healthcare professional is located in the same room as the student when patient care is rendered.
- Immediately available – licensed healthcare professional is located in the facility and immediately available to be physically present.

DEFINITIONS

Preceptor of Record - A credentialed, licensed, board-certified, or eligible physician (AOA/ABMS) appointed to the ATSU-KCOM faculty and oversees student learning, including supervision in the clinical environment as well as formal review of student performance in the clinical rotation.

Licensed Physician - A physician supervising the student in a clinical environment for part of the clinical rotation. May provide feedback to the Preceptor of Record on the student's performance.

Licensed Healthcare Professional - An individual other than Licensed Physician with whom a student works in a clinical environment (e.g., nurse, nurse practitioner, social worker, pharmacist, dentist, etc.).

PROCEDURE

Supervising Preceptor of Record

- Each student will have a Preceptor of Record who has been credentialed and appointed to the ATSU-KCOM faculty.
- The Preceptor of Record must be board certified (BC) or board eligible (BE) by the AOA or ABMS and licensed to practice medicine.
- The Preceptor of Record must be appropriately trained in the care being provided and be practicing within their scope of practice.
- Prior to completing the student's evaluation for the rotation, the Preceptor of Record should obtain feedback on the medical student's performance from other individuals with whom the medical student worked during the rotation.

Student Supervision in Telehealth Rotations and Clinical Environment

- A Telehealth rotation is designated when a student is involved in patient care via remote technology. It is expected that the student will have an active role in patient care-related activities (e.g., take a history, patient education, etc.). The student must, at a minimum, be able to observe patient care AND have the ability to ask the preceptor or licensed health care professional questions in real time.
- The Preceptor of Record or Licensed Physician supervising the medical student will determine when supervision may be provided by fellows, residents, or other Licensed Healthcare Professionals. The supervising physician will ensure that any non-physicians engaged in clinical teaching of any student are acting within their scope of practice.
- When the physician supervising the medical student is not immediately available, another Licensed Healthcare Professional must be designated to provide supervision to the medical student.
- The Preceptor of Record or Licensed Physician supervising the medical student will determine the appropriate level of entrustment granted to the medical student based on many factors, including the level of training of the student, previous experience, and skill of the student with the clinical activity and setting, the familiarity of the supervisor with the abilities of the student, policies of the clinical site, complexity of the situation and procedure, level of risk to the patient, and demonstrated competence, maturity, and responsibility of the student.
- The physician or appropriate Licensed Healthcare Professional will maintain medical and legal responsibility for patient care at all times (not the student).
- The physician or Licensed Healthcare Professional working with the student will make all clinical decisions, authorize and review all care and services performed by the medical student, and, if appropriate, approve all patient orders and sign all prescriptions.
- The physician or appropriate Licensed Healthcare Professional must review and independently verify all student findings, assessments, care plans, and documentation, as well as co-sign all student notes.

Medical Students

- Must not provide care in an unsupervised environment or setting.
- Must not create or enact clinical decisions or orders without input, approval, and supervision from the Preceptor of Record, Licensed Physician, or appropriate Licensed

Healthcare Professional.

- Must ensure that notes written by the student are reviewed by the attending physician.
- May not prescribe medications or services.
- Must report lapses in supervision of medical students to the DSME. Students may also report lapses in supervision of medical students on the rotation evaluation.
- Must comply with this policy and the regulations established by the Preceptor of Record, regional site, or any other individuals/facilities associated with the rotation

The policy is referenced from:

- ATSU-KCOM Catalog
  - OMS III and OMS IV Supervision
- ATSU-KCOM Student Manual *(intranet website)*
  - Expectations in Clinic - Supervision
  - Additional Elective Opportunities - Telehealth

Related Policy:

- ATSU-KCOM Policy
  - No. 9.10 Non-Academic Health Professional

REVIEW(S)

Policy and procedure reviewed by:

KCOM Clinical Affairs Associate Dean - August 22, 2023

KCOM DSME Group - sent for review December 9, 2019

KCOM Dean - December 9, 2019, September 5, 2023, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM
COCA Standard No. 6.2: Programmatic Level Educational Objectives

Reviewed & Approved: *KCOM Curriculum Committee* **Date:** *November 12, 2019*
Updated October 24, 2025

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 6.2 Programmatic Level Education Objectives, a COM must define and make all programmatic level educational objectives known to students, faculty, and others with responsibility for student education and assessment.

ATSU-KCOM meets COCA standard 6.2 by defining and providing the following programmatic level education objectives to all students, faculty and others with student education and assessment responsibilities:

PROGRAMMATIC LEVEL EDUCATIONAL OBJECTIVES
The ATSU-KCOM programmatic educational objectives are aligned with the Foundational Competencies for Undergraduate Medical Education: AAMC, AACOM, ACGME; 2024.

A. Demonstrate knowledge of osteopathic principles and practice such that care of patients is approached from distinct behavioral, philosophical, and procedural aspects of osteopathic medical practices related to the four tenets of osteopathic medicine. [Osteopathic Principles and Practices and Manipulative Treatment]
B. Demonstrate the understanding and application of established and evolving principles of foundational biomedical and clinical sciences integral to the practice of patient-centered care. [Application of Knowledge for Osteopathic Medical Practice]
C. Osteopathic Patient Care and Procedural Skills
    a. Gather accurate, essential data from all sources, including the patient, secondary sources, medical records, and physical examination (including structural examinations).
    b. Formulate a differential diagnosis based on the patient evaluation and epidemiologic data and to prioritize diagnoses appropriately.
    c. Perform basic clinical procedures essential for the generalist practice of osteopathic medical practice.
    d. Provide diagnostic information; to develop a safe, evidence-based, cost-effective, patient-centered care plan.
    e. Demonstrate health care services that are consistent with osteopathic principles and practice, including an emphasis on preventive medicine and health promotion based on best medical evidence.
    f. Assess patient health literacy, counsel and educate patients accordingly.
D. Demonstrate the ability to effectively document and synthesize clinical findings, diagnostic impressions, and diagnostic / treatment instructions in verbal, written, and electronic formats. [Interpersonal and Communication Skills in the Practice of Osteopathic Medicine]
E. Consistently display high moral and ethical standards exemplifying integrity, humanistic behavior, cultural sensitivity, and responsiveness to the needs of the patient. [Professionalism in the Practice of Osteopathic Medicine]

F. Assimilate and apply fundamental biostatistical and epidemiologic concepts, clinical decision-making skills, evidence-based medicine principles and practices, fundamental information-mastery skills, and methods to evaluate the relevance and validity of research information. [Practice-Based Learning and Improvement in Osteopathic Medicine]

G. Systems-based Practice in Osteopathic Medicine
   a. Effectively identify and utilize system resources to maximize the health of the individual and the community, thus improving the health of populations.
   b. Work as part of an interprofessional team to identify areas for enhancing quality and patient safety and reducing medical errors and inequities.

Additionally, the Core Professional Attributes (CPAs) are a set of five cross-curricular meta-skills inherent to all A.T. Still University graduates including KCOM osteopathic medical students. The CPAs enable graduates to select, adapt and apply their discipline-specific knowledge and skills to varying situations, enhancing competence and improving outcomes across all aspects of their roles as healthcare professionals as follows:

A. Critical Thinking: Finding, appraising and applying evidence in conjunction with best practice in the process of healthcare decision making.
B. Interprofessional Collaboration: Working effectively on an interprofessional team to deliver high quality whole person healthcare and improve health outcomes.
C. Cultural Proficiency: Valuing differences, respecting others and demonstrating behavior that enables effective interactions in all situations.
D. Social Responsibility: Engaging in initiatives and activities that positively impact the health and wellbeing of the individuals, communities and professions served.
E. Interprofessional Skills: Communicating and interacting successfully with patients, families, colleagues and other professionals in the healthcare delivery process.
F. The Foundational Core Competencies have been adopted starting with the Class of 2030.

Public link to where the document is published:

- KCOM Curriculum: Programmatic Educational Objectives
- ATSU Core Professional Attributes

REFERENCE FILES:

- NBOME Fundamental Osteopathic Medical Competency Domains
- Student Assessment Plan Summaries *(intranet website)*
  - OMS I and OMS II Assessment Plan Summaries public link
  - OMS III and OMS IV Assessment Plan Summaries public link
- ATSU Core Professional Attributes
- Graduation Requirements

REVIEW(S)
Policy and procedure reviewed by:
KCOM Dean - January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 6.3:
Maximum Length of Completion

Signature: *On file in Dean's office* **Date Approved:** *November 14, 2019*

Updated: *October 14, 2025, September 29, 2026*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 6.3, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have a policy designed to ensure that each single degree student completes the DO degree within 150% of the standard time to achieve the degree (six years following matriculation) and describes any exceptions to the 150%-time limit.

POLICY

The program is a four-year program. Osteopathic medical students must complete the program within 150% of the standard time (six years following matriculation) excluding periods during which the student is not enrolled in the program. To see the current total hours, please see the ATSU-KCOM Catalog: Length of Program

REVIEW(S)

Policy reviewed by:
KCOM Curriculum Committee - November 12, 2019
KCOM Dean - November 14, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 6.9:
Clinical Education

Signature: *On file in Dean's office* **Date Approved:** *December 12, 2019*
Updated: October 21, 2025

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 6.9, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.

POLICY

All KCOM DO students will obtain all clinical education through the Kirksville College of Osteopathic Medicine (KCOM) via the regional KCOM clinical network.

PROCEDURES & PROTOCOLS

Numerous procedures and protocols exist related to the delivery of clinical education. They are made available to students through the ATSU University Catalog and/or the KCOM Student Manual. They include:

- **Clinical Curriculum.** The required courses for Years 3 and 4 are approved by the KCOM Curriculum Committee. All students must complete the academic requirements set forth by the KCOM Curriculum Committee.
- **Start of Year 3**. Third year clinical rotations typically begin on the fifth Monday following June 30th. Each region prepares an on-site orientation in the weeks preceding the start of clinical rotations. Students must attend the on-site orientation for their region unless previously approved for an absence or for an alternative schedule by the Associate Dean of Academic Affairs, or designee.
- **Clinical Rotation Types.** There are multiple categories of clinical rotations including CORE, Required, and Electives. CORE rotations are scheduled by the rotation site coordinators with approval by the DSME and typically occur in the assigned region. Students and coordinators work together in the scheduling of Required rotations. All CORE and Required rotations must include in-person patient care and must be a minimum of four weeks in length. Scheduling of Elective rotations is the responsibility of students allowing for tailoring of learning to individual interests and positioning to match to residency. Rotation site coordinators work with students to meet the administrative requirements of each rotation including elective rotations.
- **Approval of Clinical Rotations.** Students are expected to submit signed and completed documentation required for each elective rotation at least 30 days prior to the start of the experience. Proper procedures and forms will be included in the regional orientation sessions. Documentation includes, but is not limited to, rotation report form, preceptor information and CV, hospital site information, updated audit/schedule, site application, site fee,

contract for clinical rotation (affiliation agreement/Letter of Agreement/contract), if needed, and student personal health insurance. DSMEs are responsible for approving or denying all clinical rotations in conjunction with the Academic Affairs office.

- **Contracts for Clinical Rotations.** A formal affiliation agreement, Letter of Agreement, or contract with ATSU-KCOM is required for students to participate in rotations with hospitals, facilities or preceptors for all types of clinical rotations (CORE, Required, and Electives).
  If an agreement is not in place, students should allow 90+ days for completion and work with the rotation site coordinator to pursue an affiliation agreement for a new site. Failure to have a signed agreement/contract will eliminate the opportunity for the student to participate in a clinical experience at the site. In cases where the rotation documentation, including the agreement/contract, cannot be completed, a backup rotation plan will be necessary. Students are not allowed to rotate at a site where an affiliation agreement has not been executed and is not active.

- **Duration of Rotations.** Clinical rotations are typically two or four weeks in duration. When appropriate, rotations may be completed in one, three, or five week increments.

- **Assessment of Learning and Performance.** Assessment of student learning during all clinical rotations includes completion of the clinical performance evaluation completed by the supervising physician of record (preceptor). Students are responsible for working with the preceptor to assure that the clinical performance evaluation form is completed by the final day of the rotation or notifying the rotation site coordinator if the preceptor has not responded. Additionally, CORE rotations include NBOME COMAT examinations and procedure logs as part of student assessment. Students must complete logs on the electronic evaluation system. Logs should be completed as soon as practical after patient encounters (at least daily) for each of the CORE rotations. Logs should represent the diversity and quantity of experiences encountered in a clinical rotation.

  Students are required to complete the preceptor and rotation evaluations for
  All clinical rotations within two weeks following the end of the rotation via the electronic evaluation system.

  Student progress is assessed in the third year via a clinical skills performance assessment (PA-III-C3DO) with standardized patient testing to assess physical examination skills, interpersonal skills, and clinical reasoning. During years 3 and 4; students are also assessed on curriculum performance via journal club and oral case presentation, scholarly reports, and online courses and modules.

- **Education Days/Didactic Learning.** Each region will have a series of scheduled education days. Attendance is mandatory. Students should notify preceptors in advance if an education day is scheduled during their rotation period. Training programs may have didactic sessions with required student attendance. Details about schedules for these activities are found in the hospital Director of Medical Education (DME) office. It is the student's responsibility to be aware of this schedule and attend all required sessions. Responsibilities to the preceptor do not take precedence over required didactics.

- **PA-III Testing (C3DO).** Students will return to Kirksville in the fall of Year 3 for PA-III testing. Students will participate in an orientation session and then complete approximately eight standardized patient encounters. The results will be shared with students and DSME's. Students must successfully complete PA-III for the COM must attest students have demonstrated the fundamental osteopathic clinical skills necessary for graduation. PA-III testing is an assessment tool used to evaluate students' clinical skills for the attestation. Students who do not successfully complete PA-III must successfully remediate PA-III. Some students may require additional preparation time, including remediation strategies. Students requiring remediation will typically remediate in their region and submit appropriate documentation to the PA-III course director in Kirksville.

- **Student Success Updates.** Students receive individual feedback from DSMEs via student success update assessments. The standardized formats are designed as progress reports completed by both the DSME and the student and should include an individual conversation face-to-face, via phone or through video. Student Success Updates are completed within the electronic evaluation system. They are not scored; however, they are required to be completed and are used as an assessment tool.

- **Military Students.** Military students may schedule one four-week military rotation commitment as part of a required third year CORE rotation. The military rotation/specialty must be equal to the CORE rotation requirement. COMAT exams will be completed either in-region or by remote proctoring. Students should discuss the military rotation with their regional representatives. Upon approval, the regional coordinator will submit a request to the Associate Dean of Clinical Affairs. Students will receive notice in writing regarding the approval status of the request. Students should avoid scheduling a military rotation that will interfere with PA-III testing and COMSAE exam dates. Military students may use all elective rotations for military rotations. Follow the regular process for approval and scheduling.

- **Housing.** Students are responsible for making arrangements for and payment of their housing needs. In very select cases some rotation locations may include student housing with the rotation. However, housing costs remain the ultimate responsibility of the student. Students are encouraged to investigate housing costs prior to the clinical region match.

- **Transportation.** Travel is an important part of clinical rotations. Unless otherwise published, travel is at the student's expense and not paid for by ATSU-KCOM or regional sites. Students are encouraged to consider the travel requirements prior to the clinical region match. At each site the weather conditions may make travel hazardous. Students should take their cue on travel from the DSME or Rotation Site Coordinator and follow local policy that may dictate procedures. Ultimately the decision to travel or not travel should be made using the individual's best judgment based on the available information.

- **Student-paid Rotations.** KCOM does not typically pay for rotations for elective credit experiences. If the agreement requires rotation payment, said payment will be at the student's expense. Fees, including processing fees (i.e. through the Visiting Student Learning Opportunities - VSLO) will require student payment.

- **Expectations of Students in Clinical Settings.** An important aspect of the KCOM DO program is the development of professional behaviors and role identity. Students are expected to conduct themselves in a professional and ethical manner **at all times**. Students on clinical rotations and in other professional settings are expected to dress professionally and appropriately for the environment. Honesty, compassion, integrity, confidentiality, accountability, respectfulness, altruism, and excellence are expected in all situations. In addition, students are expected to comply with institutional policies and procedures as well as city, county, state, and federal laws and regulations.

- **Breaches in Professional Conduct.** Lack of professionalism may be considered lack of academic progress. Specifically, breaches in professionalism may demonstrate lack of progress toward and attainment of osteopathic core competencies (e.g., professionalism, interpersonal and communication skills).

- **Supervision.** All medical students must be supervised while in clinical learning situations involving patients. Supervision is defined as the medical student having direct, on-premises supervision by a licensed healthcare professional. Direct supervision includes the supervisor by being physically present or immediately available. The physician faculty, in the patient care environment at core rotation sites, must hold current medical licensure and have had AOA or ABMS board certification at some time in their career or be currently board eligible in the specialty being taught who has been appointed to the ATSU-KCOM faculty.

- **Clinical Hours.** Although a rotation site coordinator may provide a tentative daily schedule for a clinical rotation, the student is responsible to their assigned preceptor during clinical duty hours on each rotation. The student is required to keep the hours expected by the preceptor. A 'typical' student clinical day begins at 7 a.m. and ends at 7 p.m. but will be confirmed by the preceptor or designee. Students may be required to work overnights and be 'on call.' Ideally, the student should:
    - Not be involved in patient care for greater than 24 continuous hours or required to attend patient hand-offs or didactic sessions for more than an additional 6 continuous hours (30 hours total).
    - Have two weekends per month free.
    - Not typically work more than 60 hours per week, on average.

- **Patient Interaction.** Students should introduce themselves in a manner approved by the clinical site. When no direction is provided on this topic, the student should make the introduction as "Student Doctor " and then identify the current service.

  Patients have the right not to be seen or examined by a student physician. If the patient requests that a student not be involved in his/her care, the student must abide by the patient's

request. Students should only address or examine patients after these tasks have been arranged by the preceptor or designee.

- **Confidentiality.** While in the clinical environment ATSU-KCOM students are responsible for following the Health Insurance Portability and Accountability Act (HIPAA) as defined by the federal government. HIPAA is a set of regulations that defines what information is protected, sets limits on how that information may be used or shared, and provides patients with certain rights regarding their information. Any patient information students see or hear (directly or indirectly) while on clinical rotations/rounds MUST be kept confidential.

- **Chaperoning Patients.** To assure a safe environment for patients, staff and students, patients are entitled to have their medical interactions conducted with appropriate privacy and confidentiality protections. Informed consent must be obtained for all treatments and sensitive examinations performed. Patients are entitled to have a chaperone (informal or formal) present for any consultation, examination, treatment, or procedure where the patient considers it necessary. A chaperone is an observer who, by mutual agreement, is present during an examination to advocate for patients' rights such as dignity, privacy and consent while also providing a layer of protection for the person performing the examination and the organization. A chaperone must be aware of the confidential nature of their role and that a patient's personal information and privacy must be protected. All providers are entitled to have a formal chaperone present at their discretion. KCOM students are not to serve as formal or informal chaperones.

REFERENCE FILE(S)

- Student Assessment Plan Summaries
- Clinical Rotations *(ATSU-KCOM Student Manual intranet website)*
- Procedure Logs
- ATSU-KCOM Catalog
    - Curriculum Third & Fourth Years

REVIEW(S)

Process reviewed by:
KCOM Dean - December 12, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 6.11:
Comparability Across Clinical Education Sites

Signature: *On file in Dean's office* *Date Approved: November 14, 2019*
Updated: October 23, 2025

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA), A.T. Still University-Kirksville College of Osteopathic Medicine must ensure that the curriculum includes comparable educational experiences and equivalent methods of assessment across all core clinical educational sites where students learn, ensuring all students achieve similar outcomes based on core educational learning objectives. This comparison of comparability must include a statistical analysis.

POLICY

The ATSU-KCOM Curriculum Committee is responsible for approving clinical syllabi and academic requirements for all OMS III and OMS IV students, which are documented in the clinical syllabi and the Year 3 & Year 4 Student Assessment Plan Summaries. The syllabi provide the goals and learning objectives of each rotation regardless of assigned base training region.

The KCOM Curriculum Committee's Assessment Subcommittee is charged with providing formal reviews to the Curriculum Committee for approval with regard to ensuring comparability and consistency of the educational experiences across base training regions.

PROCEDURE

The Assessment Subcommittee will review the following, as scheduled:

- COMAT score report data - reviewed by November annually
- Clerkship grades in Years 3 and 4, by discipline by region - reviewed by September annually
- Clerkship overall grades, by discipline - reviewed by November annually
- Senior survey - reviewed by November annually

These outcomes and measures provide the basis for assessment of comparability and outcomes across sites.

The Curriculum Committee will review and approve the following:

- New OMS III and OMS IV courses and/or changes in required courses
- Clinical course syllabi
- COMAT score report data
- Clerkship grades in Years 3 and 4, by discipline by region
- Clerkship overall grades, by discipline
- Senior survey

Additionally, the Curriculum Committee may request additional data, reports, summaries, and proposals should deficiencies be identified or modifications to the clinical curriculum be appropriate.

REFERENCE FILE(S)

The policy is referenced from:

- ATSU-KCOM Curriculum Committee Operating Protocols
- ATSU-KCOM Curriculum Committee & Assessment Subcommittee Routine Actions

REVIEW(S)

Policy reviewed by:
KCOM Curriculum Committee - November 12, 2019
KCOM Dean - November 14, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 7.1a: Faculty and Staff Resources and Qualifications - Credentialing Procedure for Clinical Adjunct Faculty Preceptors

Signature: *On file in Dean's office* **Date Approved:** 9/17/24

Updated: 01/29/26

PURPOSE

The purpose of this policy is to establish a standardized procedure for credentialing clinical adjunct faculty who serve as preceptors of clinical education at A.T. Still University – Kirksville College of Osteopathic Medicine. This policy ensures that all preceptors possess the necessary qualifications, credentials, and competencies to provide high-quality education and supervision to osteopathic medical students. Adhering to this policy will help maintain the integrity of the medical school's educational programs and uphold the highest standards of clinical education.

Policy and Procedure:

I. Scope

This policy applies to all clinical adjunct faculty preceptors who are responsible for supervising and instructing osteopathic medical students during their clinical rotations at A.T. Still University – Kirksville College of Osteopathic Medicine's clinical training sites.

II. Definitions

- **Clinical Adjunct Faculty Preceptor:** A licensed physician (DO or MD) who provides clinical education and supervision to medical students in a clinical setting on a part-time or adjunct basis (see ATSU-KCOM Policy 7.8).
- **Credentialing:** The process of verifying and assessing the qualifications, experience, and competencies of clinical adjunct faculty preceptors.
- **CORE Clinical Rotation:** CORE clinical rotations are taught in the third year of the curriculum and are required by the Commission on Osteopathic College Accreditation (COCA) standards. CORE clinical rotations include Family Medicine, Rural or Underserved

Family Medicine, Internal Medicine, General Surgery, Obstetrics and Gynecology, Psychiatry, and Pediatrics. CORE clinical rotations must be completed by all students, must be a minimum of four weeks long, and must include in-person patient care.

- **REQUIRED Clinical Rotation:** A non-core clinical rotation that all medical students must complete. All required clinical rotations must be at least 4 weeks long and include in-person patient care.
- **ELECTIVE Clinical Rotation:** A non-core clinical rotation that a medical student chooses to pursue to further their desired training.

III. Eligibility Criteria

To be eligible for appointment as a clinical adjunct faculty preceptor, candidates must:

1. Hold an active and unrestricted state professional license in their respective field (e.g., DO or MD).
2. Preceptors utilized for clinical rotations should be AOA/ABMS board-certified or board-eligible.
3. Preceptors for CORE clinical rotations must be AOA/ABMS board-certified or board-eligible in the specialty being taught.
4. For those with Lifetime Certifications who do not appear in ABMS or AOA, the request must be submitted to the KCOM Dean for approval.
5. If a current certification does not exist, a request must be submitted to the KCOM Dean for approval. Refer to **ATSU-KCOM Policy No. 7.1b**.

IV. Credentialing Process

1. **Initial Request for Appointment:**

   Candidates must submit a current curriculum vitae (CV).

2. **Verification of Credentials:**

   The Department of Clinical Affairs will conduct a background check, including verification of licensure, board certification, and any disciplinary actions.

V. Approval and Appointment

1. **Academic Council Review:**

- The Academic Council will review appointment request materials supplied by the Department of Clinical Affairs, verification results, and any additional feedback.
- A recommendation will be made to the Dean of the College of Osteopathic Medicine regarding the appointment of the candidate.

2. **Dean's Approval:**

- The Dean will make the final decision on the appointment based on the Academic Council's review and recommendation.
- Approved candidates will receive an official letter of appointment, outlining their roles, responsibilities, and terms of service.

3. **Orientation:**

- Newly appointed preceptors will be oriented by the regional Director of Student Medical Education (DSME) and the coordinator regarding the medical school's curriculum, evaluation methods, policies, and expectations for preceptors.

6. Re-Credentialing and Continuous Monitoring

1. **Re-Credentialing:**

- Clinical adjunct faculty preceptors must undergo re-credentialing at least every three years to ensure continued compliance with eligibility criteria.
- Board-eligible clinical adjunct faculty will be reviewed annually.
- Non-board-certified or board-eligible clinical adjunct faculty will be reviewed annually.
- Preceptors must submit updated CVs, evidence of continued professional development, and any additional documentation as requested.

2. **Continuous Monitoring:**

- The performance and effectiveness of preceptors will be regularly evaluated through student feedback, peer reviews, and periodic assessments by the Academic Council.

- Preceptors are expected to participate in ongoing professional development (e.g., continuing medical education) and faculty development programs offered by the college.

7. Policy Review and Updates

- This policy will be reviewed annually by the Department of Clinical Affairs to ensure it remains current and effective. Any changes or updates to the policy will be communicated to all relevant stakeholders in a timely manner.

REVIEW(S)

Process reviewed by: Assistant Dean, Clinical Affairs - January 29, 2026

KCOM Dean - January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 7.1b: Faculty and Staff Resources and Qualifications - Mechanism to review and approve credentials of physician faculty who have never been board-certified or are not board-eligible

Signature: *On file in Dean's office* **Date Approved:** 9/17/24

Updated: 12/10/25

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 7.1, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have a mechanism to review and approve credentials of physician faculty who have never been board certified or are not board eligible by the AOA or ABMS at non-core rotation sites. This policy ensures that non-board-certified/eligible preceptors possess the necessary qualifications, credentials, and competencies to provide high-quality education and supervision to osteopathic medical students. Adhering to this policy will help maintain the integrity of the medical school's educational programs and uphold the highest standards of clinical education.

Policy and Procedure:

I. Scope

This policy applies to the clinical adjunct faculty preceptors who have never been board-certified or are not board-eligible by the AOA or ABMS and are responsible for supervising and instructing osteopathic medical students during their non-CORE clinical rotations completed within the A.T. Still University – Kirksville College of Osteopathic Medicine's regional clinical training sites, hospitals, or other affiliated sites.

II. Definitions

- **Clinical Adjunct Faculty Preceptor:** A licensed physician (DO or MD) who provides clinical education and supervision to medical students in a clinical setting on a part-time or adjunct basis (see ATSU-KCOM Policy 7.8).

- **Credentialing:** The process of verifying and assessing the qualifications, experience, and competencies of clinical adjunct faculty preceptors.
- **CORE Clinical Rotation:** CORE clinical rotations are taught in the third year of the curriculum and are required by the Commission on Osteopathic College Accreditation (COCA) standards. CORE clinical rotations include Family Medicine, Rural or Underserved Family Medicine, Internal Medicine, General Surgery, Obstetrics and Gynecology, Psychiatry, and Pediatrics. CORE clinical rotations must be completed by all students, must be a minimum of four weeks long, and must include in-person patient care.
- **REQUIRED Clinical Rotation:** A non-core clinical rotation that all medical students must complete. All required clinical rotations must be at least four weeks long and include in-person patient care.
- **ELECTIVE Clinical Rotation:** A non-core clinical rotation that a medical student chooses to pursue to further their desired training.

III. Eligibility

1. Preceptors for Required and Elective Clinical Rotations (Non-CORE) should be board-certified or board-eligible. If certification does not exist, a request must be submitted to the KCOM Dean for approval.
2. Credentialing will follow guidelines in **ATSU-KCOM Policy 7.1a. Faculty and Staff Resources and Qualifications - Credentialing Procedure for Clinical Adjunct Faculty Preceptors**

IV. Policy Review and Updates

1. This policy will be reviewed annually by the Department of Clinical Affairs to ensure it remains current and effective. Any changes or updates to the policy will be communicated to all relevant stakeholders in a timely manner.

REVIEW(S)

Process reviewed by: Assistant Dean, Clinical Affairs - January 29, 2026

KCOM Dean - January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 7.2: Faculty Approvals at All Teaching Sites and 7.8: Faculty Appointment and Advancement

Signature: *On file in Dean's office*

Date Approved: *December 20, 2019*

Updated: *January 30, 2026*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standards 7.2 and 7.8, A.T. Still University-Kirksville College of Osteopathic Medicine is required to academically credential and/or approve the faculty at all COM and COM-affiliated and education teaching sites, as well as have policies and procedures (protocols) in place for faculty appointment, renewal of appointment, promotion, granting of tenure (if a tenure program exists), and remediation. The policies and procedures must provide each faculty member with written information about his or her term of appointment, responsibilities, lines of communications, privileges and benefits, performance evaluation and remediation, terms of dismissal, due process, and, if relevant, the policy on practice earnings.

A COM or its parent institution must create a process to review pay and rank parity every three years consistent with its mission-appropriate diversity outcomes among its faculty.

POLICY

ATSU-KCOM academically credentials faculty at all COM and COM-affiliated teaching sites using the processes outlined in ATSU Policy 20-100 Faculty Credentials, the ATSU Faculty Handbook, and the KCOM Faculty Handbook. The KCOM Faculty Handbook may supplement, but does not supersede or replace, policies and procedures outlined in the University Faculty Handbook.

PROCEDURES

- The procedures and processes outlined in the ATSU Policy 20-100 Faculty Credentials, the ATSU Faculty Handbook, ATSU-KCOM Policy 7.1a, and the KCOM Faculty Handbook are followed.
- For clinical faculty including regional deans and directors of student medical education, directors of medical education, program directors, and clinical preceptors, the KCOM Clinical Affairs office in coordination with the base clinical regions credential the clinical faculty initially and then on a 3-year schedule.
    - The following are secured or verified, as appropriate, and logged into the New Innovations management system:
        - Curriculum vitae (CV)
        - Licenses verification
        - Board certification
- ATSU-KCOM clinical adjunct faculty credentialing will follow guidelines in ATSU-KCOM Policy 7.1a – Credentialing Procedure for Clinical Adjunct Faculty Preceptors.
- The KCOM Academic Council reviews all applications for faculty appointment and makes recommendations to the KCOM Dean as outlined in the KCOM Faculty Handbook. Faculty appointments for clinical faculty are made for up to 3-years. The KCOM Dean's Office is responsible for creation and distribution of faculty appointment letters sent to all clinical faculty, which includes the term of appointment.
- The Clinical Affairs office monitors license and board certification expirations and updates the information on an ongoing basis. The Clinical Affairs office is also responsible to secure CVs and for submission of all required documentation to the Academic Council for consideration of reappointment and promotion, as appropriate.

REFERENCE FILE(S)
ATSU Policy No. 20-100 Faculty Credentials ATSU
Faculty Handbook *(intranet website)*
KCOM Faculty Handbook

REVIEW(S)
Process reviewed by:
KCOM Dean - December 20, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policies & Structures for
COCA Standard No. 8.4: Student Participation in Research and Scholarly Activity

Signature: *On file in Dean's office* **Date Approved:** *June 25, 2020*
Updated: *August 30, 2023, October 16, 2025*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 8.4, Student Participation in Research and Scholarly Activity, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have policies to support student driven research and scholarly activity, as well as student participation in the research and scholarly activities of the faculty at all campus locations.

POLICIES & STRUCTURES

ATSU-KCOM meets COCA standard 8.4 by ensuring that research policies and structures are in place for students, as well as the publication and annual review of these policies and structures.

ATSU-KCOM meets this COCA standard via various policies and structures.

Structures:

All ATSU-KCOM DO students must complete CITI training (incorporated for all OMS I students in the Complete DOctor course in Year 1 CODO5251), 5 hours of Evidence Based Medicine within the Complete DOctor course, and include small group hands on exercises in Semester 1 & 3. Complete a scholarly report in Year 3 and a scholarly report in Year 4. The scholarly reports promote the acquisition of key skills through inquiry, discovery, and consideration of a patient, condition, or population. Students present their Scholarly reports through professional presentations in their assigned clinical region to peers and faculty.

In addition to the required coursework, ATSU-KCOM offers electives in research through:

- Research I Syllabus (Elective)
- Research II Syllabus (Elective)
    - Research II Assessment
    - Research II final write-up Guide

The following are specific policies related to student research:

A. Establishing a Research Elective:

Students in good academic standing are eligible to take Research I beginning after spring break of year 1 through the end of semester 3 and Research II after completion of the core clinical rotations. Students are limited to a total of 4 weeks of research elective in their clinical years.

To establish a Research I Elective, students must:

- Successfully completed semester 2 of medical school (a student may start during semester 2 with approval of the mentor and course director) or, if approved, continue into Semester 3
- Be in good academic standing
- Complete the application to participate
- Complete Research Ethics and Compliance Training online following the CITI Training instructions.
- Obtain IRB approval if research involves human subjects
- Obtain approval from the Institutional Animal Care and Use Committee for animal research. Requires completion of Animal Care Training and completion of Occupational Health and Safety Program.
- For more information, contact the course director, William L. Sexton, Ph.D.

To establish a Research II Elective, students must:

- Complete Research Ethics and Compliance Training online following the CITI Training instructions.
- Submit a Rotation Report Form and request to complete the research experience.
- Obtain IRB approval if research involves human subjects
- Obtain approval from the Institutional Animal Care and Use Committee if research will involve animals. Requires completion of Animal Care Training and completion of Occupational Health and Safety Program.
- Submit an Application and IRB Forms or Animal Care forms for Research II (available through the KCOM Student Manual). [IRB Application Guidelines]

For Research II Electives, the Director of Student Medical Education (DSME) and rotation site coordinator will review the student schedule to determine date availability for the requested Research elective. Once approved by the regional site, the following documents must be forwarded to the Clinical Affairs Department (90 days prior to rotation):

- Approved Rotation Report Form
- Completed application and required documentation
- When direct patient contact is identified via the application, the rotation site coordinator will work with students to secure a completed and signed affiliation agreement (required).
- Upon review of the submitted documentation, the Research Elective II Course Director will approve/deny the experience. For more information, contact the course director, William L. Sexton, Ph.D.

To complete the course, the student must follow instructions in the course syllabus.

B. Policies:

- Students must adhere to safety and animal handler policies, including:
    - Research Safety: ATSU Policy No. 95-102 Waste Management Policy
    - Research Safety: ATSU Policy No. 95-105 Incident Reporting
    - Animal Care & Use (IACUC) (Students working with animals must complete and submit appropriate documentation.)
- Appendix I: Approved Animal Handler Agreement (from ATSU Student Handbook pg. 92)
- Students may participate in the Interdisciplinary Biomedical Research Symposium (IBRS Abstract Guidelines).
- The University offers funding support for student research through the Student Research Support Program in the maximum amount of $500 (supplies only, no travel allowed).
    - **Process:** To be eligible for the funding, submit the student's name, a one to two paragraph explanation of the student's research activity, and the timeline for this activity. Submit this application together with a purchase order totaling up to $500

REVIEW(S)

Policy & Resources reviewed by:
KCOM Dean - June 25, 2020, January 30, 2026

ATSU and ATSU-KCOM Policies

COCA Standard No. 9.1/9.3: Admissions & Transfer Policy

Signature: *On file in Dean's office*

Date Approved: *December 12, 2019*
Updated: *May 17, 2023*
Updated: October 14, 2025

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 9.1 & 9.3, A.T. Still University-Kirksville College of Osteopathic Medicine is required to establish and publish to the public, admission requirements for potential applicants to the osteopathic medical education program and must use effective policies and procedures for osteopathic medical student selection for admission and enrollment, including technical standards for admissions. A COM must tie all admissions policies to the COM mission. In addition, a COM must publish and follow policies regarding transfer or admissions with advanced standing. A COM may only accept credits from a school accredited by the COCA or the Liaison Committee on Medical Education (LCME) where the student is eligible for readmission. The COM must ensure that if transfer occurs from an LCME-accredited school of medicine, the student must acquire OMM/OPP competency prior to graduation from the COM. The last two years of education must be completed at the COM granting the degree.

POLICIES

ATSU-KCOM meets COCA standards 9.1 and 9.3 via the following policies:

Admissions Policy Published 2025-26 ATSU-KCOM Catalog Application process

ATSU-KCOM participates with other osteopathic colleges in a centralized application processing service called the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). This service will collate materials, compute grades, and transmit standardized information to the applicant and the colleges which the applicant designates to receive them. AACOMAS takes no part in the evaluation, selection, or rejection of applicants. Applications may be obtained at www.aacom.org or from AACOMAS at 7700 Old Georgetown Road, Suite 250, Bethesda, MD 20814, phone: 617.612.2889

The College will send the applicant a secondary application if general qualifications are met. A non-refundable application fee and letters of recommendation from the pre-medical committee and a physician or employer will be required at the time the secondary application is submitted.

Applications must be submitted no later than February 1 of the academic year prior to which admission is sought. Applicants are encouraged to apply far in advance of the February 1 deadline.

Additional information regarding the program application deadline date, tuition and expenses, and related financial assistance can be found at www.atsu.edu, or email inquiries may be sent to admissions@atsu.edu.

Admission Requirements

Applicants for admission to the first-year DO class must meet the following requirements prior to matriculation.

Applicants for admission to the first-year DO class must meet the following requirements prior to matriculation.

1. The applicant must have achieved a minimum 2.8 cumulative GPA and a 2.8 science GPA (based on a 4.0 scale).
2. Applicants must have completed 90 semester hours or three-fourths of the required credit for a degree from a college or university (30 hours of which must be at a four-year, degree-granting institution) accredited by a US Department of Education institutional accreditor or Canadian equivalent. Most of the candidates who are accepted for admission have earned a baccalaureate degree prior to matriculation. It is recommended that applicants complete a bachelor of art or science degree from an institution accredited by a US Department of Education institutional accreditor.
3. Applicants must have completed one full academic year or the equivalent in each of the following with a final grade of C or above:
    - English: 6 semester hours (8 quarter hours).
        - The student should be fluent in the oral and written use of English.
    - Biology: 8 semester hours (12 quarter hours).
        - Must include a laboratory and a basic course in general biology or general zoology.
    - Physics: 8 semester hours (12 quarter hours).
        - Must include a laboratory and cover the study of mechanics, sound, heat, magnetism, electricity, and light.
    - General or Inorganic Chemistry: 8 semester hours (12 quarter hours).
        - Must include a laboratory.
    - Organic Chemistry: 8 semester hours (12 quarter hours).
        - Must include a laboratory.
4. Elective subjects should afford a broad educational and cultural background as encouraged by the applicant's pre-professional adviser. Courses in molecular biology, genetics, behavioral sciences, biochemistry, human anatomy/ physiology, and humanities are encouraged.
5. Applicants are required to submit scores from the MCAT that have been taken within three years from the date of application.

6. Applicants must provide two letters of recommendation, one letter from a pre-medical committee/health professions advisor or science faculty member and one letter from a licensed physician unrelated to the applicant (DO or MD).
7. Matriculants are required to submit official transcripts from all colleges and universities attended by the date of matriculation, including confirmation of an undergraduate degree, unless accepted under the non-degree application requirements.
8. ATSU-KCOM and many of its clinical affiliations require criminal background checks on matriculants and students to ensure the safety of patients and employees. The checks are conducted by a vendor selected by ATSU. The student will pay the cost of the criminal background check directly to the vendor. Failure to comply with this mandate will result in denial to matriculate. A matriculant with a positive criminal background screen will be reviewed.
9. Matriculants will meet the minimum technology specifications.
10. Applicants must be a U.S. citizen or permanent resident.
11. Applicants must be fluent in the oral and written use of English.

Transfer Student Admission Policy Published 2025-26 ATSU-KCOM Catalog

Requests for transfer into the DO program at ATSU-KCOM must be made to the Admissions Department. Applicants must currently be enrolled in medical school and cannot previously have been rejected by ATSU-KCOM.

Applicants may only transfer from medical schools and colleges accredited either by AOA COCA or by the Liaison Committee on Medical Education (LCME). When a student transfers from another college of osteopathic medicine (COM), or an LCME-accredited medical school or college, the last two years of instruction must be completed at ATSU-KCOM. In the case of LCME transfers, the ATSU-KCOM requirements for osteopathic manipulative medicine must be completed prior to graduation.

The following documentation must be on file before being considered for admission.

1) A letter from the academic dean or designee of the current professional school indicating the student is presently in good academic standing.
2) Minimum cumulative and minimum science GPA of 2.8 on a 4.0 scale.
3) Official transcript from the transfer school. (ATSU-KCOM will review and confirm the approval of the transfer credits via a letter for the student's file.)
    (a) Confirmation of a bachelor's degree or 90 semester hours or three-fourths of the required credit for a degree from a college or university (30 hours of which must be at a four-year, degree-granting institution) accredited by a US Department of Education institutional accreditor.

(i) Submitting an AACOMAS or AMCAS application may fulfill this.

(b) If accepted for admission, official transcripts from all colleges and universities attended will have to be provided prior to matriculation.

4) MCAT score(s)
5) Secondary application and secondary fee
6) Additional documents or letters of evaluation as determined by the Admissions Committee may be requested.

Following the receipt of the above credentials, if considered qualified for admission, the completed application will be reviewed, and the applicant will be invited for an on-campus interview.
The applicant will have a minimum of two interviews, including representatives from the ATSU-KCOM Admissions Committee and/or Prescreen Admissions Committee.

Following an academic report (credit evaluation) by the Associate Dean of Medical Education, the dean will determine whether the applicant will be accepted for admission, the amount of credit allowed, and the standing of the applicant.

Transfer Credit

ATSU-KCOM does not accept transfer credit for students admitted to the first-year DO class. Please see the transfer student section for information regarding how to transfer from a current medical program into the DO program.

Still Scholars Early Acceptance Program

The Still Scholars Early Acceptance Program is designed to provide admission opportunities to outstanding students who aspire to become osteopathic physicians. ATSU-KCOM prides itself on developing physicians who focus on whole person healthcare and community service and looks for students who also hold these values. ATSU-KCOM's Still Scholars Early Acceptance Program rewards highly capable students who are dedicated to the osteopathic philosophy with admittance into our institution's founding osteopathic medical program without traditional MCAT requirements. This program encourages students to focus on developing strong academic and leadership skills yet allows them to focus on their undergraduate experience without the additional pressures of preparing for the MCAT. In addition, Still Scholars are awarded an academic scholarship for medical school upon entry to ATSU-KCOM.

Priority consideration agreements are in place with various undergraduate institutions across the United States to help pre-screen qualified applicants; however, students from any four-year accredited undergraduate institution in the United States may apply. Students representing schools that have an agreement with ATSU-KCOM receive priority consideration in the selection process. Applicants must qualify for selection as per the agreement established between ATSU-KCOM and the specific institution.

ATSU-KCOM has agreements with the following institutions:

- Avila University
- Brigham Young University
- Central Methodist University
- Chaminade University
- Dillard University
- Doane University
- Drury University
- Elmhurst University
- Greenville University
- Langston University
- Massachusetts College of Pharmacy & Health Sciences University
- Midland University
- Missouri State University
- Missouri University of Science & Technology
- Missouri Western State University
- Northwest Missouri State University
- Rockhurst University
- Saint Xavier University
- Southeast Missouri State University
- Truman State University
- Westminster College
- William Jewell College

Students from any school accredited by a US Department of Education institutional accreditor may also apply. For more information on the Still Scholars Early Acceptance Program, please contact residential admissions at admissions@atsu.edu or by phone at 866.626.2878 ext. 2237.

Early Decision Program

The Early Decision Program is a service for highly qualified medical school applicants who have made a definite decision that ATSU-KCOM is their first choice among medical schools. To be considered, the applicant must meet all the following requirements and agree to apply only to ATSU-KCOM until an early decision notification is made. To qualify for early decision, the applicant must meet all stated admissions criteria in addition to:

- Meet a minimum GPA of 3.5, both cumulative and in the sciences.
- Have taken the MCAT and earned a composite score of 504 or higher.
- Submit the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS) application, MCAT scores, and transcripts from all institutions attended to AACOMAS by August 1. Applications become available through AACOMAS June 1. For information, contact AACOMAS 7700 Old Georgetown Road, Suite 250, Bethesda, MD 20814, phone: 617.612.2889, www.aacom.org
- File all secondary materials and letter of intent with Admissions by September 1.
- Withhold all applications to other medical schools until an early decision is made by ATSU-KCOM.
- Interviews will be conducted in early October for qualified applicants.
- The Admissions Committee will release a decision within two weeks of the interview.
- A $1,000 non-refundable acceptance fee will be required by December 15.

International Student Admission

Students who are non-citizens or not permanent residents of the United States are not eligible to apply for the DO program at this time.

Selection of Applicants

The Admissions Committee seeks those individuals who identify with the goals of ATSU's mission statement and ATSU-KCOM's mission statement. Applicants are screened for academic achievement, clinical involvement, interpersonal relations, leadership and service, perseverance, maturity, motivation, and osteopathic awareness.

Applicants who reach the final phase of the selection process will be invited for an interview. All applicants selected for admission are interviewed prior to acceptance. The Admissions Committee reserves the right to accept, reject, or defer an application.

Students sent a letter of acceptance are granted a specified time period to notify ATSU-KCOM of their intention to enroll. Accepted students must submit the following to Admissions prior to matriculation.

1. Signed admission agreement
2. Non-refundable deposits
3. Signed technical standards agreement
4. Copies of official transcripts from every institution attended
5. Immunization record
6. Criminal background check through the University approved vendor
7. Proof of health insurance form

Admission after acceptance is also subject to the satisfactory completion of all academic requirements.

Minimal Technical Standards for Admission and Matriculation

Introduction

A.T. Still University's Kirksville College of Osteopathic Medicine (ATSU-KCOM) is committed to equal access for all qualified applicants and students. Minimal Technical Standards for Matriculation to the Doctor of Osteopathic Medicine (DO) program (the "Standards") describe the minimum level of physical, cognitive, and behavioral abilities that ATSU-KCOM DO students must possess to successfully complete all aspects of the osteopathic medical curriculum. The Standards provide sufficient information to allow candidates to make an informed decision for application to ATSU-KCOM DO program. Accommodations to the Standards can be made for qualified applicants and DO students with temporary or permanent disabilities in some instances, but a student must be able to perform in a reasonably independent manner.

Statement of Diversity and Inclusion

Diversity and inclusion encompass an authentic understanding and appreciation of difference and the value each human being brings to our society and the osteopathic medical profession. ATSU-KCOM welcomes diverse applicants and matriculates qualified osteopathic medical students from varied backgrounds, including people of different ages, races and ethnicities, abilities and disabilities, genders, religions, cultures, and sexual orientations. Every applicant and DO student of ATSU-KCOM is expected to possess those intellectual, ethical, physical, and emotional abilities required to undertake the full curriculum and ultimately be able to provide care to a diverse patient population. The Standards outlined below are a guide for students who may need accommodations for a permanent disability or a temporary disability, such as that which can occur from illness or injury.

In adopting these Standards, ATSU-KCOM believes it must keep in mind the ultimate safety of the patients who may be involved in the course of the student's education as well as those patients for whom its graduates will eventually care. The Standards reflect what ATSU-KCOM believes are reasonable expectations of osteopathic medical students (and physicians) in learning and performing

osteopathic medical treatment. Applicants and current students who have questions regarding the technical standards, or who believe they may need to request accommodations in order to meet the standards are encouraged to contact L earning Resources & Accommodation Services. Contact information is provided below.

Technical Standard Ability Categories and Expectations

An osteopathic physician must have knowledge, technical skills, and the physical and emotional ability to function in a broad variety of clinical situations and to render a wide spectrum of patient care to a diverse patient population. In order to develop the knowledge, skills, and abilities required of an osteopathic physician, students must be able to consistently, quickly, and accurately integrate, analyze, and synthesize data as presented in the curriculum and in clinical settings. In order to endure emotional and physical demands of the medical profession, students must develop professionalism, compassion, maturity, honesty, ethics, concern for others, interpersonal and psychomotor skills, flexibility, and motivation toward lifelong learning. For the DO curriculum, students must possess, at a minimum, the following physical, cognitive, and behavioral abilities: observation; communication; motor, strength, and mobility; sensory; intellectual, conceptual, integrative and quantitative; and behavioral and social. Students are expected to demonstrate these abilities in an environment where there is a reasonable amount of visual and auditory distraction. These abilities comprise the categories of ATSU-KCOM Minimal Technical Standards for Matriculation to the DO program and are defined below.

1. Observation: Students must be able to observe demonstrations, experiments and laboratory exercises. Students must have adequate visual capabilities for proper evaluation and treatment integration. They must be able to observe a patient accurately at a distance and up close.
2. Communication: Students should be able to communicate with patients in order to elicit and acquire information, examine them, describe changes in mood, activity, and posture, and perceive their nonverbal communication. Students must also be able to communicate effectively in person and in written form with staff and faculty members, patients, and all members of the health care team.
3. Motor, strength, and mobility: Students must have sufficient posture, balance, flexibility, mobility, strength and endurance for standing, sitting, participating in, and traveling between laboratory, classroom, and clinical experiences. Motor demands include reasonable endurance, strength, and motor precision to execute movements reasonably required for general care, including physical examination and osteopathic manipulative treatment, and emergency treatment, such as laceration repair and CPR. Such movements require coordination of both gross and fine motor muscular activity, equilibrium, and functional use of the senses of touch and vision.
4. Sensory: Students need enhanced sensory skills, including accuracy within specific tolerances and functional use for laboratory, classroom, and clinical experiences. These skills require the use of vision, hearing, proprioception, and manual tactile sensation, or functional equivalents.
5. Intellectual, conceptual, perceptual, integrative, and quantitative: These abilities include

reading, writing, measurement, calculation, reasoning, analysis, and synthesis of data as needed for problem-solving, decision-making, and patient care activities. Students should be able to comprehend three- dimensional relationships and to understand the spatial relationships of structures.

6. Behavioral and social: Students must possess the emotional health required for full utilization of their cognitive and physical abilities, to exercise good judgment, to promptly complete their responsibilities attendant to the diagnosis and care of patients, and to develop mature, sensitive and effective relationships. Students must interact with a diverse population of faculty, students, patients, and members of the health-care team in both academic and clinical settings. Students must be able to emotionally and physically tolerate demanding workloads, maintain professionalism, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical problems of patients.

Detailed examples of expectations for each ability category can be found here: Minimal Technical Standards for the KCOM DO program.

Applying for Accommodations

The institution remains open to possibilities of human potential and achievement by providing reasonable support for students with disabilities. The Vice Chancellor of Student Affairs is responsible for the administration of and compliance with the Technical Standards and Academic Adjustments Policy (ATSU Policy #20-770) through the Director of Learning Resources & Accommodation Services. Individuals with disabilities who have significant limitations in ability categories described in the Standards may require evaluation to determine if they are otherwise qualified, with or without reasonable accommodation. Accommodations can include academic adjustments or assistive aids that do not fundamentally alter the college's curriculum, or those processes deemed essential to the acquisition of knowledge in all areas of osteopathic medicine, including the demonstration of basic skills required for the practice of osteopathic medicine. Additionally, accommodations will not be provided if it would impose undue financial or administrative burdens on the college. Applicants and current students who have questions regarding the technical standards, or who believe they may need to request academic adjustment(s) or aids in order to meet the standards are encouraged to contact Learning Resources & Accommodation Services. Please see the University Student Handbook for information on how to apply for accommodations or email accommodations@atsu.edu.

For questions regarding the technical standards, please contact:
Learning Resources & Accommodation Services
A.T. Still University of Health Sciences
800 W. Jefferson Street, Kirksville, MO 63507
660.626.2774
accommodations@atsu.edu

Additional Information

Records and communications regarding disabilities and academic adjustments with the Director of Learning Resources & Accommodation Services have no bearing on the application process. You may contact the Director of Learning Resources & Accommodation Services, A.T. Still University of Health Sciences, 800 W. Jefferson Street, Kirksville, MO 63501, accommodations@atsu.edu, or by phone at 660.626.2774.

REFERENCE:

ATSU-KCOM Catalog

- Admission
- Minimal Technical Standards for Admissions
- Transfer Students

REVIEW(s)

Policy reviewed by:

KCOM Dean - December 12, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU and ATSU-KCOM Policy & Procedures for COCA Standard No. 9.2: Academic Standards

Signature: *On file in Dean's office*

Date Approved: *December 19, 2019*

Updated: *May 2, 2022, May 8, 2023, October 14, 2025*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) standard 9.2, A.T. Still University-Kirksville College Osteopathic Medicine must publish and follow policies and procedures on academic standards that include grading, class attendance, tuition and fees, refunds, student promotion, retention, graduation, students' rights and responsibilities, and the filing of grievances and appeals.

POLICIES & PROCEDURES

The ATSU-KCOM Academic Standards policies herein are published in the A.T. Still University - Kirksville College of Osteopathic Medicine catalog, ATSU Handbook, and KCOM Student Manual and provide guidance to students, faculty members, and administrators as they proceed through academic activities and the education process.

ATSU-KCOM meets this COCA standard via various policies:

- ATSU University Catalog
  - ATSU Grading Policy
    - ATSU-KCOM programs adhere to the University's grading scale. Grading of courses are outlined in the syllabi. Grading of clinical courses are outlined in the Student Assessment Plan Summaries by class.
      - Years 1 & 2 Assessment Plan Summaries
      - Years 3 & 4 Assessment Plan Summaries
      - Years 3 & 4 Assessment Outline *(class of 2027 & 2028)*
    - ATSU-KCOM School Policies
  - ATSU Absence Policies
    - ATSU-KCOM Attendance Policy and Procedures
  - ATSU Tuition and Fees Policies
    - ATSU Tuition and Fees for Extended Graduations and Retakes
    - ATSU-KCOM Tuition and Fees
  - ATSU Tuition Refund Policy
  - ATSU-KCOM Student Promotion Board Policy
    - ATSU Academic Appeals policy: Promotion and/or Dismissal Decisions
  - ATSU-KCOM Policy 9.2a Student Retention
  - ATSU-KCOM Policy 11.4a COMLEX-USA
  - ATSU-KCOM Graduation Requirements
    - Extended Academic Programs

- ATSU Students' Professional Rights, Responsibilities and Conduct
  - ATSU Code of Academic Conduct
  - Code of Conduct Sanctions, pg. 33
  - Code of Behavior Standards, pg. 35
  - Prohibition of Discrimination, Harassment and Retaliation
- Filing of Grievances and Appeals/Complaint Resolution Process
  - ATSU Catalog Policies section, Academic Appeals Policy

REVIEW(S)
Policies & Resources reviewed by:
KCOM Dean - December 19, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 9.2a:
Student Retention

Signature: *On File in Dean's Office* **Date Approved:** *April 6, 2026*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA), standard 9.2 A.T. Still University of Health Science-Kirksville College of Osteopathic Medicine must publish and follow policies and procedures on academic standards that include grading, class attendance, tuition and fees, refunds, student promotion, retention, graduation, students' rights and responsibilities, and the filing of grievances and appeals.

POLICY

ATSU-KCOM is dedicated to student success and professional development and strives to retain all students throughout their academic journey. ATSU-KCOM provides a range of academic resources and student support services to help students progress through the program successfully. These include learning advisors, career advisors, physical health and behavioral health resources, financial aid advisors, faculty advisors, and professional development opportunities to help students overcome challenges and achieve academic and professional success. These resources help identify academic or personal challenges earlier in a student's medical education and encourage timely intervention to achieve academic success. ATSU-KCOM is committed to supporting students in reaching their full potential as skilled and compassionate osteopathic physicians. When students are unsuccessful academically as determined by the KCOM Student Promotion Board, the college continues to support the student as they seek other opportunities.

REVIEW(S)

Policy & Procedure reviewed by:
KCOM Dean – April 8, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU and ATSU-KCOM Policies & Procedures for
COCA Standard No. 9.4 Secure Student Recordkeeping

Signature: *On file in Dean's office* **Date Approved:** *December 12, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) standard 9.4, A.T. Still University-Kirksville College of Osteopathic Medicine must provide policies and procedures related to an accurate, confidential and secure system for official student record keeping at all campus locations that includes admissions, advisement, academic and career counseling, evaluation, grading, credits, and the training of faculty and staff in the regulations regarding these records (Family Educational Rights and Privacy Act (FERPA).

POLICIES & PROCEDURES

Student recordkeeping policies and procedures are in place that adhere to FERPA guidelines and maintain accurate, confidential and secure systems for official student record keeping. Faculty and staff are trained annually.

ATSU-KCOM meets this COCA standard via various policies:

- ATSU University Catalog
  - ATSU Student Records Policy
- ATSU FERPA Policy
  - Students
  - Non-disclosure of directory information form
  - Faculty and Staff
- Employee Education
  - ATSU Employee Handbook
  - Acknowledgement Form
  - Required Employee Education (REE)
  - REE Stats
- ATSU HIPAA Policies
- ATSU Policy No. 10-218 General Order on General Orders - Appendix A
- ATSU Policy No. 10-209 Record Retention - Appendix A
  - Record Retention for Clinical Years
    - Student records will be maintained electronically in the Google drive in region-specific folders with access by the region and the main campus. Paper versions will be shredded and disposed of by the region once the document is uploaded into the electronic file and the student successfully meets graduation requirements. Student records will be maintained by the Academic Affairs office for 10 years from graduation or separation from the school at which point, all files will be archived and disposed of properly.

- Affiliation Agreements/Preceptor Information will be retained at the main campus for 6 years after expiration or termination of the contract and then archived and disposed of properly by the Clinical Affairs office.

REVIEW(S)

Policies & Resources reviewed by:
KCOM Dean - December 12, 2019, January 30, 2026

ATSU-KCOM Policy No. 9.8
Mental Health Services

Signature: *On file in Dean's office*

Date Approved: *December 9, 2019*
Updated: *June 24, 2022, July 6, 2023, October 2024, February 2, 2026*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA), A.T. Still University-Kirksville College of Osteopathic Medicine must provide its students at all locations with confidential access to an effective system of counseling and mental healthcare from a mental healthcare provider. A mental health care provider must be accessible 24 hours a day, 365 days a year, from all locations where students receive education from the COM.

POLICY

Mental health services are available to all students of A.T. Still University-Kirksville College of Osteopathic Medicine 24 hours a day, 365 days a year, from all locations via the TimelyCare Program:

- Online information and resources at timelycare.com/atsu
- Or by telephone: 833-484-6359

Additionally, in-person behavioral health and wellness counseling is available to all students at A.T. Still University-Kirksville College of Osteopathic Medicine. The information about the counseling services is as follows:

ATSU Behavioral Health & Wellness Procedures

Confidentiality: Counseling is confidential. No one will have access to your files without your consent (see exceptions below).

Mandated Referral: Confidentiality applies to all students, even if they have been mandated for counseling. If you have been mandated to counseling, you will be asked to sign a release allowing Behavioral Health and Wellness (BH&W) to report treatment compliance to the appropriate referring person.

Behavioral Health & Wellness Team: BH&W is supported by a dedicated team of professionals who work collaboratively to provide the highest-quality care to students. Our team includes a Director, Behavioral Health & Wellness Counselors, a Care Manager, an Assistant Director of Student Outreach and Wellness, and an Administrative Assistant. All personal information shared with our team is kept confidential within this group.

Exceptions to confidentiality: Your right to confidentiality does not apply in the following situations:

1. Any report or suspicion of child or elder abuse or neglect;
2. Any report of suicidal thoughts with an intent to follow through;
3. Any report of homicidal thoughts with an intent to follow through;
4. Any state of grave disability.
5. If a court subpoenas records.

Eligibility for services: All services provided by Behavioral Health & Wellness are free to ATSU students, students must reside in the state where the counselor is licensed to receive services. Students outside their state of licensure can access counseling through TimelyCare.

Office Hours: Normal counseling hours are 8 AM to 5 PM, Monday through Friday.
After-hours appointments are available as needed.

Counseling Records: An electronic record of your counseling sessions will be kept. This record will remain confidential and will not be released without your written permission *(please note limits to confidentiality as outlined above).* This record will be destroyed seven years after your final session, but not before you graduate or leave ATSU. No information about counseling goes into a student's academic record.

Scheduling Appointments: Students schedule appointments by calling 660-626-2424 or by requesting one on the website atsu.edu/bhw.

Emergencies cannot wait. Please contact:

1. **During office hours(Monday-Friday, 8 AM - 5 PM):**
    - **a.** Sarah Thomas EdD, MSW, LCSW - 660-626-2751 (office) or 660-651-6779 (cell) or by calling the main line at 660-626-2424
    - **b. If the above counselor cannot be reached, contact:**
        - **i.** Michael Zajac, Associate Vice Chancellor Of Student Affairs 480-219-6026 (office) or 740-403-1003 (cell)
        - **ii.** Deanna Hunsaker, Vice Chancellor Of Student Affairs; 660-626-2236 (office) or 660-349-9428 (cell)
    - **c.** If you cannot reach anyone, please use TimelyCare Talk Now 24/7 at Timelycare.com/atsu and register with your student email or **call 988**
2. **After hours**
    - **a.** TimelyCare Talk Now 24/7 Care at 833-484-6359
    - **b.** 988 Suicide and Crisis Lifeline
    - **c.** Go to the local emergency room or dial 911

ATSU CARE Team: The Care (Campus Assessment Response and Education) Team is committed to assisting ATSU students in navigating their journey at ATSU. Our goal is to join students in tackling challenges so they do not feel alone. The Care Team provides one-on-one support, advocacy, referrals, and follow-up services to ATSU students experiencing significant difficulties related to mental health, physical health, personal or family emergencies, financial issues, or other areas of concern.
Team goals:

- Support a healthy environment for the university community.
- Identify, assess, and intervene with students who are struggling or who demonstrate concerning or threatening behavior.
- Provide support and resources to ATSU faculty, staff, and students who are concerned about an ATSU student.

REFERENCE FILE(S)

The process is referenced from:

- ATSU Student Affairs website
- KCOMStudentManual.atsu.edu
- KCOMRegionalManual.atsu.edu

REVIEW(S)

Process reviewed by:
KCOM Dean - December 9, 2019, September 7, 2023,
January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 9.9:
Physical Health Services

Signature: *On file in Dean's office* **Date Approved:** *December 19, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 9.9, A.T. Still University-Kirksville College of Osteopathic Medicine must provide its students with access to diagnostic, preventive and therapeutic health services accessible in all locations where students receive education from the COM.

POLICY

Each medical student is strongly encouraged to establish a relationship with and utilize the services of a primary care provider for comprehensive healthcare as well as for the acute care of illness. Each student must sign an attestation stating that any physician caring for him or her via a therapeutic relationship or for sensitive health services (see definitions below) will not be involved in the grading or assessment as they proceed through medical school. ATSU requires all students enrolled in a residential program to maintain active health insurance coverage in order to readily access diagnostic, preventive, and therapeutic healthcare in all regions where training occurs. ATSU-KCOM maintains specific immunization and screening requirements of matriculants, students, and fellows with reporting and monitoring requirements maintained by the immunization coordinator in the Clinical Affairs office. ATSU also requires students enrolled in a residential program to enroll in the University-provided disability insurance coverage.

PROCEDURE(S)

- Diagnostic, preventive and therapeutic health services can be provided within each community where the student is educated (Kirksville, Missouri for Years 1 and 2; clinical regions for Years 3 and 4).
- In the event of an illness or accident, the student's well-being is of paramount importance. Immediate evaluation and appropriate follow-up are key. Students should follow the medical facility's established procedures.
- For illness that does not resolve quickly or any accident/injury that occurs during the on-campus portion of the training requiring the student to miss classes, the student must:
    - Immediately seek medical attention commensurate with the nature of illness or injury.
    - Request an excused absence through the ATSU-KCOM app or contact the Academic Affairs office.
    - Provide necessary documentation.
    - Follow guidelines related to illness established by the healthcare provider.

- Follow the ATSU-KCOM attendance policy outlined in the ATSU University Catalog - KCOM DO section and the procedures outlined in the KCOM Student Manual.

- For illness that does not resolve quickly or any accident/injury that occurs during rotations, the student must:
  - Immediately seek medical attention commensurate with the nature of illness or injury.
  - Contact the DSME and regional coordinator to notify them of the medical status.
  - Assure the preceptor of record is contacted by the student or appropriate regional representative should the student be incapacitated.
  - Follow the Centers for Disease Control and Prevention (CDC) recommendations that people with illness remain at home until at least 24 hours after they are free of fever (100 degrees F) or signs of a fever without the use of fever-reducing medications.
  - Follow further guidelines related to illness established by the facility to which the student is assigned.
  - Follow the ATSU-KCOM attendance policy outlined in the ATSU University Catalog - KCOM DO section and the procedures expected by your DSME.

  Once the student has recovered, an individualized plan for makeup will be developed. If an extended absence is required, students contact the Academic Affairs office at KCOMAbsences@atsu.edu.

- Physicians involved with students as their healthcare provider are not to be involved in their grading or assessment process with two exclusions, as follows:
  1. **Supervision of clinical care in a learning environment.** Medical students learn through experience and are often in clinical settings whereby they 'treat' a peer under the supervision of a faculty member. This may occur in a student OMM clinic, CODO course, clinical rotation experience, vaccination clinic, or other entity. The relationships established in these precepted settings are significantly different from those existing between a clinician-patient in a therapeutic relationship in a health care delivery setting. 'Treatment' undertaken for the purpose of education in such a scenario does not constitute the formation of a true provider-patient relationship and, therefore, does not require recusal.
  2. **Anonymous scoring of academic assessments.** Scoring of academic assessments whereby scores are programmed into a learning management system, testing software program, or other systems for an entire class or subgroup of the class whereby student responses during the scoring/grading processes are managed by staff and remain anonymous to the faculty member until all scores are calculated. Example: Multiple choice examination in Internal Medicine course administered for the entire class.

Health Insurance Coverage - All ATSU residential students are required to have active health insurance coverage. To ensure that students have access to a comprehensive health insurance plan, ATSU has chosen Aetna Student Health

- (ASH) as the medical plan provider for the 2026/2027 student health plan. All students must enroll in the student-sponsored health plan or provide proof of other acceptable health coverage through the waiver submission process.
- **Immunizations, Certifications and Screenings** - ATSU-KCOM requires immunizations and certifications to protect the health of students and those within whom they make contact. The requirements and monitoring system are outlined in the ATSU University Catalog-KCOM Section.
- Disability Insurance - ATSU students enrolled in residential clinical-based programs are required to carry University-provided disability insurance coverage. ATSU has contracted with providers for the group coverage.

DEFINITIONS:

- Provision of health care services is defined as a licensed clinician assuming clinical responsibility for the evaluation, diagnosis, treatment and/or management of a student.
- Therapeutic relationship is defined as either ongoing provision of healthcare services (more than two interactions) or any health care services involving "sensitive health services."
- Sensitive health services include but are not limited to, psychiatric/psychological counseling, substance abuse, and sexually transmitted diseases.

REFERENCE FILE(S)

The process is referenced from:

- Please visit www.aetnastudenthealth.com to access full details of the student health insurance plan, get your ID card, find your summary of benefits, certificate of coverage, or a provider near you.
- Gallagher Student Health is available by phone, (844-484-0089) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.
- ATSU-KCOM Student Catalog
    - OMS I and OMS II Student Attendance
    - OMS III and OMS IV Students Attendance
    - Immunizations
    - Attendance
- ATSU Student Affairs website
- KCOMStudentManual.atsu.edu *(intranet website username and password required)*
- ATSU University Student Handbook - Student Health Insurance. (Pg. 6)
- ATSU University Student Handbook - Disability Insurance (Pg. 7)

REVIEW(S)

Policy & Procedure reviewed by:
ATSU Student Affairs - December 19, 2019, August 24, 2026
KCOM Dean - December 19, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 9.10:

Non-Academic Health Professionals - Faculty Members Providing Health Care Services to Osteopathic Medical Students

Signature: *On file in Dean's office*

Date Approved: *August 24, 2020*

Updated: *August 14, 2023*

PURPOSE:

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 9.10, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have a policy designed to ensure that any health professional providing health services, through a physician-patient relationship, must recuse themselves from the academic assessment or promotion of the student receiving those services.

POLICY:

Students may seek health care services from clinical faculty members due to proximity, convenience, comfort, confidence, and the size of the local medical community. This applies to students both on-campus and off-campus.

Such services may involve a therapeutic relationship and include the provision of sensitive health services (see definitions below). If a student elects to establish a therapeutic relationship with a clinical faculty member or seeks to obtain health care services involving 'sensitive health services,' that health care provider is precluded from any evaluation role for that student (irrespective of the wishes of the medical student) for a two-year period because of a dual-relationship and potential conflict of interest issues. Clinical faculty members who provide sensitive health services to KCOM DO students or who are engaged in therapeutic relationships with students will not:

- Perform academic assessments
- Make decisions regarding promotion

However, such faculty members may continue to instruct and train such students according to the normal expectations of the curriculum.

Students seeking mental health services are strongly encouraged to make use of ATSU Counseling Services or other services that are provided by health professionals who are not involved in the education or assessment of KCOM DO students.

Clinicians are strongly discouraged from entering into therapeutic relationships with students. In instances of pre-existing provider/student relationships, therapeutic relationships, or sensitive health services, the clinician must discuss with the student the potential for a dual

relationship and inform the student that they will recuse themselves from any situation in which an evaluation is required if the provision of sensitive health services has occurred.

While the focus of this policy relates to conflicts of interest resulting from therapeutic relationships and/or the provision of sensitive health services to medical students, other types of conflicts of interest may exist. In such situations, faculty members will also recuse themselves from participating in performing academic assessments for grading purposes and in decisions regarding promotions for such students.

Definitions for this Policy:

- Provision of health care services is defined as a licensed clinician assuming clinical responsibility for the evaluation, diagnosis, treatment, and/or management of a student.
- Therapeutic relationship is defined as either ongoing provision of health care services (more than two interactions) or any health care services involving "sensitive health services."
- Sensitive health services include but are not limited to, psychiatric/psychological counseling, substance abuse, and sexually transmitted diseases.

PROCEDURES:

All faculty members engaged in an established provider-patient relationship with a student or have other conflicts of interest pertaining to a student must identify themselves and recuse themselves from summative assessments, grading, or promotional activities concerning that student for two years following the last date of service.

Clinicians serving on the KCOM Student Promotion Board shall identify themselves and recuse themselves if they have an established provider-patient relationship with a student or if they have other conflicts of interest pertaining to the student being reviewed by the Board. This identification and recusal process shall occur at the start of each meeting. Cases being reviewed electronically shall follow the same process, with the clinician recusing themselves from review, comments, and voting.

Exclusions:

There are two main exclusions to this policy including:

1. **Supervision of clinical care in a learning environment.** Medical students learn through experience and are often in clinical settings whereby they 'treat' a peer under the supervision of a faculty member. This may occur in a student OMM clinic, CODO course, Clinical Experiences I & II, vaccination clinic, or other entity. The relationships

established in these precepted settings are significantly different from those existing between a clinician-patient in a therapeutic relationship in a health care delivery setting. 'Treatment' undertaken for the purpose of education in such a scenario does not constitute the formation of a true provider-patient relationship and, therefore, does not require recusal.

2. **Anonymous scoring of academic assessments.** Scoring of academic assessments whereby scores are programmed into a learning management system, testing software program, or other systems for an entire class or subgroup of the class whereby student responses during the scoring/grading processes are managed by staff and remain anonymous to the faculty member until all scores are calculated. Example: Multiple choice examination in an Internal Medicine course administered for the entire class.

This policy pertains to the COCA requirement of Element 9.10 and applies to all faculty. Annually, at the beginning of each academic year, this policy is provided to all KCOM students and faculty via email from the KCOM Academic Affairs office.

REVIEW(S)

Policy and procedure reviewed by:
KCOM Dean - August 24, 2020, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 9.11:

Student Health Insurance Requirements

Signature: *On file in Dean's office*

Date Approved: *December 9, 2019*
Updated: *May 10, 2023, February 27, 2026, August 21, 2026*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA), A.T. Still University-Kirksville College of Osteopathic Medicine must require that all students have health insurance.

POLICY & PROCEDURE

For the 2026/2027 academic year, ATSU offers a student health insurance plan. All ATSU students are required to have active health insurance coverage. To ensure that students have access to a comprehensive health insurance plan, ATSU has chosen Aetna Student Health (ASH) as the medical plan provider for the 2026/2027 student health plan. All students must enroll in the student-sponsored health plan or provide proof of other acceptable health coverage.

Gallagher Student Health is the group administrator for the student health plan and will verify waiver information to ensure all students are in compliance with A.T. Still University health insurance requirements. As the group administrator Gallagher will assist students with plan questions, address changes, claims assistance and obtaining ID cards. For more information on details of the plan, University requirements, enrollment, or completing the waiver process; please visit gallagherstudent.com/atsu.

Summary of Benefits:
Plan Year 2026 - 2027
2026-2027 ATSU SHIP Aetna Brochure
2026-2027 ATSU SHIP Aetna Dental Brochure
2026-2027 ATSU SHIP Aetna Vision Plan Summary

Gallagher Student Health is available by phone, (844-484-0089) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.

Please visit www.aetnastudenthealth.com to access full details of the student health insurance plan, get your ID card, find your summary of benefits, certificate of coverage, or a provider near you.

Student Health Insurance Requirements

All ATSU residential students are required to have active health insurance coverage. To ensure that students have access to a comprehensive health insurance plan, ATSU has chosen Aetna Student Health

(ASH) as the medical plan provider for the 2026/2027 student health plan. All students must enroll in the student-sponsored health plan or provide proof of other acceptable health coverage through the waiver submission process.

Gallagher Student Health and Special Risk is the group administrator for the Student Health Insurance Plan (SHIP) and will verify waiver information to ensure all students are in compliance with A.T. Still University health insurance requirements. As the group administrator Gallagher will assist students with plan questions, address changes, claims assistance and obtaining ID cards. For more information on details of the plan, University requirements, enrollment, or completing the waiver process; please visit gallagherstudent.com/atsu.

All residential students MUST be covered by an ACA compliant domestic health insurance plan for the entire academic year, including summer and holidays.

ACA-compliant domestic health insurance plans must include the following benefits to qualify for a waiver:

Prescription coverage
Mental health coverage
Preventative and annual wellness care
Ambulatory patient services
Emergency care
Hospitalization coverage
Pregnancy, maternity, and newborn care
Rehabilitative and facilitative services
Laboratory services
Plans cannot deny coverage based on a pre-existing condition

Unlimited Major Medical Coverage (no limit to benefits)

Must include out of pocket maximums

**Short-term health insurance policies, traveler's plans, share plans, or plans originating outside of the United States will not be accepted as part of the waiver process

REVIEW(S)

Policy reviewed by:
ATSU Vice President of Student Affairs - May 10, 2023,
KCOM Dean - December 9, 2019, February 27, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 10.1:
Osteopathic Educational Continuum

Signature: *On file in the Dean's office* **Date Approved:** *February 26, 2020*

***Updated**: April 6, 2026*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA), standard 10.1 A.T. Still University of Health Science-Kirksville College of Osteopathic Medicine must provide policies, procedures, personnel, and budgetary resources to support the continuum of osteopathic education, including graduate medical education and continuing medical education.

POLICY

ATSU-KCOM supports the continuum of osteopathic medical education through the coordinated efforts of its departments of academic affairs, clinical affairs, medical education, advancement of osteopathic education, and continuing medical education. The college maintains policies and procedures that guide student education, clinical training, residency development, faculty development, scholarly activity, and continuing education across the osteopathic continuum.

PROCEDURE

The ATSU-KCOM Departments of Academic Affairs, Medical Education and Clinical Affairs will:

- Support curricular organization, teaching, and assessments of the pre-doctoral osteopathic curriculum with the goal of preparing osteopathic medical students with sufficient knowledge and skills in the seven osteopathic core competencies to successfully enter graduate medical education
- Oversee and support administration of third- and fourth-year clinical rotations
- Facilitate the regional site match process for second-year students transitioning to clinical rotations
- Coordinate clinical activities and assessment requirements in the core regional sites
- Provides residency match placement support and career advising
- Oversee student completion of the COMLEX Level 1-CE and Level 2-CE
- Ensure integration of osteopathic principles throughout four-year curriculum

The ATSU-KCOM Department for Advancement of Osteopathic Education will:

- Host Still-OPTI, an ACGME-accredited institutional sponsor of residency programs
- Provide accreditation and institutional sponsorship support for residency programs through Still- OPTI
- Provide administrative and educational support to affiliated residency programs sponsored by other institutional sponsors.
- Develop new residency programs as appropriate
- Provide educational resources and curricular support to residents to develop competency in the ACGME core competencies
- Provide educational resources and administrative support for residency faculty development

- Provide educational resources and support for integration of osteopathic principles into residency programs and support for obtaining osteopathic recognition
- Support resident scholarly activity and research education

The ATSU-KCOM Continuing Medical Education (CME) Department will:

- Sponsor continuing medical education activities offering AOA category 1-A credits, reports AOA category 1-A and 1-B teaching and preceptor credits, and sponsors category 1-A credits for various departments within the University.
- Assist with the design, delivery, and assessment of CME for ATSU-CME.
- Conduct an annual needs assessment survey, distributed to an audience of ~20,000 physicians and other healthcare learners, to identify the current professional practice gaps in the current healthcare environment.

PERSONNEL

ATSU-KCOM designates appropriate faculty and administrative personnel within Academic Affairs, Medical Education, Clinical Affairs, Advancement of Osteopathic Education, and Continuing Medical Education to implement these policies and procedures. Personnel include department leadership, faculty, coordinators, administrative staff, and program support staff who oversee curriculum management, clinical education, residency program support, career advising, faculty development, and CME administration.

BUDGETARY RESOURCES

ATSU-KCOM allocates budgetary resources to support the osteopathic educational continuum, including resources for curriculum administration, clinical education, residency program development and support, faculty development, scholarly activity, and continuing medical education operations. These resources are incorporated into the colleges and the University's budgeting and planning processes. ATSU-KCOM regularly reviews personnel assignments, operational support, and financial resources to make sure adequacy for the continuum of osteopathic medical education and to support continuous improvement.

RESPONSIBILITY

ATSU-KCOM through the collective activities of the KCOM Departments of Academic Affairs, Medical Education, Clinical Affairs, and Advancement of Osteopathic Education and Still OPTI, support the continuum of osteopathic medical education. The ATSU- KCOM Department of Academic Affairs, Medical Education, and Clinical Affairs hold the primary responsibility for oversight of pre-doctoral osteopathic medical education. The ATSU-KCOM Department for the Advancement of Osteopathic Education and Still OPTI hold the primary responsibility for oversight of graduate medical education.

REVIEW(S)

Policy & Procedure reviewed by:
KCOM Dean – April 8, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 10.2:
ACGME Accredited GME

Signature: *On file in Dean's office*

Date Approved: *December 19, 2019*

Updated: *January 16, 2026*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) standard 10.2, A.T. Still University-Kirksville College of Osteopathic Medicine must provide policies and description of its mechanism to assist new and existing graduate medical education (GME) programs in meeting the requirements for accreditation by the Accreditation Council for Graduate Medical Education (ACGME)

POLICY

ATSU-KCOM, through the activities of the Department for Advancement of Osteopathic Education, develops new graduate medical education (GME) programs and assists existing GME programs in meeting and maintaining specialty program and osteopathic recognition accreditation by ACGME. Still OPTI, an accredited ACGME sponsoring institution, is a sub-department within the Department for Advancement of Osteopathic Education. Still OPTI provides financial, administrative, and educational support and oversight for all Still OPTI sponsored residency programs and provides residency educational and administrative support for all Still OPTI affiliated residency programs.

PROCEDURE

New GME Development:

ATSU-KCOM, Department for the Advancement of Osteopathic Education, actively seeks residency development as an ongoing activity of its Graduate Medical Education Committee (GMEC). Institutional representatives meet with potential collaborators to discuss and create new GME programs. New programs may contract with Still OPTI as their ACGME institutional sponsor or contract for residency educational and administrative support from Still OPTI while using their own institutional sponsor. Still OPTI assists new and developing programs with ACGME accreditation and administrative and educational support. Existing sponsored GME organizations may also seek adding new programs or increasing complement size with the assistance of Still OPTI.

Existing GME Support:

Still OPTI and the Department for the Advancement of Osteopathic Education provides financial, administrative, and educational support and oversight for all Still OPTI sponsored residency programs and provides residency educational and administrative support for all Still OPTI affiliated residency programs. Still OPTI and the Department for the Advancement of Osteopathic Education provides on-demand and live faculty development, educational and scholarly activity resources through an institutional portal. Special emphasis is placed on faculty development, educational and scholarly activity to fulfil program accreditation requirements for ACGME osteopathic recognition with development and mastery of integration of osteopathic principles into each of the six ACGME core competencies. Still OPTI assists

sponsored and affiliated programs with ACGME initial and continuing specialty program accreditation and Osteopathic Recognition.

Within Still OPTI, the Graduate Medical Education Committee (GMEC) is tasked with oversight of ACGME accreditation status of the sponsoring institution and its sponsored residency programs; the quality of the learning and working environment associated with each program; reviewing residents and faculty surveys, site visit and accreditation feedback, and when necessary, approving corrective measures; reviewing and approving Still OPTI policies and procedures, ACGME applications and program changes, and requests for exceptions to clinical and educational work hour requirements; and conduct an Annual Institutional Review (AIR).

The Still OPTI GMEC is composed of representatives from its sponsored and affiliated residency programs, the Still OPTI designated institution official (DIO), peer selected residents and a quality improvement or patient safety officer as defined by the *ACGME Institutional Requirements.* As an accredited ACGME institutional sponsor, Still OPTI is required to be in substantial compliance with ACGME institutional requirements and ensure that each of its residency programs is in substantial compliance with ACGME accreditation requirements. The GMEC submits an executive summary of the AIR to the governing body, which is the Dean of ATSU-KCOM.

RESPONSIBILITY

The ATSU-KCOM Department for Advancement of Osteopathic Education and Still OPTI hold the primary responsibility for oversight of GME. The associate dean for graduate medical education leads the Department for the Advancement of Osteopathic Education and serves as the designated institution official (DIO) for Still OPTI and is tasked with the authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME accredited programs and to ensure the compliance with the ACGME Institutional, Common, and specialty- specific Program Requirements.

REVIEW(S)

Process reviewed by:
KCOM Dean - December 19, 2019, January 30, 2026

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Policy No. 11.4a:
COMLEX-USA

Signature: *On file in Dean's office*

Date Approved: *December 10, 2019 Updated October 24, 2025, December 2, 2025*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) standard 11.4a, A.T. Still University-Kirksville College of Osteopathic Medicine must ensure that prior to graduation, all students must demonstrate osteopathic medical knowledge and osteopathic clinical skills by passing the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) undergraduate examinations (Level 1 and Level 2) and meeting a national standard for osteopathic clinical skills competency. The COM must continuously publish to the public the first-time pass rates for all students in each of the competency assessments in the COMLEX-USA examination series (Level 1, Level 2, and Level 3) by the NBOME. COMs must update their public websites within 30 days of receiving their annual update for each COMLEX- USA level testing cycle.

POLICY

To advance through the osteopathic medicine program and graduate, students are required to pass the National Board of Osteopathic Medical Examiners (NBOME) COMLEX-USA series of examinations, including COMLEX Level 1 and COMLEX Level 2 Cognitive Evaluation (CE). Students are required to take each board examination during specific timeframes listed in the Student Assessment Plan Summaries and CMLX6500 and CMLX7500 syllabi (unless special permission to deviate from the schedule is granted by the Associate Dean of Academic Affairs). Failure to test within the specific timeframes without prior approval may be reviewed as a professionalism violation with potential referral to the KCOM Student Promotion Board.

In order to attend the commencement ceremony, students must have successfully completed COMLEX Level 1 and Level 2CE by December 31 of the academic year in which the student will graduate. Appeals to this portion of the policy must be made in writing to the ATSU-KCOM Dean. Since NBOME has discontinued COMLEX Level 2PE, ATSU-KCOM is using NBOME's C3DO clinical competency exam to attest students have demonstrated the fundamental osteopathic clinical skills necessary for graduation. KCOM is participating in NBOME's C3DO pilot.

PROCEDURE

COMLEX Level 1:

1. KCOM representatives will make students eligible for COMLEX Level 1 within the NBOME system following successful completion of semesters 1 and 2 and having earned passing marks in semester 3 of the program.
2. Students must meet the threshold outlined in the CMLX6500 course syllabus for the assigned practice examination(s) prior to taking COMLEX Level 1. Students who do not meet thresholds as outlined in the syllabus must meet any additional required preparations and/or assessments as directed by the Academic Affairs office or designee.

3. Students must schedule, pay for, and take COMLEX Level 1 within the approved testing window. Although few students will have adjusted schedules beyond the approved testing window, all such adjustments must be approved by the Associate Dean of Academic Affairs or the KCOM Student Promotion Board.

COMLEX Level 2 CE:

1. KCOM representatives will administer student eligibility for COMLEX Level 2 CE within the NBOME system after notice of successful passage of COMLEX Level 1 has been received.
2. Students must meet the requirements to take this examination as outlined in the CMLX7500 course syllabus for the assigned practice examination(s) prior to taking COMLEX Level 2 CE. Students who do not meet thresholds as outlined in the syllabus must meet any additional required preparations and/or assessments as directed by the Academic Affairs office or designee.
3. Students must schedule, pay for, and take COMLEX Level 2 CE within the approved testing window. Although few students will have adjusted schedules beyond the approved testing window, all such adjustments must be approved by the Associate Dean of Academic Affairs or the KCOM Student Promotion Board.

Board Failures

First Board Failure:

1. If a student fails a board examination, the student must inform the Associate Dean of Academic Affairs and the Director of Student Medical Education (DSME) of the failure within 48 hours of notification.
2. The Associate Dean or designee will work with the student to create an individualized remediation plan, including a testing deadline. The plan may include time off from clinical rotations, a formal board preparation course at the student's expense, independent board preparation, documentation of meeting the threshold of an approved practice examination(s), or other appropriate strategies.
3. The Associate Dean will report the board failure to the KCOM Student Promotion Board.

Two or More Board Failures:

If a student fails the same board examination twice or a second board examination, the student will be reviewed by the KCOM Student Promotion Board. The board has the authority to impose supports and discipline as well as dismiss the student from the program. If the board votes to dismiss the student from the program, the Associate Dean of Academic Affairs will notify the student within 24 hours.

If the board votes to allow the student to retake the board examination:

- An individualized remediation plan will be developed under the direction of the KCOM Student Promotion Board and the administration of the Academic Affairs office.
- Some individualized remediation plans will require the student to be removed from all clinical experiences until the student retakes and/or passes the previously failed board examination.

Class-specific information about COMLEX preparation and testing is contained in the Student Assessment Plan Summaries (specific for each graduating class year), the related course syllabi, and in the ATSU-KCOM Student Manual located on the Google Drive.

Responsibilities - Associate Dean of Academic Affairs:

- Shall assure a monitoring process for students taking each board examination.
- Shall implement and monitor interventions of specific students who have not met performance thresholds required prior to COMLEX testing.
- Shall work with students to develop individualized plans when there has been a board failure.
- Shall notify the KCOM Student Promotion Board of board failures.
- Shall prepare annual and special reports on board performance for the Assessment Subcommittee.

Responsibilities - KCOM Student Promotion Board:

- Shall review and assess the academic progress of all students, including failure of COMLEX exam series.
- Impose requirements, supports, and discipline appropriate to the circumstances.

Responsibilities - Dean

- Reviews and makes decisions when students make written appeals about this policy or decisions made by the KCOM Student Promotion Board.

REFERENCE FILE(S)

The policy is referenced from:

- ATSU-KCOM Catalog
    - COMLEX-USA
    - Graduation Requirements
    - KCOM Student Promotion Board
- KCOM Student Manual - Board Examinations

Other referenced materials:

- Student Assessment Plan Summaries
    - Years 1 & 2
    - Years 3 & 4

REVIEW(S)

Policy reviewed by:

ATSU-KCOM Curriculum Committee: December 10, 2019

KCOM Dean - December 10, 2019, January 30, 2026

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

BYLAWS

A.T. STILL UNIVERSITY OF HEALTH SCIENCES

Adopted April 9, 2005

As Amended February 9, 2008, October 11, 2008, May 9, 2009, June 10, 2009, September 25, 2010, May 21, 2011, July 28, 2012, April 20, 2013, January 24, 2014, April 25, 2014, and April 29, 2017, February 1, 2019, July 21, 2023, July 19, 2024

ARTICLE I - Name

The name of the corporation is A.T. Still University of Health Sciences (University) and the Bylaws hereinafter provided for are Bylaws of the University.

The Board of Trustees for the University may authorize by a two-thirds affirmative vote of its membership to have individual unit and/or organizational University Bylaws in addition to those provided for the University, provided the individual unit and/or organizational Bylaws are not in conflict or inconsistent with the Bylaws of the University.

ARTICLE II - Mission

A.T. Still University of Health Sciences serves as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs. The University is committed to continuing its osteopathic heritage and focus on whole-person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations.

ARTICLE III - Principal Office

The University shall have and continuously maintain a registered office and registered agent in the State of Missouri. The registered office shall have the same address as the registered agent. The location of the registered office and the name of the registered agent in the State of Missouri shall be such as are stated in the Articles of Incorporation, and as may be changed and determined from time to time by the Board of Trustees pursuant to the applicable provisions of law.

ARTICLE IV - Membership

The University shall not have members as such, but in lieu thereof, shall have only a Board of Trustees.

ARTICLE V - Board of Trustees

Section 1. Number and Composition. The number of persons constituting the Board of Trustees of the University shall be not less than nine (9) nor more than twenty-one (21), as fixed from time to time by the resolution of said Board. Twenty-five percent or more of the Board shall consist of alumni, reflective of the composition of the schools making up the University, and at all times, at least one (1) KCOM graduate shall be a trustee of the Board. No employee of the University shall be elected a member of the Board of Trustees.

Section 2. Term of Office. All terms of office as a Trustee shall be for three years.

No trustee shall serve more than three (3) consecutive terms. After one (1) full year, following expiration of the permitted tenure, eligibility of any former trustee is renewed. Expiration of a term of office shall be at the conclusion of the Summer Meeting in the appropriate year.

Section 3. Vacancies. Vacancies on the Board of Trustees, whether caused by the inability of any trustee to serve or the desire to increase the active membership of the Board, may be filled yearly at the Board meeting specified in the Board Governance Policies or a special meeting of the Board. The procedure for filling such vacancies shall be the same as for regular elections as outlined in Section 4, below.

Section 4. Nominations and Election.

A. Nominations. The chairperson shall appoint a Search Team at the Board meeting specified in Board Governance Policies. The Board will select new Trustees at the Board meeting specified in the Board Governance Policies. Not inconsistent with these Bylaws, the Board Governance Policies may specify additional details regarding the Search Team and its processes.

B. Election. All elections shall be by consensus of all trustees present, per the Board Governance policies.

C. A trustee of the Board may be removed without cause by consensus of the trustees then in office not being considered for removal at any regular or special meeting called for such purpose.

Section 5. Meetings.

A. Regular Meetings. Regular meetings of the Board of Trustees shall be held four (4) times during the calendar year, the exact time and date to be determined by consensus, except the Annual Meeting described below shall be held in Kirksville, Missouri.

B. Annual Meetings. The last regular meeting of each calendar year shall be referred to as the "Annual Meeting."

C. Special Meetings. Special meetings of the Board of Trustees may be held at the call of the chancellor or chairperson and will be called by the chancellor-or chairperson at the written request of one-third of the trustees.

Section 6. Place of Meetings. The annual meeting shall be held in Kirksville, Missouri.

Section 7. Notice of Meetings.

A. Regular Meetings. Written or electronic/online notice of regular meetings shall be sent to all trustees not less than 21 days nor more than 40 days prior to the date of the meeting.

B. Special Meetings. Written or electronic/online notice of special meetings, including the agenda items for discussion or action, shall be sent to all trustees not less than seven (7) days prior to the date of the meeting except, if in the opinion of the chairperson it is necessary to do so, a telephoned notice not less than three days prior to the date of the meeting may be given in lieu of the written notice.

Section 8. Quorum. A majority of the Board shall constitute a quorum for transaction of business. In the event a quorum is not present at any meeting of the Board, trustees so assembled may transact business provided, however, that such business shall not become effective until submitted to and ratified by all absent trustees.

Section 9. Organization of the Board of Trustees. Prior to adjournment of the meeting specified in the Board Governance Policies, the Board of Trustees shall organize for the coming year by electing officers

of the Board, consisting of a chairperson, vice chairperson, and secretary. Election of officers must be approved by a consensus of all Trustees in office when this action is taken. The term of such officers shall be for one (1) year, such terms expiring at the conclusion of the Board meeting specified in the Board Governance Policies or until their successors are elected and qualified. Not inconsistent with these Bylaws, the Board Governance Policies shall set forth the Board process for nomination of officers, and officer terms and eligibility.

Section 10. Duties of the Board Officers.

A. Chairperson. The chairperson of the Board of Trustees shall preside at meetings of the Board. The chairperson shall be responsible for a clear and full statement of the business to be conducted at any regular or special meeting of the Board and shall perform the usual duties of a presiding officer in keeping with these Bylaws, the Board Governance Policies, and parliamentary procedure.

B. Vice Chairperson. The vice chairperson shall perform such duties as are assigned by the chairperson and, in the absence of the chairperson, shall preside at meetings of the Board. In the event the chairperson is unable, for any reason, to complete his/her term, the vice chairperson shall be elevated to the position of chairperson.

C. Secretary. The secretary shall be responsible for keeping minutes of all sessions of the Board of Trustees and shall perform such other duties as are assigned by the chairperson and in keeping with the Board Governance Policies.

Section 11. Compensation. Members of the Board of Trustees shall receive no compensation or stipend for service on the Board. They shall, however, be entitled to reimbursement for all travel and accommodation expenses incurred in connection with service. A trustee may, in lieu of reimbursement, be credited in that amount to the trustee's gift income record.

Section 12. Power and Duties.

A. The Board of Trustees shall be the governing body and shall have control of the property and affairs of the University and shall exercise control through the establishment of policies for the direction of the Executive Officer in managing affairs of the University. The Board shall employ and determine the compensation and terms of employment for the chancellor.

B. The Board of Trustees shall require all contract officers, faculty members, and employees of the University be required to accept contracts requiring all contractual disputes between the University and any such party be settled pursuant to the American Arbitration Association Commercial Arbitration Rules as amended and in effect January 1, 1990.

ARTICLE VI - Corporate Officers

Section 1. Officers.

A. Executive Officer. The executive officer of the University shall be a chancellor. This officer shall be employed, have and possess such authority and powers designated by the Board of Trustees and those customarily held by the chief executive officer of comparable organizations (e.g., operate and manage the institution; execute directives of the Board; confer degrees (including honorary); direct establishment of, and have an understanding of and commitment to the University's vision, mission, and strategic plan, etc.). Compensation and benefits shall be fixed by the Board of Trustees.

B. Officers. The chancellor may designate and appoint other officers of the University.

Section 2. Responsibility, Duties, and Powers.

A. Chancellor. The chancellor shall be the chief executive officer of the University and shall manage the affairs of the University in accordance with the Board Governance Policies determined by the Board of Trustees. The chancellor shall have the authority to sign, or co-sign, with other officers as may be designated from time to time by the chancellor, any and all documents necessary to carry out the policies of the Board. The chancellor shall designate an officer to act for him or her during any and all absences outside the United States, provided such absences are not beyond thirty (30) calendar days; and if longer than thirty (30) days, the Board of Trustees shall appoint an individual to act until the chancellor returns.

B. Duties and Responsibilities of the Chancellor. The chancellor shall faithfully and diligently implement all Board Governance Policies made by the Board of Trustees, perform any duties described in the chancellor's contract, and carry out any other duties as may be assigned by the Board of Trustees.

Section 3. Bond. Bond for all executive, subordinate, or assistant officers shall be required in amounts as determined by the Board of Trustees. The cost of such bonds shall be paid by the University.

ARTICLE VII - Teams of the Board

Section 1. Standing Team(s). The chairperson of the Board of Trustees, in accordance with the Board Governance Policies, shall appoint standing or reference teams as listed in, but not necessarily limited to, the subsection(s) below. Establishing standing or reference teams and appointment of trustees to such teams must be in accordance with the Board Governance Policies.

A. Audit. The Audit Team shall recommend the outside auditors and shall consult with the auditors, the chancellor, and any designees of the chancellor to review the financial statements of the University, the annual audit and management's responses, internal controls, supervise any related investigations deemed necessary by the Board of Trustees, and make recommendations on these topics to the Board. The Audit Team shall be responsible for reviewing and approving the University Form 990 prior to its submission to the full Board and subsequently the IRS.

Section 2. Special or Ad Hoc Teams. Special or ad hoc teams shall be created by the Board of Trustees in accordance with the Board Governance Policies.

Section 3. Team Membership. Team membership shall be in accordance with the Board Governance Policies.

Section 4. Team Meeting Minutes. The chairperson of each team with the authority to act on behalf of the governing body shall designate a team member to be responsible for keeping minutes of all sessions of said team. Minutes for said team, once approved by the team members, shall be maintained with the minutes of the Board of Trustees and other teams of the Board.

ARTICLE VIII - Seal

The corporate seal shall bear the name of the University and shall have inscribed thereon the words "Corporate Seal."

ARTICLE IX - Parliamentary Authority

Rules contained in "Roberts Rules of Order, Revised," shall govern this organization in all cases to which a majority or two-thirds votes is required by these Bylaws. The Board may vote by consensus, and therefore “Robert’s Rules of Order, Revised” do not apply, for any and all matters not requiring a majority or two-thirds vote by these Bylaws. Consensus for purposes of these Bylaws is a cooperative process whereby all trustees speak with a single voice by developing and agreeing to support a decision the Board believes to be in the best interest of the whole. A consensus is reached when all Trustees present explicitly consent to the approval of the matter before the Board at a duly called meeting at which a quorum of Trustees is present.

For such matters where a consensus vote is permissible or required, if at any time before a consensus is reached one or more trustees requests a majority vote, then a vote shall be taken consistent with “Roberts Rules of Order, Revised.”

ARTICLE X - Amendments

These Bylaws may be amended at any regular or special meeting of the Board of Trustees. Written notice of a meeting at which an amendment to these Bylaws may be proposed shall be given to each trustee at least two weeks in advance of the meeting, and shall state the purpose, or one of the purposes, of the meeting is to consider a proposed amendment to these Bylaws and contain or be accompanied by a copy or summary of the amendment or state the general nature of the amendment. The amendment must be approved by a majority of the Trustees in office, at the time the amendment is adopted.

ARTICLE XI – Indemnification

Any person who by reason of the fact s/he is or was a Trustee, officer, employee, or agent of the University, or is or was serving at the request of the University as a Trustee, officer, employee, or agent of another corporation, partnership, joint venture, trust or other enterprise, is or was a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, shall be indemnified by the University, provided s/he acted in good faith and in a manner s/he reasonably believed to be in or not opposed to the best interests of the University, and with respect to any criminal action or proceeding, had no reasonable cause to believe his/her conduct was unlawful. Such indemnification shall be provided against expenses, including attorneys' fees, judgment, fines and amounts paid in settlement actually and reasonably incurred by him/her in connection with such action, suit or proceeding; provided, however, with respect to an action or suit by or in the right of the University, such indemnification shall be only against expenses, including attorneys' fees, and amounts paid in settlement and in such cases no indemnification shall be made in respect of any claim, issue or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of his/her duty to the University, unless, and only to the extent, the court in which the action or suit was brought determines, upon application, despite the adjudication of liability and in view of all the circumstances of the case, the person is fairly and reasonably entitled to indemnity for such expenses as the court shall deem proper. To the extent a Trustee, officer, employee, or agent of the University has been successful on the merits or otherwise in defense of any such action, suit, or proceeding or in defense of any claim, issue or matter therein, s/he shall be indemnified against expenses, including attorneys' fees, actually and reasonably incurred by him/her in connection with the action, suit, or proceeding. Any other indemnification hereunder, unless ordered by a court, shall be made by the University only as authorized in the specific case upon a determination indemnification of the Trustee, officer, employee, or agent is proper in the circumstances because s/he has met the applicable standard of conduct set forth herein. The

determination shall be made by the Board of Trustees by a majority vote of a quorum consisting of Trustees who were not parties to the action, suit, or proceeding, or if such a quorum is not obtainable, or even if obtainable, if a quorum of disinterested Trustees so directs, by independent legal counsel in a written opinion. The termination of any action, suit, or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption the person did not act in good faith and in a manner which s/he reasonably believed to be in or not opposed to the best interests of the University, or, with respect to any criminal action or proceeding, s/he had reasonable cause to believe his/her conduct was unlawful.

Expenses, including attorneys' fees, incurred in defending a civil or criminal action, suit or proceeding shall be paid by the University in advance of the final disposition of the action, suit, or proceeding as authorized by the Board of Trustees in the specific case, upon receipt of an undertaking by or on behalf of the Trustee, officer, employee or agent to repay such amount unless it shall ultimately be determined s/he is entitled to be indemnified by the University as authorized herein.

The indemnification provided hereunder shall not be deemed exclusive of any other rights to which those seeking indemnification may be entitled under any applicable statute as amended from time to time, any bylaw, agreement, vote of disinterested Trustees or otherwise, both as to action in their official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a Trustee, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such person.

Notwithstanding anything in this Article XI to the contrary and in addition to the indemnity authorized herein, any person who, by reason of the fact s/he is or was a Trustee, or an officer, employee, or agent, or by reason of the fact any such person is or was serving at the request of the University as a Trustee, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, is or was a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, shall be indemnified by the University, provided such person's conduct was not finally adjudged (i) to have been knowingly fraudulent, (ii) to have been deliberately dishonest, or (iii) to have constituted willful misconduct. Such mandatory indemnification shall be provided against expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by the indemnified person in connection with such action, suit, or proceeding. No specific authorization of any court, the Board of Trustees or independent legal counsel shall be required in connection with such mandatory indemnification.

The University may purchase and maintain insurance on behalf of any person who is or was a Trustee, officer, employee, or agent of the University, or is or was serving at the request of the University as a Trustee, officer, employee, or agent of another corporation, partnership, joint venture, trust or other enterprise against any liability asserted against him/her and incurred by him/her in any such capacity, or arising out of his/her status as such, whether or not the University would have the power to indemnify him/her against such liability under the provisions herein.

ATSU Board of Trustees Policy Manual	Category: **2**
Subject: **Process**	Document: **10**
Date: January 27, 2023	

Policy Type: **Process**

Title: **Conflict of Interest**

1. **Purpose:** Content of this policy is applicable to all trustees and the president of A.T. Still University of Health Sciences.

2. **Policy**

   a. A conflict of interest may arise whenever a trustee or president or a member of the trustee's or the president's family: (1) has an existing or potential interest which impairs or might appear to impair independent judgment in the discharge of responsibilities to the University, or (2) may receive a material benefit from knowledge of information which is confidential to the University. The vice president of finance and administration/CFO will determine which employees are key employees for purposes of this board policy.

   b. It is difficult to define what might be considered a potential conflict, but at a minimum the following should be so considered ("Official Relationship" in this context means, serving as an officer, director, employee, partner, proprietor, or owner of 10% or more of the stock of an entity which does business with the University; "Family Relationship" of an individual includes his or her spouse, parents, siblings, children, and/or any others living the same household):

      1) Official relationship with banks with which the University regularly does business
      2) Official relationship with investment brokers with which the University does business
      3) Official relationship with suppliers of goods or services to the University
      4) Official relationship with insurance agents or carriers doing business with the University
      5) Family relationships with employees of the University

   c. Trustees and the president have clear fiduciary obligations to the University in connection with service in such capacities. At all times the president and trustees shall act in a manner consistent with this fiduciary obligation and shall exercise particular care that no detriment to the interest of the University (or appearance of such detriment) may result from a conflict between those interests and any personal interests which the individual trustee or president may have.

      1) **Conflicts of Interest with Respect to Particular Transactions:** If a trustee or the president believes a conflict of interest may exist with respect to any particular transaction, the trustee/president shall promptly and fully disclose the potential conflict to the board. If the conflict of interest arises between board meetings, the trustee and/or president shall delay acting on the issue until the conflict has been considered and authorized by the full board.

a) If there is a conflict of interest with respect to a trustee or the president, the conflict shall be reported to the board, and the affected trustee or the president shall agree to answer any questions about the matter other trustees may have. If the particular transaction requires a decision of the board, the affected trustee shall not be counted for purposes of a quorum nor shall the affected trustee participate in the decision process. Minutes shall reflect the fact the trustee did not participate.

b) If the board determines there is no conflict of interest with respect to a particular transaction involving a trustee or the president, the secretary to the board shall keep a record of the decision which shall be available to trustees upon request.

2) **Potential Conflicts of Interest:** Each trustee and the president shall file a statement by July 31 of each year with the secretary to the board setting forth any conflicts of interest which might be expected to occur within the following year (See Attachment A of this board policy). That statement shall disclose as fully as possible the nature of potential transactions, and all statements which anticipate conflicts of interest shall be circulated to the board. Each trustee and the president shall agree to answer any questions about potential conflicts other trustees may have.

3) **Confidentiality Policy:** All information concerning actual or potential conflicts of interest on the part of trustees and the president shall be held in confidence unless the best interests of the University dictate otherwise. Any disclosure beyond trustees and the president shall take place only upon a consensus of the board.

Attachment A
A. T. Still University of Health Sciences
Annual Conflict of Interest Statement for Members of the Board and President of the University

Schedule 1 – Loans

1. Have you received a loan (including salary advances or other advances and receivables) from ATSU? If no, skip to question 2. ☐ Yes ☐ No

   a. If yes, what was the original principal amount? _____
   b. What was the balance due at the conclusion of the current fiscal year? _____
   c. Is the loan in default? ☐ Yes ☐ No
   d. Was the loan approved by the board? ☐ Yes ☐ No
   e. Is the loan evidenced by a promissory note or other signed written agreement? ☐ Yes ☐ No

2. Have you granted a loan to ATSU? If no, continue to Schedule 2. ☐ Yes ☐ No

   a. If yes, what was the original principal amount? _____
   b. What was the balance due at the conclusion of the current fiscal year? _____
   c. Is the loan in default? ☐ Yes ☐ No
   d. Was the loan approved by the board? ☐ Yes ☐ No
   e. Is the loan evidenced by a promissory note or other signed written agreement? ☐ Yes ☐ No

Schedule 1 Exceptions:

Do not report the following:

1. Excess benefit transactions (Section 4958) which are defined as any transactions in which an economic benefit is provided by a tax-exempt organization to a disqualified person if the value of the benefit exceeds the values of the consideration (including the performance of services) received for providing such benefit.

2. Advances under an accountable plan (a reimbursement or other expense allowance arrangement that covers reasonable employee business expenses and is accountable to the employer within a reasonable period of time);

3. Pledges receivable that would qualify as charitable contributions when paid;

4. Accrued but unpaid compensation owed by the organization;

5. Loans from a credit union made to an interested person on the same terms as offered to other members of the credit union;

6. Receivables outstanding created in the ordinary course of the organization's business on the same terms as offered to the public (i.e., receivables for medical services provided by a hospital to an officer of the hospital).

Schedule 2 – Business Relationships

1. Do you have a business relationship (as defined in the glossary) with the president or any other trustee? If no, continue to question 2. ☐ Yes ☐ No

   If yes, disclose with whom you have a business relationship and the nature of the relationship.

   _____
   _____
   _____

2. Do you have a family relationship (as defined in the glossary) with the president or any other trustee? If no, continue to question 3. ☐ Yes ☐ No

   If yes, disclose with whom you have a family relationship and the nature of the relationship.

   _____
   _____
   _____

3. Are any of your family members employees of ATSU and received compensation greater than $10,000 during the calendar year? If no, continue to question 4. ☐ Yes ☐ No

   If yes, disclose the name of the family member(s) and your relationship.

   _____
   _____
   _____

4. Do you or any of your family members have an indirect or direct ownership (as defined in the glossary) interest greater than 35% of another entity with which ATSU does business? If no, continue to question 5. ☐ Yes ☐ No

   If yes, disclose the name(s) of the organization(s), your ownership percentage, or that of your family members

   _____
   _____
   _____

5. Did you or any of your family members serve (1) as an officer, director, trustee, key employee, partner or member with an ownership interest in excess of 5% of a partnership, (2) as a shareholder with an ownership interest in excess of 5% of a professional corporation (other than a tax-exempt organization under 501(c)) with which ATSU does business? If no, continue to question 6. ☐ Yes ☐ No

   If yes, disclose the name of the company, the position held, and the dates the position was held.

   _____
   _____
   _____

6. Did you receive or accrue compensation from any unrelated organization for services rendered to ATSU? If no, continue to question 7. ☐ Yes ☐ No

   If yes, provide the name of the organization and the amount of compensation paid or accrued.

   _____
   _____
   _____

7. Did you receive any compensation from ATSU? If no, continue to Schedule 3. ☐Yes ☐ No

   If yes, provide the amount paid to you and the reason for the compensation.

   _____

   _____

   _____

Schedule 2 Reporting Exceptions and Thresholds:

Reporting exceptions:

1. Excess benefit transactions
2. Loans reported on the Schedule 1
3. Grants or assistance reported on Schedule 3
4. Compensation reported in Form 990 Part VII Section A
5. Do not report on Question 6:

   a. Payments from a deferred compensation trust or plan established, sponsored or maintained by the organization (or a related organization), and deferred compensation held by such trust or plan.
   b. Payments from a common paymaster for services provided to the organization (or to a related organization)
   c. Payments from an unrelated taxable organization that employs the individual and continues to pay the individual's regular compensation while the individual provides services without charge to the filing organization, but only if the unrelated organization does not treat the payments as a charitable contribution to the filing organization.

Reporting thresholds: the organization is not required to report transactions with an individual or organization for a dollar amount that did not exceed the greater of $10,000 or 1% of the organization's gross revenue, which is $_____ for the fiscal year ended _____, except in the following cases:

1. Total payments for all transactions between the parties during the organization's tax year exceeded $100,000 (in such case, report all transactions between the parties regardless of the individual amounts of such individual transactions)

2. The transaction was the organization's payment of compensation to a family member or current officer, director, trustee or key employee of the organization (in such case, payment of reportable compensation must be reported if in excess of $10,000 for the organization's tax year).

Schedule 3 – Grants or Assistance

1. At any time during the taxable year (July 1 to June 30 __), did you or a family member (as defined in the glossary) receive any grants or other assistance (including provision of goods, services or use of facilities) from ATSU? If no, continue to question 2. ☐ Yes ☐ No

   a. If yes, disclose the type of grant or other assistance received. If a family member received the grant or assistance, disclose your relationship to the recipient and the type of grant or assistance received.

      _____

      _____

      _____

   b. What was the amount of the grant or assistance received from July 1 to June 30 _____?
      $_____

2. If you answered yes to question 4 on Schedule 2 (indicating interest greater than 35% ownership (as defined in the glossary) in another entity with which ATSU does business), did your organization receive any grants or other assistance from ATSU? If no, continue to Schedule 4.
☐ Yes ☐ No

   a. If yes, disclose the type of grant or other assistance your organization received.
   _____
   _____
   _____

   b. What was the amount of the grant or assistance received from July 1 to June 30 _____?
   $_____

Schedule 3 Reporting Exceptions:

Do not report the following:
1. Excess benefit transactions
2. Loans reported on Schedule 1
3. Business transactions that do not contain any gift element and that are engaged in to serve the direct an immediate needs of ATSU, such as payment of compensation (including taxable and nontaxable fringe benefits treated as compensation) to an employee or consultant in exchange for service of comparable value
4. Compensation to a person listed in Form 990, Part VII, Section A (including taxable and nontaxable fringe benefits treated as compensation)
5. Grants to employees (and employees' children) of a substantial contributor or 35% controlled entity of a substantial contributor, awarded on an objective and nondiscriminatory basis based on pre-established criteria and review by a selection committee
6. Grants or assistance provided to an interested person as a member of the charitable class or other class (i.e., a member of section 501 (c)(5), (c)(6), or (c)(7) organization) that the organization intends to benefit in furtherance of its exempt purpose, if provided on similar terms as provided to other members of the class, such as short-term disaster relief or trauma counseling. However, grants for travel, study or other similar purposes (i.e., to achieve a specific objective, produce a report or other similar product, or improve or enhance literary, artistic, musical, scientific, teaching or other similar capacity, skill or talent of the grantee) like those described in section 4945(d)(3) are not excluded from reporting under this exception.

Schedule 4 – Independent Voting Members

1. Were you compensated as an officer other employee of ATSU or of a related organization, except as in the religious exception discussed in the definition of an independent voting member in the glossary? ☐ Yes ☐ No

2. Did you receive total compensation or other payments exceeding $10,000 during the tax year from ATSU or related organization as an independent contractor, other than reimbursement of expenses under an accountable plan or reasonable compensation for services provided in the capacity as a member of the governing body? ☐ Yes ☐ No

3. Did you answer "yes" to questions on Schedule 1, 2, or 3? ☐ Yes ☐ No

Certificate of Disclosure

1. Have you been convicted of a felony involving a transaction in securities, consumer fraud, or antitrust in any state or federal jurisdiction within the five-year period immediately preceding the execution of this certificate? ☐ Yes ☐ No

   If yes, disclose the felony and circumstances below:

   _____
   _____
   _____

2. Have you been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the five-year period immediately preceding execution of this certificate? ☐ Yes ☐ No

   If yes, disclose the felony and circumstances below:

   _____
   _____
   _____

3. Have you been subject to an injunction, judgement, decree, or permanent order of any state or federal court entered within the five-year period immediately preceding execution of this certificate involving any of the following:
   a. Violation of fraud of registration provisions of the securities laws of that jurisdiction, or
   b. Violation of consumer fraud laws of that jurisdiction, or
   c. Violation of antirust of restraint of trade laws of that jurisdiction?

   ☐ Yes ☐ No

   If yes, disclose circumstances below:

   _____
   _____
   _____

4. Have you served in the capacity of an officer, director, trustee, or incorporator of any other corporation or held a twenty per cent interest in any other corporation (not ATSU) on the bankruptcy or receivership of that other corporation?

   ☐ Yes ☐ No

   If yes, disclose circumstances below:

   _____
   _____
   _____

5. Are you a previous or current owner, trustee, or administrator of a school that closed or filed for bankruptcy? ☐ Yes ☐ No

6. Are you aware of any known violations of the policies of an accreditor by a school for which you are a board member or employee? ☐ Yes ☐ No

- -

I, the undersigned, being a trustee or president of the University, hereby state that to the best of my knowledge except as noted below:

1. I have no official relationship, as defined on page one of the Board of Trustees Policy “Process: Conflict of Interest,” with any corporation, partnership, or association that transacts business with the University;
2. I, as an individual, transact no business, directly or indirectly, with the University;
3. No member of my family, as defined on page one of the Board of Trustees Policy “Process: Conflict of Interest,” is in the employ of ATSU or would come within the meaning of #1 or #2 above.

List below any exception of the above statements:

____
____
____

I agree that if any situations arise, of which I am aware, that in any way contradict the above statement, I will immediately notify the secretary of the Board of Trustees of any conflict, real or potential, and make full disclosure thereof. I have read the Board of Trustees policy “Process” Conflict of Interest” adopted by the Board of Trustees on April 27, 2018. I agree to answer any questions the board may have with respect to any actual or potential conflict of interest, but I understand that all such information will be held in confidence by the members of the board, unless the best interest of the University dictates otherwise and it is a consensus of the members of the Board of Trustees that further disclosure is necessary.

______________________________ __________________________________
Print Name Signature

____
Date

Glossary

Business relationships between two persons include the following:

1. One person is employed by the other in a sole proprietorship or by an organization with which the other is associated as a trustee, director, officer, key employee or greater-than-35 percent owner.
2. One person is transacting business with the other, directly or indirectly, in one or more contracts of sale, lease, license, loan, performance of services or other transaction involving transfers of cash or property valued in excess of $10,000 in the aggregate during the organization's tax year. Indirect transactions are transactions with an organization with which the one person is associated as a trustee, president or greater than 35% owner.
3. The two persons are each a trustee or president or greater than 10% owner in the same business or investment entity.

Exceptions to the above rules (do not report transactions meeting the exceptions below):
1. The ordinary course of business exception: requires the transaction to be on the same terms as are generally offered to the public.
2. The privileged relationship exception: one of three privileged relationships (attorney and client, medical professional and patient, priest/clergy and penitent/communicant).

Note: Ownership is measured by stock ownership (either voting power or value) of a corporation, profits or capital interest in a partnership of limited liability company, or beneficial interest in a trust. Ownership includes indirect ownership, (e.g., ownership in an entity that has ownership in the entity in question); there may be ownership through multiple tiers of entities.

Trustee or president is defined as a member of the organization's governing body, but only if the member has any voting rights. A member of an advisory board that does not exercise any governance authority over the organization is not considered a director or trustee.

Disqualified Persons 501(c)(3) or (4) organizations include:
1. Any person who was, at any time during the five-year period ending on the date of such transaction, in a position to exercise substantial influence over the affairs of the organization.
2. A member of the family of an individual described above
3. A 35% controlled entity

Disqualified Persons 509(a)(3) organizations include:
1. A substantial contributor to such organization
2. A member of the family of an individual described above
3. A 35% controlled entity

Family Relationships: Unless specified otherwise, the family of an individual includes only his or her spouse, ancestors, siblings (whether whole or half-blood), children (whether natural or adopted), grandchildren, great grandchildren and spouses of siblings, children, grandchildren and great grandchildren.

Former Trustees are individuals the organization reported or should have reported on the organization's Form 990, 990-EZ or 990-PF for one or more of the five prior years in one or more of the following capacities: Trustees or president and the individual received reportable compensation in the calendar year ending with or within the organization's current tax year in excess of the threshold amount ($100,00 or former officer and key employees, $10,000 for services in the capacity as a director of trustee).

Highest Compensated Employee is one of the five highest compensated employees of the organization (including employees of a disregarded entity of the organization) other than officers, directors, trustees or key employees. The five highest compensated employees are determined by the amounts of reportable compensation (over $100,000 of reportable compensation) for the calendar year ending with or within the organization's tax year.

Independent Voting Member: A member is considered "independent" only if all three of the following circumstances are applied at all times during the tax year:

1. The member was not compensated as an officer or other employee of the organization or related organization, except as provided in the religious exception discussed below.
2. The member did not receive total compensation or other payments exceeding $10,000 during the organization's tax year from the organization or from related organizations as an independent contractor, other than reimbursement of the expenses under an accountable plan or reasonable compensation for services provided in the capacity as a member of the governing body.
3. Neither the member, nor any family member of the member, was involved in a transaction with the organization (whether directly or indirectly through affiliation with another organization) that is required to be reported in Schedule L for the organization's tax year, or in a transaction with a related organization of a type and amount that would be reportable on Schedule L if required to be filed by the related organization.

A member of the governing body is <u>not</u> considered to lack independence merely because of the following circumstances:

1. The member is a donor to the organization, regardless of the amount of the contribution;
2. The member has taken a bona fide vow to poverty and either (A) receives compensation as an agent of a religious order or a 501(d) religious or apostolic organization, but only under circumstances in which the member does not receive taxable income; or (B) belongs to a religious order that receives sponsorship or payments from the organization which do not constitute taxable income to the member; or
3. The member receives financial benefits from the organization solely in the capacity of being a member of the charitable or other class served by the organization in the exercise of its exempt function, such as being a member of a section 501(c)(6) organization, so long as the financial benefits comply with the organization's terms of membership.

Key Employee is defined as an employee of the organization (other than a trustee) who meets all three of the following tests:

1. Receives reportable compensation from the organization and all related organizations in excess of $150,000 for the calendar year ending within the organization's tax year.

2. The employee:
    a. has responsibilities, powers, or influence over the organization as a whole that is similar to those of officers, directors, or trustees;
    b. manages a discrete segment of activity of the organization that represents 10% or more of the activities, assets, income, or expenses of the organization as compared to the organizations as a whole; or
    c. has or shares authority to control or determine 10% or more of the organization's capital expenditures, operating budget or compensation for employees.
3. Top 20 test: is one of 20 employees (that satisfy the $150,000 Test and Responsibility Test) with the highest reportable compensation from the organization and related organizations for the calendar year ending with or within the organization's tax year.

Officer is defined as a person elected or appointed to manage the organization's daily operations (i.e., a president, vice-president, secretary, or treasurer). The officers of an organization are determined by reference to is organizing document, bylaws, or resolutions of its governing body, or

as otherwise designated consistent with state law, but at a minimum include those officers required by applicable state law. For purposes of Form 990 reporting, treat the organization's top management official and top financial official as officers.

Other Related Persons include:

1. Any member of the grant selection committee
2. A family member of any current or former officers, directors, trustees, or key employees listed in Form 990, Part VII, Section A, of substantial contributors, or of members of the grant selection committee
3. A 35% controlled entity of any of the current or former officers, directors, trustees, or key employees listed in Form 990, Part VII, Section A; of a substantial contributor; or of a member of the grant selection committee
4. An employee (or child of an employee) of a substantial contributor or of a 35% controlled entity of a substantial contributor, but only if he employee (or children an employee) received the grant or assistance by the direction or advice of the substantial contributor or 35% controlled entity, pursuant to a program funded by the substantial contributor that was intended primarily to benefit such employees (or employees' children)

Ownership is measured by stock ownership (voting power or value, whichever is greater) of a corporation, profits or capital interest (whichever greater) in a partnership or limited liability company, beneficial interest in a trust, or control of a nonprofit organization. Ownership includes indirect ownership (e.g., ownership in an entity that has ownership in the entity doing business with the organization); there may be ownership through multiple tiers of entities. The construct ownership rules of section 267(c) apply for this purpose.

Substantial Contributors are defined as any person that contributed during the tax year at least $5,000 and is required to be reported by name on Schedule B, Schedule of Contributors, for the organization's tax year. For a 509(a)(3) organization, a substantial contributor is any person that contributed $5,000 or 2% of the organization's total contributions for the tax year, whichever is greater.

Voting Member of the Governing Body is a member of the organization's governing body with power to vote on all matters that may come before the governing body (other than a conflict of interest that disqualifies that member from voting).

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 10-212: CONFLICT OF INTEREST

DATE APPROVED: JUNE 19, 2020 **SIGNATURE: *Signature on file with HR***

Purpose

A.T. Still University of Health Sciences (ATSU) expects all employees of the University to maintain the highest standard of integrity and demonstrate ethical and moral conduct. Internal controls ensure the University mission and objectives are not compromised by the actions of its employees. This general order provides an important internal control by identifying and managing situations that could give rise to potential or perceived conflicts of interest. In the same spirit, the ATSU Board of Trustees adheres to a separate conflict of interest policy. For additional context, see ATSU Policy Nos. 90-105: Nepotism and Employment of Relatives and 20-117: Financial Conflict of Interest (FCOI) in Research.

Policy

A. Actual conflicts of interest. An actual conflict of interest exists in a situation where financial interests, personal relationships, or professional associations compromise an employee's objectivity, professional judgment, professional integrity, and/or ability to perform their professional responsibilities to the University. A conflict of interest may result in an employee receiving material benefit from knowledge of confidential ATSU information.
B. Perceived or potential conflicts of interest. If an actual conflict of interest does not exist, there may still be the perception of or the potential for a conflict of interest. The appearance of a conflict of interest may be as detrimental to the University as an actual conflict of interest. Perceived or potential conflicts of interest include situations where an employee's family member or friend has financial interests, personal relationships, or professional associations such that the employee could appear to be influenced by that interest or relationship in ways that could compromise the University.
C. Definitions.
    1. Family. An employee's spouse, parent, sibling, child, or any other relative, including uncle, aunt, cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister, whether related by blood, marriage, or adoption, partner in a civil union, or any member of a household or an extended family not otherwise stated above who lives at the same address as the employee.
    2. Friend. A personal or professional colleague who has an actual or potential opportunity to reap some financial interest or gain from a transaction directly or indirectly related to the University, and any person with whom the employee has a close or intimate relationship regardless of any opportunity to reap any financial interest or gain. Examples include a colleague from the University or an outside institution with whom there is a close professional relationship.
D. Required disclosures. All ATSU employees (including full-time and part-time faculty and staff) are required to disclose situations that may result in an actual, perceived, or potential conflict of interest. Disclosure does not necessarily indicate wrongdoing or inappropriate activity. Employees are responsible to make such disclosures to either their supervisor, Human Resources, or the vice president & general counsel. Disclosures should be made as soon as the employee is aware of the actual, perceived, or potential conflict of interest. Any subsequent change in status of an existing actual, perceived, or potential conflict of interest should also be promptly disclosed.
E. Review of disclosures. All disclosures of potential conflicts of interest disclosure will be reviewed by the vice president & general counsel. If the vice president & general counsel believes no actual, perceived, or potential conflict of interest exists, they will so advise the employee and the supervisor. If the vice president & general counsel believes the situation warrants further review, the process described in this general order will continue.
F. Annual acknowledgement. As part of annual Required Employee Training (RET), all employees will be required to acknowledge whether they are aware of any actual, perceived, or potential conflicts of interest.
G. Conflict of interest categories. Disclosed situations or activities may be evaluated using the following categories.
    1. Category A. These are generally permissible situations that suggest no actual, perceived, or potential conflict of interest. These situations may continue without special safeguards or oversight, unless a change occurs. Employees should disclose any subsequent changes that may affect the category of the situation.
    2. Category B. These situations represent perceived or potential conflicts of interest, which may be eliminated, modified, or allowed to continue. An approved management plan may or may not be required.

3. Category C. These situations represent actual conflicts of interest that must either be eliminated or permitted to go forward only under an approved management plan and continuing oversight.

H. Response to disclosures. Taking into consideration the conflict of interest category, the vice president & general counsel will respond by:
   1. Category A. Advising the employee, and if appropriate, the employee's supervisor. No action is required.
   2. Categories B and C. Reporting the disclosure and any recommended management plan to the president, and monitoring any management plans approved by the president.

I. Sanctions for noncompliance. Employees must comply fully and promptly with this general order. Sanctions for non-compliance may include reprimand, disciplinary warning to be added to the employee's permanent file, required updated training and/or coaching, probation, suspension with or without pay, and/or termination of employment.

J. Reporting violations. Employees are expected to report actual and suspected violations of this general order to their supervisor, Human Resources, or the vice president & general counsel.

K. Non-retaliation. An employee who retaliates against someone reporting an actual or suspected violation in good faith is subject to disciplinary action up to and including termination of employment. ATSU general orders are intended to create a safe environment that encourages and enables employees and others to report violations or suspected violations without fear of retaliation.

Responsibility

A. All employees – responsible for promptly and fully disclosing any actual, perceived, or potential conflicts of interest or changes in status. Employees are also responsible for reporting any actual or suspected violations of this general order.

B. Supervisors – responsible for promptly reporting all disclosures by employees of actual, perceived, or potential conflicts of interest to the vice president & general counsel.

C. Vice president & general counsel – responsible for evaluating disclosures of actual, perceived, or potential conflicts of interest; determining the conflict of interest category; and, as needed, reporting conflicts of interest to the president and developing and monitoring management plans.

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ATSU POLICY NO. 90-100: EQUAL EMPLOYMENT OPPORTUNITY POLICY

DATE APPROVED: JULY 1, 2025 **SIGNATURE: *Signature on file in HR***

Purpose

Consistent with A.T. Still University of Health Sciences' (ATSU) heritage as the founding school of osteopathic medicine, ATSU's mission is to serve as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs. The University is committed to continuing its osteopathic heritage and focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations. The mission can be met only when trustees, faculty, administration, supervisors, and staff are working together in an atmosphere of mutual trust and cooperation in an environment free from conflict.

In demonstrating mutual respect for all members of the ATSU community, this general order outlines ATSU's Equal Employment Opportunity (EEO) policy and assigns responsibility for its implementation. Meeting this mission requires serving together in mutual respect of one another's functions and each person's importance as an individual.

Policy

A. Employment
   1. ATSU seeks to provide its employees with wages and benefits comparable to or better than those of other universities, respective of the university's geographic locations.
   2. ATSU provides all employees access to a procedure for dealing with problems employees may have concerning their employment at the University through ATSU Policy No. 90-209: Employee Problem Solving Procedure.
   3. See ATSU Policy No. 90-215: Recruitment and Placement of Personnel.

B. EEO
   1. ATSU provides EEO to all qualified individuals without regard to race, color, religion, ethnicity, national origin, sex (including pregnancy), sexual orientation, age, disability, or veteran status, except where sex is a bona fide occupational qualification.
   2. EEO includes, but is not limited to, recruitment, hiring, training, assignment, compensation, promotion, and transfer.
   3. All personnel actions and access to benefits, programs, and activities will be administered fairly on the basis of valid requirements and without discrimination related to protected status to any individual so as to further the principle of EEO.
   4. It is the intent of this policy to comply with requirements of EEO as further outlined in Executive Order 11246, Titles VI and VII of the Civil Rights Act of 1964, sections 503 and 504 of the Rehabilitation Act of 1973, Title IX of the Educational Amendments of 1972, Americans with Disabilities Act, and other applicable statutory laws and regulations.
   5. ATSU posts EEO information compliant with federal guidelines in appropriate workplace locations and on appropriate publications.

C. Positions are posted for external and internal recruiting simultaneously. Internal candidates apply to positions through the same method as external candidates and may be subject to additional screening, such as a background check, depending on the nature of the position. Positions may be posted for internal applicants only using the same recruiting platform.

Responsibility

A. Employees – It is the responsibility of each person associated with ATSU, in daily relationships and contacts with all other persons associated with ATSU, to recognize each individual's dignity must be respected.
B. ATSU chancellor, Chancellor's Cabinet, and deans – The chancellor, the Chancellor's Cabinet, and deans of ATSU shall be responsible for ensuring compliance to the fullest extent possible.
C. Assistant chief for human resources is responsible for:
    1. Ensuring the EEO policy is consistently applied to established ATSU policies and practices.
    2. Communicating the policy to all applicants and employees.
    3. Investigating thoroughly and promptly any complaint of discrimination per ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation.
D. Supervisors – All supervisors are responsible for ensuring all personnel actions are in compliance with the EEO policy.

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ATSU POLICY NO. 90-209: EMPLOYEE PROBLEM SOLVING PROCEDURE

DATE APPROVED: OCTOBER 1, 2019 **SIGNATURE:** ***Signature on file in HR***

Purpose

This general order describes A.T. Still University (ATSU) policy for providing employees an opportunity to discuss and resolve any work-related problem or complaint in a prompt, fair, and equitable manner.

Policy

When an employee who has completed their initial 90-day provisional period believes they have an unresolved work-related issue or claim under established policies, rules, and regulations, or that they have been treated unfairly, they are encouraged to follow the successive steps of this procedure.

A. The employee will discuss the problem with their immediate supervisor.
   1. The supervisor will reduce the problem to writing and validate the written report with the employee.
   2. Upon employee validation of the written report, the supervisor will investigate all facts and circumstances.
   3. All affected parties will be given equal opportunity to contribute to the supervisor's fact-finding process.
   4. Applicable ATSU policies and procedures will be the basis for making decisions.
   5. The supervisor will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.

B. If the supervisor's findings or suggested action is unsatisfactory to the employee, or if the employee does not believe the problem can be initially discussed with the immediate supervisor, the employee can submit a written description of the problem to their department head. In such case:
   1. The department head will reduce the problem to writing or review the report submitted to the employee's supervisor and validate the written report with the employee.
   2. Upon employee validation of the written report, the department head will investigate all facts and circumstances.
   3. All affected parties will be given equal opportunity to contribute to the fact-finding process.
   4. The department head will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.

C. If the department head's findings or suggested action is unsatisfactory to the employee or if the employee does not believe the problem can be discussed with the department head, the employee can submit a written description of the problem to the assistant chief of human resources. In such case:
   1. The assistant chief of human resources (or designee) will reduce the problem to writing or review the report submitted to the employee's supervisor/department head and validate the written report with the employee.
   2. Upon employee validation of the written statement, the assistant chief of human resources (or designee) will discuss the problem with the employee and review what steps, if any, in this procedure have been taken.
   3. The assistant chief of human resources (or designee) may:
      a. Investigate all facts and circumstances. All affected parties will be given equal opportunity to contribute to the fact-finding process, and/or
      b. Discuss the problem with the employee's supervisor and/or department head to try and reach resolution.
   4. The assistant chief of human resources (or designee) will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.

D. The employee may decide to request higher review by submitting a written statement of the problem to the appropriate President's Cabinet member. In such case:
   1. The ATSU President's Cabinet member (or designee) will review the employee's statement and the decision previously made.

2. The ATSU President's Cabinet member (or designee) will meet personally with the employee after receiving the written statement of the problem to present and discuss the final decision.
3. In the event an employee does not believe the problem can be discussed with the ATSU President's Cabinet member (or designee), the vice president & general counsel will assign a different ATSU President's Cabinet member to review the problem.
4. The ATSU President's Cabinet member decision shall be final.

Responsibility

A. Employees have the right to make use of this procedure without fear of retaliation.
B. Supervisors and department heads are responsible for making every reasonable effort to find an equitable solution to any employee problem that occurs in their area of responsibility.
C. The ATSU President's Cabinet member (or designee) responsible for the employee's work area has the final decision.
D. The assistant chief of human resources (or designee) may lengthen the time frames for action at any time with written explanation to appropriate parties.

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ATSU POLICY NO. 10-216: WHISTLEBLOWER POLICY

APPROVAL DATE: FEBRUARY 28, 2019 SIGNATURE: *Signature on file in HR*

Purpose

A.T. Still University of Health Sciences (ATSU) is committed to safekeeping resources that enable the University to carry out its mission, including grant funding and private donations. Consistent with this commitment, General Order 10-216 provides avenues for employees, students, federal grant award sub-recipients, Board of Trustees members, and clinic patients to report suspected misconduct, dishonesty, fraud, and/or other illegal practice, including noncompliance with the Health Information Portability and Accountability Act (HIPAA), and provides reassurance individuals making such reports, in good faith, will be protected from reprisals or victimization for whistleblowing.

Policy

A. Responsibility and right to report suspected violations: ATSU employees, federal grant award sub-recipients, Board of Trustees members, and other persons who have a concern relating to actual or suspected misconduct, dishonesty, fraud, or other illegal practice have a responsibility to report suspected violations. ATSU wants to know of any/all violations or suspected violations. ATSU has an open-door policy regarding the reporting of violations and suspected violations and recommends employees share their questions, concerns, suggestions, or complaints with someone who can address them promptly and properly. If the suspected violation relates to the gross mismanagement of a federal contract or grant; gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant), the complainant is further protected by federal whistleblower protection statute 41 U.S.C. §4712. According to the statute, fraud relating to federal grants or contracts may be reported internally or such disclosure can be made to a member of Congress or a representative of a Congressional committee, the Inspector General, Government Accountability Office, a federal employee responsible for contract or grant oversight or the management at the relevant federal agency, an official from the Department of Justice or other law enforcement agency, or a court or a grand jury. Consistent with Section E of this policy, employees and/or grant sub-recipients reporting suspected violations related to federal grants or contracts may not be discharged, demoted, or otherwise discriminated against as reprisal for reporting violations or suspected violations.

B. Reporting options.

1. ATSU employees. ATSU Employees should first consider speaking with their supervisor who, in most cases, is in the best position to address an area of concern. However, if a complainant is not comfortable speaking with their supervisor or is not satisfied with the supervisor's response, complainants are then encouraged to speak with an ATSU Human Resources representative or a trusted member of management. Supervisors and managers are required to report suspected misconduct, dishonesty, fraud, or other illegal practice to ATSU's assistant vice president for human resources, who has specific and exclusive responsibility to investigate all internally-reported violations.
    a. ATSU clinic patients. ATSU clinic patients should put HIPAA privacy complaints in writing and forward them to:

        Chief Information Privacy Officer
        A.T. Still University of Health Sciences
        800 W. Jefferson St.
        Kirksville, MO 63501

    b. Complaints by ATSU clinic patients, other than HIPAA privacy complaints, should be directed to the relevant ATSU clinic director.

2. Anonymous complaints. If an employee or other individual wants to remain anonymous, is not satisfied with management response, or is uncomfortable for any reason addressing such concerns for management, they may report anonymously by using:
   a. Fraud hotline (855.FRAUD.HL), available 24 hours a day, 365 days a year; or
   b. ATSU's secure online reporting form, located at fraudhl.com. Reference company ID "ATSU" when making a report.

C. Investigating suspected violations: Following receipt of internal reports, the assistant vice president for human resources and/or chief information privacy officer (CIPO) and/or vice president & general counsel will investigate each matter and take corrective and/or disciplinary actions, where appropriate. Other ATSU employees may be enlisted, including but not limited to, the vice president for finance & administration/CFO, associate vice president for sponsored programs, director of purchasing, and/or the audit team of ATSU's Board of Trustees, as appropriate, to conduct any investigation of complaints regarding financial reporting, utilization of federal awards, accounting, internal accounting controls, auditing matters, or any other form of misconduct, dishonesty, or fraud. In conducting any investigation, the investigator(s) shall use reasonable efforts to protect the confidentiality and anonymity of the complainant.

D. Accounting and auditing matters: The audit team of ATSU's Board of Trustees shall address all reported violations or suspected violations regarding corporate accounting practices, internal controls, or auditing. The assistant vice president for human resources shall immediately notify the audit team of any such report and work with the team until the matter is resolved.

E. Acting in good faith: Anyone reporting actual or suspected misconduct, dishonesty, fraud, or other illegal practice must be acting in good faith and have reasonable grounds for believing the information disclosed indicates misconduct, dishonesty, fraud, or other illegal practice. Any allegations proves to be unsubstantiated and/or proven to have been made maliciously or are knowingly false will be viewed as a serious disciplinary and/or lawful offense.

F. No retaliation: No ATSU Board of Trustees member, employee, grant sub-recipient, or clinic patient, who in good faith reports actual or suspected misconduct, dishonesty, fraud, privacy violation, or other illegal practice, shall suffer harassment, retaliation, or adverse employment consequences, including demotion or discharge. An employee who retaliates against someone who has reported an actual or suspected violation in good faith is subject to discipline up to and including termination of employment. Policy 10-216 is intended to create a safe environment that encourages and enables ATSU Board of Trustees members, employees, federal grant sub-recipients, clinic patients, and others to report violations or suspected violations within the organization without fear of retaliation or discrimination. ATSU employees have the right to refuse to carry out a task, order, or directive, which they believe constitutes fraud or is a violation of local, state, federal, or other applicable laws of regulations, without fear of retaliation.

G. Confidentiality: Reports of violations or suspected violations may be submitted on a confidential or anonymous basis by the complainant. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

H. Handling of reported violations: The assistant vice president for human resources will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated, and appropriate corrective action will be taken if or as warranted by the investigation.

Responsibility

A. Assistant vice president for human resources - Responsible to investigate claims of illegal activity in a timely manner and consistent with University policy.

B. Chief information privacy officer (CIPO) - Responsible to investigate and respond to complaints regarding PHI.

C. Vice president & general counsel - Responsible to work with assistant vice president for human resources in investigating and responding to complaints and claims.

ATSU | Kirksville College of Osteopathic Medicine

Excerpt from ATSU Human Resources Intranet Webpage

HIPAA Policies

Health Insurance Portability and Accountability Act (HIPAA)

55 - Information Technology & Information Security

55-103 Appropriate Use of Technology
55-108 Access to Information Systems
55-109 Workstation Use and Security
55-110 User IDs and Passwords
55-111 Remote Access
55-112 Mobile Devices
55-113 Social Media
55-114 Data Classification

55-115 Protecting Confidential Clinic Information 50-115 Attachment A
55-116 Information Security Incident and Breach Reporting
55-117 Sanctions for Violations of Confidential Information Safeguards

30 - Clinic Care & Patient Rights

30-101 Patient Rights Under HIPAA Privacy Rule
30-102 Notice of Privacy Practices
30-103 Patient Complaints
30-104 Permitted Uses and Disclosures of Protected Health Information
30-105 Business Associate Agreements

10 - Executive

10-216 Whistle-Blower Policy
10-220 Code of Ethical Standards

50 - Financial and Accounting

50-115 Handling Credit Card Information

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ATSU POLICY NO. 30-101: PATIENT RIGHTS UNDER HIPAA PRIVACY RULE

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE:** ***Signature on file in HR***

Purpose

A.T. Still University of Health Sciences (ATSU) honors the rights of patients, granted to them by the Health Insurance Portability and Accountability Act (HIPAA), to make certain requests involving their protected health information (PHI). This policy describes the request process and provides guidance to ATSU's workforce to appropriately respond to patient requests.

Policy

A. ATSU will honor the rights provided under HIPAA's Privacy Rule that enable patients to have some control over their own PHI. These rights include:
   1. Right to inspect or receive a copy of their medical records;
   2. Right to request an amendment to their medical records;
   3. Right to an accounting of disclosures for information shared for reasons other than treatment, payment, or healthcare operations;
   4. Right to request a restriction on use and disclosure;
   5. Right to request alternative means of communications; and
   6. Right to receive a Notice of Privacy Practices.

B. Definitions
   1. Disclosure – The release, transfer, provision of access to, or divulging in any other manner, information outside the entity holding the information.
   2. Notice of Privacy Practices – A written notice providing a clear, user-friendly explanation of individuals' rights with respect to their health information and privacy practices followed by the organization.
   3. PHI – Includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
   4. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.

D. Patient right to inspect or receive a copy of medical records
   1. Patients have a right to inspect or receive a copy of their medical records and/or billing records in paper or electronic format.
   2. Where available, workforce members may encourage patients to access their medical information online via the patient portal.
   3. Patients, or their legal representative, desiring to inspect or receive a copy of their medical records may complete the Patient Request to Inspect or Receive a Copy of Protected Health Information form, indicating the date(s) of service and desired format (paper or electronic). The form should be complete and signed.
   4. Workforce members should forward a copy of the completed form to ATSU's chief information privacy officer (CIPO).
   5. ATSU must provide the records within 30 days from the date of the request. If ATSU is unable to respond within 30 days, it may extend the time by no more than 30 additional days and must provide the individual with a written statement, including the reasons for the delay and date by which the request will be fulfilled.
   6. ATSU may deny the request, in whole or in part. For example, patients do not have right of access to psychotherapy notes or information which may be used in a civil, criminal, or administrative proceeding. ATSU must provide a timely, written denial to the individual including:

   a. Denial basis; and
   b. Description of how the individual may file a complaint with the Secretary of the Department of Health & Human Services or with ATSU, including the name or title and telephone number of the CIPO.
7. For billing information, the patient (or legal representative) should visit Patient Financial Services.
8. A reasonable fee may be charged for costs of copying, mailing, or other supplies associated with record copy requests.

E. Patient right to request an amendment to medical records
1. Patients have a right to request their record be amended if they think certain information is incorrect or incomplete. Patients should provide an explanation supporting their request.
2. Patients may make verbal requests for changes to correct typographical errors and demographic information, updates to insurance information, and correction of billing or processing errors. All other requests for changes or amendments should be submitted in writing using the Patient Request to Amend Protected Health Information form. The form must be complete and signed.
3. Workforce members should forward a copy of the completed form to ATSU's CIPO.
4. ATSU must respond within 60 days of the request date advising whether or not the request to amend the record has been granted. If ATSU is unable to respond within 60 days, it may extend the time by no more than 30 additional days and must provide the individual with a written statement, including the reasons for the delay and date by which the request will be fulfilled.
5. ATSU may deny the request, in whole or in part. ATSU must provide a timely, written denial to the individual containing:
   a. Denial basis;
   b. Individual's right to submit a written statement of disagreement (500 words or less) to be added to the patient's medical record;
   c. Statement that, if the individual does not submit a statement of disagreement, the individual may request ATSU include the request and denial with any future disclosures of the PHI that is the subject of the request; and
   d. Description of how the individual may file a complaint with the Secretary of the Department of Health & Human Services, or with ATSU, including the name or title and telephone number of ATSU's CIPO.

F. Patient right to an accounting of disclosures
1. Patients may request an accounting of disclosures of PHI made by ATSU within six years prior to the date on which the accounting is requested. The accounting will include releases of patient's information outside of ATSU for reasons other than treatment, payment, or healthcare operations (TPO).
2. To request an accounting of disclosures, patients (or their legal representative) should submit a Patient Request for an Accounting of Disclosures form. The form must be complete and signed.
3. Workforce members should forward a copy of the completed form to ATSU's CIPO.
4. ATSU must provide the accounting within 60 days from the date of the request. If ATSU is unable to respond within 60 days, it may extend the time by no more than 30 additional days and must provide the individual with a written statement including the reasons for the delay and the date by which the request will be fulfilled.
5. ATSU must provide the first accounting to an individual in any 12 month period without charge. A reasonable, cost-based fee may be charged for each subsequent request for an accounting by the same individual within the 12-month period.
6. The accounting for each disclosure must include:
   a. Disclosure date;
   b. Name of the entity or person who received the PHI and, if known, the address of such entity or person;
   c. Brief description of the PHI disclosed; and
   d. Brief statement of the purpose for the disclosure or copy of the written request for disclosure.
7. ATSU must track such disclosures, which include, but are not limited to:
   a. Public health risks or activities, which may include, but are not limited to:
      i. Prevent or control disease, injury or disability

ii. Birth and death certificates
iii. Immunizations
iv. Cancer/tumor registries
v. Exposure to a disease or at risk for getting or spreading a disease

b. Information used for organ or tissue donation and transplants
c. Military and veterans, if required by military command authorities
d. Workers' compensation or similar programs for work-related injuries or illness
e. Disclosures to funeral directors, coroners, or medical examiners
f. Reports about victims of abuse, neglect, or domestic violence

G. Patient right to request restrictions on use and disclosure
1. Patients have the right to request restrictions or limitations on:
   a. Use and disclosure of PHI for treatment, payment, and health care operations; and
   b. Disclosure to family members, friends, and others involved in their care (e.g, a request ATSU not disclose information to a particular family member or about a particular surgery.)
2. A patient's request for a restriction on the use and disclosure of their PHI should be made using the Patient Request to Restrict Uses and Disclosures of Protected Health Information form. The form must be complete and signed.
3. Workforce members should forward a copy of the completed form to ATSU's CIPO.
4. ATSU must notify the patient in writing within 30 days whether their request has been accepted or denied.
5. ATSU will accommodate reasonable requests, unless the information is needed to provide emergency treatment.
7. ATSU is not required to agree to a request for a restriction *except* when patient pays for the treatment in full, out of pocket. In those cases, information about their treatment will not be shared with their insurance company.
8. ATSU may terminate a restriction if the individual agrees to the termination in writing, or the individual orally agrees, and the oral agreement is documented.

H. Patient right to request alternative means of communication
1. At the time of initial patient intake, workforce members will ask patients for their preferred contact information. Should a patient request confidential communication, the confidential address or other contact information will be flagged in the patient's medical record.
2. After initial intake, all patient requests for alternative communications (e.g., only contact at work or by mail) must be made in writing using the Patient Request for Alternative Means of Communication form. The form must be complete and signed.
3. The alternative method or location must be documented within the patient's medical record. ATSU will accommodate all reasonable requests.
4. Patients may request communications using email. ATSU is permitted by HIPAA to send unencrypted emails to patients at their request after the patient has been advised of the risks, including the risk of emails being read by a third party, especially if the patient is using a free webmail account (e.g., Gmail, Yahoo, AOL, etc.). Unencrypted email could be considered a contradiction to the patient's request for confidential communication. If after being advised on the risks the patient still prefers communications through unencrypted email, ATSU will honor that request.

I. Patient right to receive a Notice of Privacy Practices
1. ATSU must provide each patient a Notice of Privacy Practices at or prior to the first provision of care. Any person, even if not an ATSU patient, who asks for a copy of ATSU's Notice of Privacy Practices must be provided a paper or electronic copy. For more information, refer to ATSU Policy No. 30-102: Notice of Privacy Practices.
2. Patients may also be directed to receive a copy of the Notice of Privacy Practices at:
   a. ATSU clinic websites;
   b. Patient Access; or
   c. ATSU's CIPO.

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Responsibility

A. Chief information privacy officer (CIPO) – Responsible for ensuring patient privacy rights are honored. Responsible to work with members of the ATSU workforce in decision-making and appropriate, legal responses. Responsible to work with ATSU clinic director to respond to patient requests.
B. Clinic directors - Responsible to work with ATSU's CIPO to respond to patient requests.
C. Workforce – Responsible for knowing and honoring patients' rights, complying with this policy, and reporting violations of policy to their supervisor/manager/director or to ATSU' CIPO.

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ATSU POLICY NO. 30-102: NOTICE OF PRIVACY PRACTICES

DATE APPROVED: DECEMBER 19, 2023 **SIGNATURE: *Signature on file in HR***

Purpose

This general order states the purpose of this procedure is to satisfy certain standards and requirements of the Health Insurance Portability and Accountability Act (HIPAA) and HIPAA regulations, including, but not limited to, Title 45, Sections 160 and 164 of the Code of Federal Regulations, as the same may be amended from time to time.

Policy

A. Notice of Privacy Practices (or "notice") (Attachment A - English, Attachment B - Spanish) will be provided to members of the A.T. Still University of Health Sciences' (ATSU) Health Plan (or "plan").
   1. Annually to all current plan members.
   2. New plan members, upon enrollment.
   3. Within 60 days of a material change to the Notice of Privacy Practices.
B. Notice of Privacy Practices will be provided to patients of ATSU's patient care centers:
   1. No later than the date of first service delivery, including service delivered electronically.
   2. In an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation.
   3. Except in an emergency treatment situation, ATSU will make a good-faith effort to obtain a written acknowledgment of receipt of the notice being provided. If ATSU is unable to obtain a written acknowledgment of receipt of the notice being provided, the University will document its good-faith efforts to obtain such acknowledgment and reason(s) why the acknowledgment was not obtained.
   4. ATSU will post the Notice of Privacy Practices in a clear, prominent location where it is reasonable to expect individuals seeking service from ATSU will be able to read the notice.
   5. Upon revision of the Notice of Privacy Practices, the revised notice will be available upon request on or after the effective date and as stated above.
C. Notice may be provided by email if the individual has agreed to electronic notification and has not withdrawn that agreement. If ATSU knows email transmission of the notice has failed, ATSU must provide a paper notice copy to the individual. A member/patient who receives the emailed notice retains the right to obtain a paper notice copy upon request.
D. A current Notice of Privacy Practices will be maintained on ATSU's website. The health plan benefit coordinator will provide plan members with access to the plan's website.
E. The Notice of Privacy Practice will be revised as necessary and appropriate to comply with changes in the HIPAA Privacy Rule and to reflect material changes in privacy practices. If the Notice of Privacy Practices is changed, ATSU is not required to mail a copy to existing patients. Instead, the revised Notice will be posted and made available upon request in the usual manner, as described above.
F. Notice copies will be maintained for at least six years from the last date each notice was in effect.

Responsibility

A. Chief information privacy officer (CIPO) – responsible for Notice of Privacy Practices content.
B. Assistant chief for human resources – responsible for distribution of the Notice of Privacy Practices to new and existing members of ATSU's health plan.
C. Health plan benefit coordinator – responsible for providing health plan members with access to the plan website.
D. ATSU patient care centers directors – responsible for ensuring patients of ATSU patient care centers receive the Notice of Privacy Practices and are asked to sign an acknowledgement.

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ATSU POLICY NO. 30-103: PATIENT COMPLAINTS

DATE APPROVED: APRIL 24, 2025 **SIGNATURE: *Signature on file in HR***

Purpose

Under the Health Insurance Portability and Accountability Act (HIPAA), patients at A.T. Still University of Health Sciences (ATSU) clinics have the right to file complaints concerning any alleged improper use and/or disclosure of their protected health information (PHI) by ATSU or one of its business associates. ATSU also will receive and respond to other types of patient complaints. This policy outlines what the workforce needs to know and what steps to take when a patient has a complaint related to their PHI.

Policy

A. **HIPAA privacy complaint** – As explained in ATSU's Notice of Privacy Practices, an ATSU clinic patient has the right to file a complaint with the chief information privacy officer (CIPO) if the patient believes there has been a violation of HIPAA privacy requirements or an ATSU privacy policy or procedure.
   1. Definitions
      a. Privacy complaint – An allegation by an individual that ATSU is not complying with requirements of federal or state privacy regulations or ATSU policies and procedures related to PHI.
      b. PHI – Oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
      c. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
   2. Complaint process
      a. Complaints should be put in writing. The Patient Complaint Form is used for privacy complaints, as well as other types of complaints.
      b. ATSU will investigate the allegation, determine whether there has been a violation, evaluate risk, address any appropriate mitigation, and respond to the patient. For privacy complaints, ATSU will respond to the patient within 30 days of complaint receipt.
      c. ATSU's CIPO will coordinate handling HIPAA privacy complaints with the appropriate director of clinical operations and all relevant business associates. Discussing the complaint with anyone not part of the investigation process or a member of the Chancellor's Cabinet could compromise the investigation.
         1. ATSU's CIPO will investigate and respond to HIPAA privacy complaints in writing.

B. **Other complaints** – ATSU representatives need to be informed if an ATSU clinic patient experiences or observes anything they believe is illegal, unethical, or unprofessional, or if they have complaints related to their health and safety at an ATSU clinic, including quality of healthcare services. Patient complaints not related to HIPAA privacy requirements should be directed to the relevant ATSU clinic director.
   1. Complaints should be put in writing on the Patient Complaint Form.
   2. ATSU will investigate the allegation, determine whether there has been a violation, evaluate risk, address any appropriate mitigation, and respond to the patient.
   3. Discussing the complaint with anyone not part of the investigation process or a member of the Chancellor's Cabinet could compromise the investigation. ATSU clinic directors will investigate and respond to complaints.

C. The workforce must be able to assist patients in exercising their right to file a complaint by:
   1. Providing patients with ATSU's Patient Complaint Form. Privacy complaints should be forwarded to ATSU's CIPO as soon as possible. Other complaints should be forwarded to the clinic director.
   2. Informing patients they may also file privacy complaints with the Department of Health & Human Services online at hhs.gov/hipaa/filing-a-complaint/
   3. Informing patients ATSU will not retaliate against them for filing a complaint.

D. A log/file shall be maintained by ATSU's CIPO containing information relevant to privacy complaints, including:
    1. Patient name.
    2. Patient number, if known.
    3. Contact information (e.g., address, phone number, email address, etc.).
    4. Complaint date.
    5. Nature of complaint.
    6. Incident date preceding the complaint.
    7. Additional information, which might apply to this complaint.
    8. All supporting documentation copies provided by the patient.
    9. Investigation outcome.
    10. Mitigation recommended, if any.
    11. Response(s) to the patient and date.

Responsibility

A. CIPO – ATSU's CIPO is responsible for documenting and investigating patients complaints regarding the privacy of their health information. ATSU's CIPO is also responsible for responding to the patient, documenting any actions taken, and making recommendations to appropriate ATSU leadership for resolving such matters in the future.
B. Clinic directors – Responsible for investigating patient complaints and documenting any actions taken, including any necessary remediation.
C. Deans/clinic managers/supervisors – Responsible for ensuring the workforce properly assists patients with privacy complaints and other complaints.
D. Workforce ("users") – Responsible for directing patients with privacy complaints to ATSU's CIPO, complying with this policy, and reporting violations of policy to their supervisor/manager/director or to ATSU's CIPO.

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ATSU POLICY NO. 30-104: PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE:** ***Signature on file in HR***

Purpose

A.T. Still University of Health Sciences (ATSU) is limited by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule as to how it may use and disclose protected health information (PHI). This policy provides an overview of permitted uses and disclosures of PHI, provides guidance for ATSU workforce members, and sets forth safeguards to ensure HIPAA compliance in this area.

Policy

A. ATSU may use or disclose PHI without a patient's authorization or the opportunity to agree or object subject to the applicable requirements and exceptions outlined in this policy. Only workforce members with a legitimate "need to know" may access, use, or disclose patient information. In other words, workforce members and business associates will only be given access to use or disclose PHI when there is a legitimate clinical and/or business need for the performance of specific job duties and responsibilities. This includes all activities related to ATSU's treatment, payment, and healthcare operations. Each workforce member may only access, use, or disclose the minimum information necessary to perform their designated role regardless of the extent of access provided.

B. Definitions
   1. Protected health information (PHI) – Includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
   2. Disclosure – Release, transfer, provision of access to, or divulging of PHI outside of ATSU.
   3. Need to know – Term used to describe the restriction of access to data and information to what is needed for workforce members or other individuals to conduct their official duties.
   4. Minimum necessary - Minimum amount of PHI necessary to accomplish the intended purpose of the use or disclosure.
   5. Need to know - Term used to describe the restriction of access to data and information to what is needed for a workforce member or other individuals to conduct their official duties.
   6. Role-based access - A means of regulating access or assigning access privileges to an application or system based upon the nature of the person's job functions (or role) within the organization.
   7. Use – Sharing, employment, application, utilization, examination, or analysis of PHI within ATSU.
   8. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.

C. General guidelines
   1. Activities related to treatment, payment, and healthcare operations are considered permitted uses and disclosures of PHI. Table 1 at the end of this policy provides examples.
   2. The workforce member using or disclosing the information must be authorized by policy to do so.
   3. The person or entity to which PHI is disclosed must be authorized to receive it, and their identity and authority should be verified prior to the disclosure.
   4. All uses and disclosures should be made in accordance with ATSU safeguards adopted to further protect PHI privacy. This includes standards for secure PHI transfer, whether in paper or electronic format.
   5. Improper uses and disclosures should be immediately reported as an incident, and possible breach, and brought to the attention of ATSU's CIPO. For related information, refer to ATSU Policy No. 55-116: Information Security Incident and Breach Reporting.

D. Minimum necessary - Despite the level of access granted to a workforce member, the member will limit the information accessed to what is needed for their work assignments and/or job function (need to know).
E. Role-based access
    1. Information Technology Services (ITS) and/or the system administrator for applications and systems, managed by other departments, will identify workforce member individuals or classes/groups who need access to confidential information to carry out their job functions, along with the category or categories of information including the access privileges to that information (e.g., view only, edit, create, delete, etc.). This is referred to as "role-based access."
    2. Within the permitted access, a workforce member is only to have access to what is needed to perform his or her job function. For example, a physical therapist may, by default, have access to the medical records of all patients in a facility. However, if the physical therapist does not have a treatment relationship with a particular patient, it would be inappropriate and a violation of this policy for the physical therapist to access that patient's record.
F. Safeguards and controls
    1. ATSU's approach for ensuring the principle of "minimum necessary" is to implement safeguards and technical controls, including, but not limited to,
        a. Policies and procedures (to guide routine and non-routine PHI uses or disclosures);
        b. Formal requests for access to applications and systems (approved by management);
        c. Authentication (unique user ID and passwords);
        d. Authorization (role-based user access privileges);
        e. Audit controls (for holding users accountable for actions);
        f. Restricted physical access areas where large amounts of PHI are stored (electronic or paper); and
        g. Workforce clearance and education.
    2. ITS and/or the system administrators for applications and systems, managed by other departments, are responsible for implementing controls for all systems that contain identifiable patient information to ensure minimum necessary.
G. Patient requests - PHI use and disclosure may be subject to certain requests by patients or their legal representatives, which ATSU either voluntarily accepts or must honor based on regulatory requirements. For more information, refer to ATSU Policy No. 30-101: Patient Rights Under HIPAA Privacy Rule. These requests include:
    1. Right to inspect or receive a copy of their medical records;
    2. Right to request an amendment to their medical records;
    3. Right to an accounting of disclosures for information shared for reasons other than treatment, payment, or healthcare operations;
    4. Right to request a restriction on use and disclosure; and
    5. Right to request alternative means of communications.
H. External requests
    1. ATSU will review external requests for PHI to determine whether the amount and type of PHI requested meets the minimum necessary standard and will respond appropriately.
    2. ATSU will limit the amount of PHI provided in response to external requests to what is reasonably necessary to accomplish the request purpose. Examples include:
        a. Business associates or non-employee workforce members that perform a service on behalf of ATSU;
        b. Another covered entity, such as a healthcare provider, health plan, or clearinghouse; or
        c. Public officials, as required by law.
    3. ATSU will limit the amount of PHI it requests from other healthcare providers, health plans, or clearinghouses.
I. Exceptions - The minimum necessary standard does not apply to the following PHI requests, uses, and disclosures:
    1. Disclosure requests among providers for treatment purposes;
    2. Uses or disclosures made to the patient;
    3. Disclosures made to the Secretary of Health and Human Services or designee;
    4. Uses or disclosures required by law (federal or state);
    5. Uses or disclosures required for compliance with the HIPAA Privacy Rule; and
    6. Uses or disclosures made with the patient's signed, explicit authorization.

Responsibility

A. Chief information privacy officer (CIPO) – Responsible for establishing standards for use and disclosure of PHI, as well as accounting for disclosures.
B. Deans/clinic managers/supervisors – Responsible for ensuring the workforce understands how to appropriately use and disclose PHI.
C. Information Technology Services (ITS) and/or the system administrators - Responsible to implement role-based access.
D. Workforce (“users”) – Responsible for being familiar with the policies regarding use and disclosure of PHI, complying with this policy, and reporting policy violations to their supervisor/manager/director or to ATSU’s CIPO.

Table 1 – Treatment, payment, and healthcare operations (TPO) examples

Treatment
Examples ● Furnishing preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care ● Furnishing counseling, assessment, or other procedures with respect to the physical or mental condition or functional status of an individual or that affects the structure or function of the body ● Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription
Payment
Examples ● Preparing and submitting claims and attachments to support payment ● Obtaining certification of enrollment or coverage and obtaining precertification for treatment ● Inquiring about an individual's coverage or benefits ● Pursuing collection through an attorney or collection agency ● Reporting limited information to a collection bureau ● Participating in utilization management, claims adjudication, risk sharing, and coordination of benefits activities
Healthcare Operations
Examples ● Quality assessment activities, utilization management activities, and activities designed to monitor or improve quality or reduce costs ● Peer review activities and activities to evaluate the health care professionals' competence or qualifications ● Conducting or arranging for audit functions, compliance functions, legal functions, and medical reviews ● ATSU business planning, management, and general administrative activities ● ATSU fundraising

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ATSU POLICY NO. 30-105: BUSINESS ASSOCIATE AGREEMENT

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE: *Signature on file in HR***

PURPOSE

A.T. Still University of Health Sciences (ATSU) is committed to compliance with federal and state law, including the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, to safeguard the confidentiality and integrity of its protected health information (PHI). ATSU requires its business associates using or disclosing PHI on behalf of the University to meet these same requirements under the law by a written agreement (business associate agreement) with the University. ATSU business associate agreements must meet standards under the law and as described in this policy.

POLICY

A. ATSU requires written agreements with its business associates, which meet all requirements under federal and state law, including HIPAA.

B. Definitions
   1. *Business associate* - A person or entity who is not a member of a covered entity's workforce who performs any function or activity involving the use or disclosure of PHI.
   2. *Covered entity* - A party required to comply with federal laws and regulations safeguarding PHI. Any healthcare provider that bills electronically for its services is considered a covered entity. ATSU is a covered entity.
   3. *Protected health information* (PHI) - Information in any format created or received and relating to the past, present, or future physical or mental health or condition of, provision of healthcare to, or payment for healthcare by or for an individual, for which there is a reasonable basis to believe the information can be used to identify the individual. Under HIPAA, PHI is required to be protected from unauthorized use, access, or disclosure.
   4. *Business associate agreement* - A contractual agreement between a business associate and a covered entity to define how PHI will be used and how it will be protected.

C. ATSU business associate agreements shall include provisions including, but not limited to:
   1. The permitted and required uses and disclosures of PHI by the business associate.
   2. The business associate will comply with requirements of the HIPAA Privacy Rule and Security Rule and confirm appropriate security safeguards and controls are in place to protect the confidentiality, integrity, and availability of PHI it creates, receives, maintains, or transmits.
   3. The business associate will immediately and without delay report incidents involving PHI and any breach of unsecured PHI to the chief information privacy officer.
   4. ATSU may terminate the business associate agreement if the University determines the business associate has violated a material provision of the agreement.

D. The approval process for ATSU business associate agreements consists of the following:
   1. All business associate agreements must be reviewed and approved by ATSU's vice president & general counsel prior to being signed by the parties. The proposed business associate agreement must be submitted to the Office of Vice President & General Counsel with a contract routing cover sheet in accordance with ATSU Policy No. 10-204: Contract Review and Approval.
   2. ATSU has a business associate agreement template (Attachment A). It is strongly preferred new ATSU business associate agreements utilize this template.
   3. ATSU departments seeking approval of a business associate agreement must provide to the Office of Vice President & General Counsel complete contact information (e.g., name, title, address, telephone number, and email address) for at least one, but preferably two, business associate employees who are the appropriate persons to communicate with ATSU about privacy issues, including potential or actual breaches of PHI. ATSU's vice president & general counsel will not approve a business associate agreement until this contact information is provided.

E. An inventory of all ATSU business associates agreements is maintained by the chief information privacy officer (CIPO). The CIPO must include the business associate contact information in the inventory as described above.

RESPONSIBILITY

1. Vice president & general counsel - Responsible to review, approve, and maintain all business associate agreements, along with full contact information for at least one, but preferably two, business associate employees responsible for PHI security.
2. Chief information privacy officer - Responsible for maintaining an inventory of all business associate agreements along with full contact information for at least one, but preferably two, business associate employees responsible for PHI security.

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ATSU POLICY NO. 50-115: HANDLING CREDIT CARD INFORMATION

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE: *Signature on file in HR***

Purpose

This general order establishes standardized procedures for secure handling of credit card information to prevent fraud and identity theft, and any other violations of credit card industry standards.

Unauthorized disclosure of credit cardholder information will violate credit card industry standards, and/or federal and state laws or regulations, and may cause significant problems for A.T. Still University of Health Sciences (ATSU), its patients, donors, students, employees, or anyone providing credit card information to ATSU.

Policy

A. Credit card and payment information is considered confidential information and must be accessed, transferred, stored, retained, and disposed of in a secure manner to prevent fraud. Credit card information must be properly protected in accordance with credit card industry standards and federal and state laws and regulations. Storage or retention of the security code or CVV2 is never allowed.
B. Definitions
    1. Card-validation code or value (CVV2), also known as the “security code” – The three-digit number on the back of the credit card, which is used to verify card-not-present transactions (four-digit number printed on the front of the card for American Express).
    2. Confidential information includes, but is not limited to:
        a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
        b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
        c. PII – Individual demographic identifiers including employee, student or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
        d. Credit cards, cardholder information, and bank account numbers;
        e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
        f. Passwords, PINs, or other security codes.
    3. Merchant – Any business that accepts credit card payment. ATSU is a merchant.
    4. PAN – Primary account number (the full credit card number).
    5. PCI – Payment card industry (Visa, MasterCard, American Express, and Discover).
    6. POS terminal – Point of sale terminal – a small device used to swipe or otherwise enter credit card information for processing a credit card transaction.
    7. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU’s direct control whether or not they are employed by ATSU.
C. Security incidents, breaches, or violations of this policy must be reported to management or to ATSU’s chief information security officer (CISO).
D. Physical access

1. Managers must restrict physical access to credit card receipts or documents containing full credit card number to only workforce members with a legitimate business need.
2. Unauthorized personnel must not be allowed physical access to areas where credit card data is stored without being escorted by an authorized ATSU employee. These areas include, but are not limited to, any storage room or office areas where credit card data is readily accessible.

F. Online access
1. Managers/supervisors are responsible for limiting access to any online credit card processing system to only those workforce members with a legitimate business need. Workforce members with online access to processing systems must have unique user IDs and follow the password rules as required by the online processing system.
2. Cardholder data cannot be stored onto external media. The ability to perform a "cut and paste" or screen scrape cardholder information must be disabled from workstations and other devices where a primary use is to process credit card transactions online.

G. Transfer or transmission - General information about a credit card transaction, such as date, amount, authorization number or transaction number, and last four digits of the credit card, is allowed to be sent by email. However, the full credit card number or security code is not allowed in an email message, unless the email is sent using approved end-to-end encryption. Contact ITS for assistance with an approved encryption solution. Credit card information may be sent by the cardholder by fax, if the workforce member arranges to be physically present at the fax machine to receive the message. The security code may be provided separately by telephone, as long as the number is not retained. Contact ATSU's chief information security officer (CISO) with any questions.

H. Storage
1. It is best to avoid storing full credit card numbers because of the additional risks and security criteria that must be met.
2. All documents containing full credit card numbers must be treated like cash and secured in a locked file cabinet, safe, or secured storage facility when not in use. The remit portion from a patient's billing statement is one example of when the full credit card number would be written down.
3. If the full credit card number is stored in an electronic format, such as a scanned image of the patient's remittance form, it must be encrypted.

I. Retention
1. Provided the full credit card number and security code (CVV2) are marked out using a pen or marker and are unreadable, documents are no longer considered confidential. These documents may be scanned and/or retained according to ATSU Policy No. 10-209: Record Retention.
2. If the full credit card number is visible, ATSU must securely store retained documents as noted in the section above.

J. Disposal
1. When no longer needed, shred paper documents containing the full credit card number or place them in a secure shred bin.
2. Old credit card information stored in batch files, prior to the effective date of this policy, must be destroyed at the end of its retention cycle.

K. Education or training
1. Workforce members who handle and process credit card transactions will be trained on their responsibilities through educational instruction and/or hands-on training when beginning their job and as needed thereafter.
2. Anyone who handles credit card transactions is required to have access to this policy and annually acknowledge they have read and understood the policy. Either a sign-in sheet or an online learning management system may be used to track training and acknowledgment of understanding of this policy.

L. Attestation
1. The director/manager/supervisor for each department which collects credit card information should complete the Annual Department Attestation form and submit it to ATSU's chief information privacy officer (CIPO) by the end of each fiscal year.
2. ATSU's CIPO will monitor Annual Department Attestation forms.

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Responsibility

A. Directors/managers/supervisors – Responsible for:
   1. Maintaining a separation of duties, where feasible;
   2. Creating departmental procedures for credit card processing;
   3. Controlling access to credit card data to prevent fraud;
   4. Providing/arranging training for workforce members on credit card handling and security;
   5. Removing access to online processing systems for terminated workforce members or those who no longer have a business need on a timely basis ;
   6. Maintaining merchant numbers;
   7. Maintaining an inventory of ATSU approved products and technologies (e.g., POS terminals, workstations, tablets, wireless handheld devices, kiosks, etc.) used to process credit card transactions, along with the "owner" of the devices, and personnel with access;
   8. Ensuring point of sale (POS) terminals are properly controlled and maintained;
   9. Verifying written agreements are in place with service providers, including acknowledgement of service provider's responsibility for compliance with the Payment Card Industry Data Security Standard (PCI DSS), if credit card information is shared with them; and
   10. Attesting to PCI DSS compliance through submission of the Annual Department Attestation form.

B. Information Technology and Services (ITS) – Responsible for securing applications, workstations, servers, and network equipment used to process credit card data in accordance with the PCI DSS.

C. Chief information security officer (CISO) – Responsible for:
   1. Validating this policy is reviewed at least once a year and updating it when the credit card processing environment changes;
   2. Ensuring periodic self-assessments for compliance with PCI DSS are conducted;
   3. Investigating any reported breaches or security incidents; and
   4. Evaluating and approving technologies and devices used for processing credit card transactions.

ANNUAL ATTESTATION FOR ATSU DEPARTMENTS
HANDLING CREDIT CARD INFORMATION
For more information, refer to ATSU Policy No. 50-115: Handling Credit Card Information

If your department handles credit card information, please complete this form annually by June 30, and forward it to the Office of Vice President & General Counsel.

Name of person completing form:_____ Department: _____

1. How is credit card information collected by your department? (check all that apply)

   □ Point of Sale (POS) terminal(s) (small device used to swipe or otherwise enter credit card information for processing a credit card transaction)

   □ Credit card holder enters information on the computer

2. If your department has POS terminal(s), please state how many _____and the location of each terminal.

3. What is the name of the credit card vendor?

4. Has the vendor changed this year? _____(yes or no). If so, when did your department change vendors? _____(date)

5. Does your department have written Standard Operating Procedures (SOP) for credit card processing? _____(yes or no). If so, please attach the SOP. If not, please describe the process below:

6. Who in your department has access to credit card data? Please list names below.

7. How was your departmental staff trained on proper credit card handling and security in the past calendar year:

8. Have you documented acknowledgement by your departmental staff that they have read and understood ATSU Policy No. 50-115 in the past calendar year?_____(yes or no).

9. Are terminated employees or those no longer with a business need removed from the credit card processing system on a timely basis? _____(yes or no).

10. Does your department maintain credit card merchant numbers? _____(yes or no). If so, what controls are used to keep the information safe?

11. Does your department maintain an inventory of all ATSU approved products and technologies used to process credit card transactions? _____(yes or no). Please list equipment below.

12. Describe your process for ensuring the Point of Sale (POS) terminals are properly controlled and maintained.

13. Does your department have a written agreement in place with your service provider that includes an acknowledgement of their responsibility for compliance with the Payment Card Industry Data Security Standard (PCI DSS), if credit card information is shared with them? _____(yes or no). If no, please attach a copy of the agreement.

Attestations:

_____ _____

Department Supervisor Date

_____ _____

Vice President Date

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ATSU POLICY NO. 55-103: APPROPRIATE USE OF TECHNOLOGY

DATE APPROVED: APRIL 24, 2025 **SIGNATURE: *Signature on file in HR***

Purpose

This policy outlines the acceptable use of A.T. Still University of Health Sciences (ATSU) information systems and all computer equipment to ensure technology is used for its intended purposes and use is consistent with ATSU policies. Responsible use of technology maintains its availability for critical business operations, supports security and network integrity, and protects ATSU from potentially damaging situations.

Policy

A. ATSU information technology systems are to be used for business purposes to serve ATSU interests and its customers in the course of normal operations.
B. Definitions
    1. Confidential information includes, but is not limited to,
        a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information.
        b. Information about a student and their education records protected under the Family Educational Rights and Privacy Act, including any nondirectory information and personally identifiable information (PII).
        c. PII – Individual demographic identifiers, including employee, student, or patient social security numbers (SSN) and employee personnel records (W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.).
        d. Credit cards, cardholder information, and bank account numbers.
        e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters.
        f. Passwords, personal identification numbers, or other security codes.
    2. Information systems – An interconnected set of information resources under the same direct management control that share common functionality. A system normally includes hardware, software, applications, and data.
    3. Phishing – An attempt to acquire key information, such as user credentials (user ID and password), SSN, credit card data, etc., by masquerading as a trustworthy entity (a form of “social engineering”).
    4. Post(s) or posting – Something an individual writes, publishes online, or uploads, such as a photo or video, typically on a social media website or blog.
    5. PHI – Includes oral, written, or otherwise recorded information created or received by an entity identifying an individual relating to physical or mental health, payments, or healthcare services provided to that individual.
    6. Ransomware – A type of computer virus or malware preventing users from accessing data (usually by encrypting the data) and written primarily for financial gain by holding data hostage until a ransom is paid. The ransom is normally paid in “bitcoin,” the untraceable digital currency of the internet.
    7. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
    8. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU’s direct control whether or not they are employed by ATSU.
C. Guiding principles
    1. ATSU’s information technology resources are for conducting work-related communications and shall be used in a secure environment to protect confidential and business-related information.

2. All data created on ATSU's information systems remains ATSU property.
3. Incidental personal use may occur only as authorized by the appropriate supervisor, provided personal use does not interfere with work and meets requirements of this policy.
4. To prevent phishing emails and ransomware, users are discouraged from using ATSU's workstations or laptops for checking personal email. Users should use personally owned smartphones or tablets.
5. Because of the need to protect ATSU's internal network, the University does guarantee confidentiality of information stored on any network file server.
6. ATSU reserves the right to monitor all systems, and users should not have any expectation of privacy regarding data or information stored, transmitted, or accessed on ATSU's systems.
7. Laws and ATSU's policies governing employee behavior pertaining to patient privacy, harassment, discrimination, or defamatory remarks may also apply to user's personal use of the internet, email, instant messaging, text messaging, and social networking sites. For related information, see ATSU Policy No. 55-113: Social Media.

D. General expectations
1. Users are expected to abide by all applicable federal, state, and local laws and regulations, as well as ATSU policies regarding information technology use.
2. Each user is responsible for the content of all text, audio, or images placed, sent, or received using ATSU information systems.
3. Users should not assume electronic communications are private. All messages created, sent, or retrieved over the internet should be considered public information and accessible to others unless the communication was encrypted.
4. ATSU may monitor usage patterns and other aspects of its internet and email communications. The reasons for this monitoring are many, including maintenance, troubleshooting problems, bandwidth allocation, general management of systems, and assessment or enforcement of security policies and controls.
5. Users of ATSU-owned technology have no expectation of privacy in that use. ATSU reserves the right to access and monitor files stored on or using ATSU equipment and systems at any time with or without notice.
6. Information considered sensitive or vulnerable, such as PHI, must be encrypted using ATSU' approved process before being released outside of ATSU. Contact ATSU's Information Technology Services (ITS) Service Desk at ext. 2200 (on campus) or call 660.626.2200 for assistance with encryption.
7. All communications should reflect positively upon the integrity, professionalism, and competence of ATSU.

E. Internet
1. ATSU may block connection to certain websites it deems inappropriate. However, the ability to connect with a specific website does not in itself imply it is permitted. Internet users who inadvertently connect to an inappropriate website should immediately disconnect from that site.
2. Storing, printing, or displaying any files, materials, or messages of an inappropriate nature will be considered a violation of ATSU policy and will be handled under University policies and procedures.
3. All user activity on the internet is logged.

F. Email, instant messaging, chat, and/or text messaging
1. Messages sent using ATSU information systems should be for business purposes and treated as business records. These messages may be used as evidence in litigation and investigations. Provided retention requirements for official records are being met, nonessential messages should be deleted by users when messages are no longer needed for work reasons. For related information, see ATSU Policy No. 10-209: ATSU Record Retention Policy.
2. Confidential information should only be transmitted outside ATSU when encrypted.
    a. Emails containing confidential information and sent outside of ATSU must be encrypted. Contact ATSU's ITS Service Desk at ext. 2200 (on campus) or call 660.626.2200 for assistance with email encryption.

   b. Texting PHI or confidential information to anyone is prohibited, unless using a secure texting application. Since ATSU has not implemented a secure text application, texting such information is prohibited.
   c. Mobile devices often automatically transcribe voice messages into text. When a voice-to-text transcription contains PHI or other confidential information, the text transcription should be deleted from the mobile device. If the text transcript needs to be retained for patient care or any legal or operational reasons, it should be securely moved to the patient record or other secure file and then deleted from the mobile device.

G. Social media or networking
   1. Confidential information about ATSU, its patients, or employees may not be posted on social media sites.
   2. Even when no personal identifiers are specifically used in communication or posting, communicating what transpired at work with a particular patient, co-worker, or other individual on a social network site could potentially lead to an unintentional breach of that person's privacy.
   3. Prohibition of harassment and discrimination in the workplace also applies to activities occurring outside the workplace on social media. Harassment or discrimination on social media will result in the same disciplinary action process and potential for legal action had those behaviors occurred within the workplace. Interactions and communication should be respectful.
   4. For related information, see ATSU Policy Nos. 55-113: Social Media and 90-210: Prohibition of Discrimination, Harassment, and Retaliation.

H. Hardware
   1. Computer equipment that is ATSU property is to reside on campus unless the equipment is considered mobile (e.g., portable computers) or has been checked out through ITS for an express purpose.
   2. No computer equipment intended to extend accessibility to the ATSU network may be installed without the knowledge and written approval of ITS. Types of forbidden devices include wireless access points, hubs, and switches.

I. Software
   1. Only software first tested and approved by ITS is authorized to be installed.
   2. Users must respect software copyrights, abide by software license agreements, and terms of use.

J. Copyrights – Users obtaining access to other companies' or individuals' materials must respect all copyrights and may not copy, retrieve, modify, or forward copyrighted materials without permission.

K. Downloading and file storage – Nonbusiness-related files, such as music files (MP3s, WAV, etc.), pictures, animated files (GIF files), video clips, or movies (Windows Media Player, QuickTime, etc.) consume storage space. These types of files may also be a source of viruses or other malicious code. Therefore, these types of personal files should not be stored on ATSU-owned information technology. ITS reserves the right to remove such files without notice.

L. Prohibited activities while using ATSU information technology include, but are not limited to:
   1. Engaging in any activity illegal under local, state, federal, or international law while utilizing ATSU-owned resources.
   2. Disclosing confidential information gained in any form while working at/for ATSU without specific approval.
   3. Sending confidential information in electronic format outside ATSU without using encryption.
   4. Revealing user account information and passwords to others or allowing use of authentication credentials (user ID and password). This includes family and other household members when work is being done at home.
   5. Providing information about or lists of ATSU employees to parties outside ATSU without prior written approval from management.
   6. Transmitting, retrieving, or storing any communications of a discriminatory or harassing nature that could create a hostile work environment or materials considered obscene or graphic adult-only material.

7. Using any ATSU information asset to engage in an activity considered harassing, derogatory, inflammatory, or otherwise unacceptable regarding an individual's gender, sexual orientation, race, age, disability, religion, national origin, physical attributes, or any other form of harassment.
8. Sending messages containing abusive, profane, or offensive language.
9. Distributing petitions or political communications not endorsed by management.
10. Solicitation or petitions of any kind, including commercial, religious, political, or other types.
11. Using ATSU information technology or media for illegal purposes, gambling, personal profit, or in violation of ATSU policy, including ATSU Policy No. 10-220: ATSU Code of Ethical Standards.
12. Conducting solicitations of non company business or any use of information systems for personal gain.
13. Engaging in any activity violating the intellectual property rights of others, including patents, copyrights, trademarks, and trade secrets. This includes, but is not limited to, installation, use, digitization, copying, or distribution of photographs, images, music, books, or software to which ATSU does not have current rights or licensing.
14. Making fraudulent offers of products, items, or services originating from an ATSU account.
15. Making statements about warranty, expressly or implied, unless it is a part of normal job duties.
16. Attempting to circumvent security controls to obtain unauthorized access or disrupting services, including hacking, sniffing, phishing, or distributing any type of malicious code.
17. Sending unsolicited messages containing advertisement (spam) or hoaxes.
18. Unauthorized use, or forging, of email header information or any other form of obscuring, suppressing, or replacing of one's own identity (spoofing).
19. Introducing malicious programs into the network or server (e.g., ransomware, viruses, worms, trojan horses).
20. Intentionally writing, generating, compiling, copying, collecting, executing, or introducing any code designed to self-replicate, damage, or otherwise hinder the performance of or access to any system or information.
21. Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data to which the user is not an intended recipient or logging into a server or account the user is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, ping floods, packet spoofing, service denial, and forged routing information for malicious purposes.
22. Port scanning or security scanning is expressly prohibited unless prior approval is obtained by ITS.
23. Executing any form of network monitoring, which will intercept data not intended for the employee's host, unless this activity is a part of the employee's normal job duties.
24. Circumventing or attempting to circumvent user authentication or security of any device, network, or account.

Responsibility

A. Chief information security officer (CISO) – Responsible for overseeing the establishment of standards for appropriate use of and implementation of this policy.
B. Directors/managers/supervisors – Responsible for conduct of the workforce under their supervision by training, monitoring, and enforcing compliance with this policy in their departments.
C. Workforce ("users") – Accountable for use of ATSU's information resources. Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or to the CISO.

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FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 55-108: ACCESS TO INFORMATION SYSTEMS

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE:** ***On File with Human Resources***

Purpose

A.T. Still University of Health Sciences (ATSU) establishes and maintains standards for access to ATSU information systems to protect confidential information while ensuring timely availability of information systems to workforce members. This policy defines processes used to request access, change access, or suspend access by workforce members to ATSU information systems.

Policy

A. Access to information systems and applications will be controlled. Access and privileges granted will be based primarily on job responsibilities or role of the requestor. Security standards listed in this policy will be followed when requesting or granting access to information systems or data owned or under the stewardship of ATSU.
B. Definitions
    1. Confidential information includes, but is not limited to,
        a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
        b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
        c. PII – Individual demographic identifiers, including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
        d. Credit cards, cardholder information, and bank account numbers;
        e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
        f. Passwords, PINs, or other security codes.
    2. Data owner – (“owners”) individuals ultimately accountable for access to, and use of, information resources directly supporting department or business operations. Owners usually are director level or higher.
    3. Information systems – An interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, applications, and data.
    4. Minimum necessary – The least amount of confidential information necessary to accomplish the intended purpose of the use, disclosure, or request for confidential information to/from another entity.
    5. Role-based access – A means of regulating access or assigning access privileges to an application or system based upon a user’s job functions (or role) within the organization.
    6. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
    7. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under the direct control of ATSU whether or not they are employed by ATSU.
C. Access
    1. Workforce members are granted access privileges to information systems based on their job duties and responsibilities, thus becoming users. This is known as “role-based access.” This access applies the “minimum necessary” principle. Being authorized to view or use a system does not imply access to all information within that application or system, nor does it imply ownership.

2. To meet compliance and regulatory standards, an Information Technology Services (ITS) Action Request (ITSAR) form or work order ticket is submitted to the ITS Service Desk as authorization to request new access, make changes to existing access privileges, or for removal of access of clinical and business systems.
3. In some cases, a user may be required to receive training before obtaining access to an application or system. Such prerequisites are determined by the data owner.
4. Management may limit, suspend, or terminate anyone's access privileges at any time.

D. Request and authorization
1. The appropriate supervisor, manager, or Human Resources (HR) personnel completes an ITSAR authorizing a user's access to information systems. An access request should be submitted at least five working days prior to the new employee's (or user's) start date, whenever possible, to allow system administrators sufficient time to set up the new user and create proper security profiles within each system.
2. Access privileges are normally predefined using role-based access within each application or system, meaning access privileges are based on a user's job function, department, and/or management's authorization.
3. Each user will be assigned unique user identification (user ID).

E. Changes to access
1. The appropriate supervisor, manager, or HR personnel may request additional access or exceptions to normal role-based access for a particular user. Exceptions are requested using an ITSAR submitted to the ITS Service Desk. The request for access should indicate specific privileges required and, in some cases, may require justification for change.
2. If a user's job duties change, the appropriate supervisor or manager notifies the system administrator via an ITSAR so the user's access privileges may be matched to the user's new responsibilities.

F. Automatic lockout and logoff - Information systems that process and store confidential information will normally:
1. Lock out a user's account after a predetermined number of unsuccessful logon attempts (normally after six failed logon attempts); and
2. Automatically log off or otherwise require a user to re-login/reauthenticate after a predefined period of inactivity.

G. Monitoring

There is no expectation of privacy when using ATSU's information systems. To manage systems, troubleshoot problems, and ensure security, ITS will monitor overall user access on a periodic basis. The chief information security officer (CISO) and/or chief information privacy officer (CIPO), or their designees, are responsible for overseeing the auditing of user activity in clinical and other applications, which may be random or in response to a reported concern or investigation.

H. Temporarily suspending or disabling accounts
1. Users taking an extended leave greater than 30 days should have access privileges deactivated during that period. The appropriate supervisor, manager, or HR personnel will submit an ITSAR so the user's access may be temporarily suspended.
2. Likewise, the supervisor, manager, or HR personnel should submit an ITSAR to temporarily suspend a user's access if the user has been given leave without pay or is facing other disciplinary action.
3. Upon the employee's return, an ITSAR will be submitted by the supervisor, manager, or HR personnel to reactivate access.
4. User accounts within Active Directory (AD) inactive for more than 180 days may be reviewed by ITS and disabled if it is determined the account is no longer needed.

I. Termination of access
1. When a user's employment or contract ends, HR will notify ITS so the user's access is disabled or terminated in a timely manner.
2. Management has the right to terminate a user's access at any time without warning. Reasons include, but are not limited to, the following:
   a. Change of job duties or employment termination;
   b. Failure to comply with ATSU policies and procedures;

c. Conduct interfering with normal department operations;
d. Activity adversely affecting the ability of others to use computer systems; and
e. Behavior harmful, unprofessional, offensive, or harassing to others.

Responsibility

A. Chief information security officer (CISO) – Responsible for overseeing establishment and implementation of standards for access to information systems, including emergency access to clinical systems. In coordination with the chief information privacy officer (CIPO), is responsible for overseeing auditing of user activity.
B. Chief information privacy officer (CIPO) - Responsible, in coordination with the CISO, for overseeing auditing of user activity.
C. Data owners – Responsible for overseeing security and integrity of data created and used, specific to their department.
D. Directors/managers/supervisors – Responsible for authorizing user access and ensuring workforce only has access to information needed to fulfill user's job duties.
E. Human Resources (HR) – Responsible for notification of new employees needing access or changes to access for existing employees, including termination.
F. Information Technology and Services (ITS) – Responsible for establishing user access in accordance to this policy.
G. Workforce ("users") – Responsible for complying with this policy and reporting violations of policy to user's supervisor/manager/director or to the CISO.

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ATSU POLICY NO. 55-109: WORKSTATION USE AND SECURITY

DATE APPROVED: February 28, 2019 **SIGNATURE: *On File with Human Resources***

Purpose

Computer workstations at A.T. Still University of Health Sciences (ATSU) must be secure to protect confidential information, including financial information and protected health information, and maintain integrity of ATSU's network. This policy establishes processes regarding use and security of ATSU computer workstations.

Policy

A. Computer workstations, laptops, and peripheral equipment should be located in appropriate places, used properly, and secured to protect confidential information and comply with various regulatory requirements.

B. Definitions
   1. Malicious code – Software designed to infiltrate a computer. The term "virus" is sometimes used as a catch-all phrase to include a wide variety of malicious code, which includes viruses, malware, trojans, worms, adware, spyware, ransomware, etc.
   2. Password – (a.k.a. passcode or personal identification number (PIN)) Information that, when paired with a user ID, identifies and authenticates the person logging in to an application or system.
   3. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
   4. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under the direct control of ATSU, whether or not they are employed by ATSU.
   5. Workstation – A computer system normally connected to the local area network and used by the workforce to access applications and data. Examples include personal computer (PC), thin client terminal, cart-mounted laptop, or laptop in a docking station, functioning as an individual's workstation.

C. Workstation location
   1. To minimize the possibility of unauthorized access to confidential information, workstations and associated peripheral equipment should be faced away from public view to the extent possible. If this cannot be achieved, privacy screens may be necessary.
   2. Workstations and peripheral equipment are not to be modified except by Information Technology Services (ITS).
   3. Workstations in some public areas are secured with locks. Laptops may use locking cables or be physically secured in some other fashion to protect against theft.

D. Unattended workstations
   1. Users should either log off or lock their workstation whenever leaving it unattended. For Windows operating system, simultaneously press the Windows key and the letter "L" at the same time to lock a workstation or laptop. For MACs, use CNTRL+SHIFT+EJECT.
   2. Activating a password-protected screen saver is an acceptable method of locking the workstation in lieu of logging off.
   3. By default, workstations are configured to automatically activate the screensaver after twenty (20) minutes of inactivity.

4. Users are encouraged to use password-protected screensavers, especially if they are the only person using the workstation.

E. Software
   1. Users must not use any externally provided software from a person or organization. Only software approved by ITS is authorized to be installed. This is to protect workstations and the network against potential damage caused by malicious code, such as viruses and ransomware. A limited number of users have administrative rights needed to load software.
   2. The illegal copying or downloading of software is strictly prohibited.
   3. Use of unlicensed software is prohibited.

F. Management and security
   1. Antimalware/antivirus, and related security software is installed on computer workstations and laptops by ITS and must be active at all times.
      a. Antivirus software (signature file) is checked every two hours and applied as needed.
      b. Operating system and key software patches are applied weekly.
   2. When a user suspects a workstation is infected with some type of malicious code, they must immediately disconnect the workstation or laptop from the network, but leave workstation or laptop powered on, and contact the ITS Service Desk at ext. 2200 (on campus) or phone number, 660.626.2200, for assistance.
   3. Users are prohibited from attempting to eradicate a virus unless they do so while in communication with authorized ITS personnel. This will help minimize damage.

H. Hardware - Users must not use any personal hardware devices (e.g., monitors, speakers, keyboards, computer data storage, graphic card, sound card, motherboard). Only ITS-approved hardware should be installed.

I. Data storage and encryption
   1. Users have two network file server drives mapped to them for storing data and files on the network, which is backed up by ITS.
   2. Contact the ITS Service Desk for assistance with full-disk encryption for workstations and laptops.
   3. Contact the ITS Service Desk for obtaining encrypted drives that plug into the USB port.
   4. ITS will assist the user in securely configuring each portable storage device with a password – the key used for decrypting data.

Responsibility

A. Chief information security officer (CISO) – Responsible for overseeing the establishment and implementation of standards for security of workstations.

B. Directors/managers/supervisors – Responsible for security of workstations and peripheral equipment used by the workforce under their supervision in accordance with ATSU policy.

C. Information Technology Services (ITS) – Responsible for maintaining computer workstations and peripherals, which includes deploying security controls, patches, and updates.

D. Workforce (“users”) – Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or to the CISO.

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 55-110: USER IDs AND PASSWORDS

DATE APPROVED: OCTOBER 16, 2024 **SIGNATURE:** ***On File with Human Resources***

Purpose

Access to A.T. Still University of Health Sciences (ATSU) information resources and data is protected by unique user IDs and passwords, which identify and authenticate ATSU users. This policy establishes guidelines for user accountability in creating and protecting passwords.

Policy

A. All users must be properly authenticated prior to being able to access ATSU information resources or data. User IDs and passwords are the primary mechanisms for uniquely identifying and authenticating individuals with access privileges. Each workforce member needing access must have a user ID uniquely identifying him/her. Passwords must be properly used and protected (kept secret) by the workforce. In some cases, use of a password, combined with the user ID, may be the legal equivalent of a user's signature. Therefore, users must not allow anyone else to use their user ID and password.

B. Definitions
   1. Confidential information includes, but is not limited to:
      a. Information about a patient, also known as protected health information, including incident reports and patient outcome information.
      b. Information about a student and their education records protected under the Family Educational Rights and Privacy Act, including any nondirectory information and personally identifiable information (PII).
      c. PII – Individual demographic identifiers, including employee, student, or patient Social Security numbers and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations).
      d. Credit cards, cardholder information, and bank account numbers.
      e. Business and proprietary information including, but not limited to, patient service methods; costs; pricing; research data; business matters, including contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and passwords, personal identification numbers (PINs), or other security codes.
   2. Password (aka passcode or PIN) – Information, when paired with a user ID, identifies and authenticates the person logging in to an application or system.
   3. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
   4. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
   5. Multifactor authentication (MFA) – Using a second form of authentication to log in to an application or system (e.g., Google Authenticator application).

C. User IDs
   1. Users needing to access ATSU's applications or systems processing or storing confidential information will be assigned a unique user ID.
   2. Each user ID is linked to a specific individual and will remain linked to that individual. User IDs will not be re-used or re-assigned to another user.
   3. Users are responsible/accountable for all activity performed with their personal user IDs.
   4. Generic user IDs or shared user IDs are permitted only under certain circumstances. For example, generic user IDs may be used for training. Shared or generic user accounts must be approved by Information Technology Services (ITS) on a case-by-case basis.

D. Authentication methods

1. User IDs and passwords, along with MFA, are the primary mechanisms for uniquely identifying and authenticating individuals.
2. Other approved authentication methods may include tokens (for remote access), badges, biometric identification systems (e.g., fingerprint), telephone callbacks, or digital certificates.
3. Employees who reside in states that require employers to reimburse employees for work-related use of personal cell phones will be issued a USB token. Employees should use this token for MFA when accessing ATSU resources.

E. Protecting passwords
   1. Personal passwords must be kept secret and not shared or disclosed to anyone.
   2. Users must not gain unauthorized access to applications or systems by using another person's user ID and password or attempting to learn another person's password.
   3. Passwords should be memorized.
   4. Passwords must not be written down and displayed where others can access them.
   5. If a user suspects his/her password has been compromised, the password should be changed and the incident immediately reported to the supervisor, manager, or ATSU's ITS Service Desk by dialing ext. 2200 (on campus) or calling 660.626.2200.
   6. Users need to be aware of scams to trick them into disclosing their password through anonymous phone calls or emails. Under no circumstances should anyone ever ask a user for his/her password.
F. Password selection
   1. Care should be taken when selecting a password. A poorly chosen password may compromise security. A password should follow these simple rules:
      a. Be at least 14 or more characters in length. The longer the password, the more difficult it is to guess or break. Passphrases are recommended since they are easier to remember (e.g., I love working at ATSU!)
      b. The password may, but is not required to, include lowercase or uppercase letters, numbers, spaces, and special characters, such as *, ?, #, @, &, and $ (if the system permits such characters).
   2. Where a particular system cannot enforce the password rules outlined above, maximum length and complexity rules should be followed where possible.
   3. Users should avoid:
      a. Using common words that may be easily guessed.
      b. Basing a password on their name, spouse's name, child's name, parent's name, pet's name, or favorite sports team.
      c. Using other personal information easily associated with them.
G. Resetting passwords
   1. Employees are given an initial password and will be forced to create a new password at the first logon. For systems not having the capability to force a password change, workforce members must manually reset it to a new password when they first log on.
   2. Users should contact the ITS Service Desk or the designated system administrator if they forget their password or need help creating a new password or resetting their password. Users may be required to first identify themselves before the password is reset or a new password is issued.

Responsibility

A. Chief information security officer (CISO) – Responsible for overseeing the establishment and implementation of standards for user IDs and passwords used for accessing ATSU information resources and data.
B. Directors/managers/supervisors – Responsible for ensuring workforce members create and manage their passwords securely.
C. ITS – Responsible for establishing authentication rules or policies in accordance with this policy.
D. Workforce (users) – Accountable for the actions associated with their user ID. Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or CISO.

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 55-111: REMOTE ACCESS

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE:** ***On File with Human Resources***

Purpose

A.T. Still University of Health Sciences (ATSU) needs to provide a secure method of remote access to ATSU's network for employees who work from home or other non-ATSU location. This policy establishes a standardized process for remotely accessing ATSU resources to minimize potential exposure to unauthorized use of ATSU resources.

Policy

A. Remote access connections to ATSU's internal network via a Virtual Private Network (VPN) connection will follow security standards outlined in this policy. Remote access to ATSU's internal network is controlled by Information Technology Services (ITS). Two-factor or dual factor authentication may be needed by some users for remote access.
B. Definitions
    1. Two-factor or dual factor authentication – A method of confirming (authenticating) a user's identity by employing two or more of three factors of evidence:
        a. Something only the user knows (Example: User ID and password),
        b. Something only the user possesses (Examples: a token, badge, text message to their smartphone, etc.), and
        c. Something only the user is - unique to them (Examples: fingerprint scan, facial recognition, voice recognition, retinal scan, etc.)
    2. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
    3. Virtual Private Network (VPN) – Technology used to provide a secure method of remote access by encrypting transmission of information. With this technology, a remote user only needs a connection to the Internet and appropriate VPN client or web browser software and token to securely connect to ATSU's network.
    4. Workforce – Includes employees, students, contractors, volunteers, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
C. Request and authorization
    1. To request and authorize remote access, a supervisor, manager, or department director must complete an Information Technology Services Action Request (ITSAR) form.
    2. ITS will establish the employee's remote access.
D. User responsibilities
    1. It is the responsibility of users with remote access privileges to ensure unauthorized individuals, such as household members or guests, are not allowed access to ATSU's internal network.
    2. When a user suspects their workstation or laptop is infected with some type of malicious code, they must immediately disconnect from ATSU's internal network, stop all remote access, and contact ATSU's ITS Service Desk at ext. 2200 (on campus) or phone number, 660.626.2200.
E. Virtual Private Network (VPN)
    1. Approved VPN clients must be used.
    2. For some users, remote access requires two-factor or multi-factor authentication.
    3. VPN sessions will be automatically disconnected after thirty minutes of inactivity.
    4. All VPN traffic will be filtered and monitored by ATSU. There is no expectation of privacy while remotely connected to ATSU's internal network.
F. Personally-owned equipment

1. Personally-owned workstations or laptops (not ATSU-owned equipment) used for remote access must be configured to comply with ATSU standards, which include:
    a. Installing antivirus software with current virus definitions (purchasing and maintaining antivirus software is the user's responsibility);
    b. Updating the operating system (Windows or iOS) with current security patches;
    c. Using an approved VPN client;
    d. Logging off the workstation or laptop whenever leaving it unattended or activating a password-protected screen saver; and
    e. Storing ATSU files and data on the network.
2. By using VPN technology with personally-owned equipment, users understand their workstations and/or laptops are a de facto extension of ATSU's network, and as such, are subject to the same federal and state regulations that apply to ATSU-owned equipment.

G. Termination of remote access
1. When a user's employment or contract ends, the user's remote access must be disabled or terminated in a timely manner.
2. Users that have had their accounts disabled will be required to turn over any ATSU-owned equipment or token used for remote access to ITS.
3. Management may limit, suspend, or terminate anyone's remote access privilege at any time.

Responsibility

A. Chief information security officer (CISO) – Responsible for overseeing the establishment and implementation of standards for remote access.
B. Directors/managers/supervisors – Responsible for authorizing which workforce members under their supervision are allowed to have remote access.
C. Information Technology Services (ITS) – Responsible for establishing and maintaining remote access technology.
D. Workforce ("Users") – Accountable for actions associated with their user ID. Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or to the CISO.

ATSU | A.T. Still University
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ATSU POLICY NO. 55-112: MOBILE DEVICES

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE:** ***On File with Human Resources***

Purpose

To set standards for both A.T. Still University of Health Sciences (ATSU)-owned and personally-owned mobile devices used to conduct ATSU business. Mobile devices include, but are not limited to, laptops, tablets, smartphones, and internet-connected wearables.

Mobile devices pose a significant security risk because they may contain confidential information and, being mobile, are at greater risk for loss, theft, or unauthorized access. If a device is stolen or lost, the information stored on the device becomes potentially available to anyone who comes into possession of the device unless a passcode or authentication along with encryption is implemented. Additionally, mobile devices may be more vulnerable to hacking, malicious code, and interception of wireless communications. Therefore, reasonable and appropriate measures outlined in this policy must be followed.

Policy

A. Reasonable and appropriate measures must be implemented to govern use of mobile devices used to access any confidential information, including protected health information (PHI). The workforce will follow security standards listed in this and related policies, such as ATSU Policy No. 55-103: Appropriate Use of Technology, when using ATSU-owned and personally-owned mobile devices to access ATSU information.
B. Definitions
    1. Confidential information includes, but is not limited to,
        a. Information about a patient, also known as PHI, including incident reports and patient outcome information;
        b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
        c. PII – Individual demographic identifiers including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
        d. Credit cards, cardholder information, and bank account numbers;
        e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
        f. Passwords, PINs, or other security codes.
    2. Devices – Refers to laptops, smartphones, tablets and related equipment capable of processing and storing confidential information.
    3. Malicious code – Software designed to infiltrate a computer. The term “virus” is sometimes used as a catch-all phrase to include a wide variety of malicious code, which includes viruses, malware, trojans, worms, adware, spyware, ransomware, etc.
    4. Password – (a.k.a. passcode or personal identification number (PIN)) Information that, when paired with a user ID, identifies and authenticates the person logging into an application or system.
    5. PHI – Includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
    6. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
    7. Workforce – Includes employees, students, contractors, volunteers, and other individuals who have an association with ATSU and whose conduct is under ATSU’s direct control whether or not they are employed by ATSU.
C. The following controls are required for mobile devices that contain or access ATSU confidential information or protected health information:

1. Stewardship
   a. Mobile devices should not be left unattended. Physical control of mobile devices and any portable media used to store confidential information must be maintained at all times.
   b. Mobile device screens should be protected from others' view (e.g., while in a coffee shop next to other patrons or while on an airplane), especially when working with confidential information. Consider using a privacy filter to shield the device screen to prevent someone from viewing contents of the screen.
   c. Transport mobile devices (especially laptops) in protective carrying cases.
   d. Keep mobile devices from extreme heat, cold, rain, or snow for extended periods of time and avoid exposing devices to direct sunlight. Keep water and other liquids away from device.
   e. If a mobile device is lost, stolen, or has been used without proper authorization, the user should immediately contact ATSU's Information Technology Services (ITS) Service Desk at ext. 2200 (on campus) or phone number, 660.626.2200. ITS will work with the device user and/or owner to:
      1. Automatically lock device; and/or
      2. Disable device; and/or
      3. Delete device's memory.
   f. Notify ITS when mobile device access to ATSU information resources is no longer needed. This includes when employees terminate or when nonemployees no longer have a business relationship with ATSU. The user is responsible for removing ATSU business-related information from the device.
   g. Notify ITS at least seven days prior to giving up physical possession of the device (e.g., transferring ownership to another individual, exchanging device for a new one, or taking a device out of service). ITS will work with the device user and/or owner to erase ATSU-related information from device. If it is not feasible to notify ITS within the designated period above, the owner must take appropriate action to ensure all ATSU-related information is erased from device and immediately report actions taken to ITS.
   h. Dispose of mobile devices properly. Be sure to wipe or securely delete data from devices prior to disposal. Contact ATSU's ITS Service Desk for help removing ATSU data.
2. Data protection (preventing unauthorized access)
   a. A password, PIN, or biometric authentication method is required to logon to a mobile device when it is powered up to prevent unauthorized access. Passwords, PINs, and other authentication information are not to be shared.
   b. Mobile devices should be protected to prevent unauthorized individuals, including family members, friends, etc., who do not have a business need to know from gaining access to ATSU information stored on the device.
   c. Mobile devices on which confidential institutional information is stored should be encrypted (data at rest). Contact ATSU's ITS Service Desk for help with implementing encryption for data stored on ATSU-owned mobile devices. For most smartphones, enabling user authentication (a passcode or password) automatically enables the device's encryption. ATSU-owned tablets (and some notebooks) may come with encryption installed and may require a pre-boot password.
   d. Standard security protocols should be followed. This includes ensuring your device has current anti-virus software (required for laptop devices) and all operating system and application updates and patches.
3. Backups
   a. ATSU clinics users are responsible for backing up any clinic data, as well as important or critical information saved on mobile devices. It is the responsibility of the user to copy confidential and critical data to one of the assigned network drives (X:\) or other approved storage area. Network file servers and drives are backed up daily by ITS. Contact ATSU's ITS Service Desk for help with backing up clinic data.
   b. Encrypted USB drives may be obtained to securely store files, including backups. This should only be considered as a temporary backup solution. Files stored on an USB storage device should be copied as soon as possible to a network file server and/or other approved storage area as mentioned above.
4. Wireless connectivity
   a. Wireless access to a mobile device, such as Bluetooth, Wi-Fi hotspots, etc., should be disabled when not in use to prevent unauthorized access to the device.

   b. Use caution when connecting to free or public wireless network (Wi-Fi). Verify a wireless network is the correct one before making the connection by examining the list of available wireless access points. Hackers will name their ad-hoc wireless networks with a common wireless network name in order to trick people into connecting to their rogue networks.
   c. Wireless transmissions are vulnerable to interception unless the user connects to a secure wireless network or uses a virtual private network (VPN) solution approved by ITS. Use a Virtual Private Connection (VPN) when making a remote connection back to ATSU's network. Contact ATSU's ITS Service Desk for help. For more information, see ATSU Policy No. 55-111: Remote Access.
   d. Encryption (data in transit). Information being transmitted from mobile devices that contain or access ATSU-confidential information or patient information must be secured.
   e. Users should not allow peer-to-peer connections (pairing), that is, connecting directly to another Bluetooth enabled device, without checking with ITS first. A wireless mouse, keyboard, or speaker would be exceptions.
5. Screensavers/automatic lock-out: Mobile devices must be configured to automatically activate the password-protected screensaver, PIN, or biometric authentication mechanism after a predefined period of inactivity. This setting should not be altered.
6. Software
   a. Do not install software from unknown sources as they may include software harmful devices. Research the software to make sure it is legitimate. This is to protect mobile devices and the network against potential damage caused by malicious code, such as viruses and ransomware.
   b. When installing software, review application permissions. Applications may share more information than users are aware.
   c. Illegal copying or downloading software is strictly prohibited.
7. Texting, chat, and instant messaging - Confidential information or PHI must not be sent through a smartphone unless an ATSU ITS-approved application is used for secure text messages, chat, or instant messaging.
8. Endpoint Security/Antivirus Software
   a. Apply the latest operating system version and program updates and patches to reduce security risks of newly discovered threats and vulnerabilities. Mobile devices, which do not meet minimum operating system (OS) and security patching requirements, may be restricted from accessing ATSU resources.
   b. Mobile devices with access to the Internet should have antivirus software or an equivalent endpoint security solution installed and maintained with current updates, unless an exception has been approved by ITS.
   c. Antivirus software installed on ATSU-owned devices should not be disabled by users. Antivirus software (signature file) is updated regularly.
   d. When a user suspects a mobile device is infected with some type of malicious code, they must immediately contact ATSU's ITS Service Desk.
   e. Users are prohibited from attempting to eradicate a virus unless they do so while in communication with authorized ATSU ITS personnel. This will help minimize damage.

D. Some mobile device apps circumvent or disable security controls set by a smartphone manufacturer. Disabling the inherent security of the device can allow unauthorized access to information from stored contact lists, ability to read the user's email, and current geographical location of the device. For smartphones, such as Apple iPhones and iPads, this is referred to as "jailbreaking" and "rooting" for Android devices. Rooting and jailbreaking are not permitted on mobile devices. If ATSU ITS detects an unsafe app, the device user will either be denied wireless access or be notified of the situation and asked to remove the unsafe app.
E. Mobile devices used in clinical settings may be subject to additional restrictions (e.g., taking photos is forbidden in certain areas.) Be aware of local policies, in addition to this policy.
F. Users with ATSU-owned devices and those who access confidential information on personally owned devices should be enrolled in the University's Mobile Device Management (MDM) system to provide additional layers of data and/or network security.
G. Users who seek access to confidential data with personally-owned devices must have supervisor and dean or President's Cabinet-level approval.

H. Personally-owned mobile devices used to conduct ATSU business or for remote access must adhere to the same guidelines listed in this policy.
    - OTHER BEST PRACTICES:
        - Use the Find My iPhone services to manage lost or stolen devices (Apple iOS)
        - Use the Find My Device services to manage lost or stolen devices (Android OS)

Responsibility

A. Chief information security officer (CISO) – Responsible for overseeing the establishment and implementation of standards for security of devices.
B. Directors/managers/supervisors – Responsible for security of the devices used by workforce under their supervision in accordance with ATSU policy.
C. Information Technology Services (ITS) – Responsible for maintaining devices, which includes deploying security controls, patches, and updates.
D. Workforce ("Users") – Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or to the CISO.

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ATSU POLICY NO. 55-113: SOCIAL MEDIA

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE:** ***On File with Human Resources***

Purpose

This policy sets forth guidelines for interactions on social media websites.

A.T. Still University of Health Sciences (ATSU) social media channels are used to promote ATSU's activities to internal and external audiences and foster direct engagement with stakeholders. Social media channels actively used by ATSU programs, departments, and individuals include Facebook, Google+, LinkedIn, Twitter, Instagram, and YouTube. ATSU recognizes certain social media pages and/or accounts as "official," in that these channels represent sanctioned communication from the University, and content, therein, has been approved for dissemination by appropriate and corresponding ATSU leadership. Designation as an official ATSU social media channel includes use of ATSU graphics, inclusion within social media analytics, promotion of the site within other ATSU official social media, as well as content review by ATSU Communications & Marketing (C&M) for adherence to ATSU social media standards.

Policy

A. Interaction on social media websites must be conducted in a manner that is responsible, reflects well on ATSU at all times, and does not expose confidential information to unauthorized individuals. ATSU faculty or staff who participate in official ATSU social media channels should do so only as their activity directly relates to their responsibilities; personal social media activity should be done on their own time, using their own resources, and in compliance with this policy. Posts that reflect negatively upon ATSU's business interests and reputation or reveal confidential information related to ATSU is strictly prohibited. ATSU's privacy and security policies regarding its confidential information and intellectual property apply even if the information was posted using personally-owned equipment and resources.
B. Definitions
    1. Confidential information includes, but is not limited to,
        a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
        b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
        c. PII – Individual demographic identifiers including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
        d. Credit cards, cardholder information, and bank account numbers;
        e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
        f. Passwords, PINs, or other security codes.
    2. PHI – Includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
    3. Post(s) or posting – Something a user writes, publishes online, or uploads, such as a photo or video, typically on a social media website or a blog.
    4. Social media – Forms of electronic communication, such as websites for social networking that enable users to share information, ideas, images, and videos with online communities of other users.
    5. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.

6. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.

C. Personal social media user responsibilities – Be aware:
   1. Confidential information about ATSU, its patients, alumni, donors, or employees may not be posted on social media sites.
   2. ATSU patient PHI, including photos or any personally identifiable information, may not be posted on social media sites.
   3. By identifying oneself as an ATSU employee or one of its affiliates (or able to identified as such by others), one is representing the organization to the public.
   4. Information on these sites may be viewed by co-workers, patients, patients' family members, physicians, supervisors, and other employees.
   5. Members of ATSU management are held to a higher standard, as their personal views and comments can, and often are, interpreted by others as the organization's official view as a whole.
   6. Do not post personal views or opinions when representing the University, a school/college, program, or department. Personal views or opinions are to be published from personal accounts. If confusion may exist about whether a post is personal, or reflects upon ATSU, include a disclaimer, such as, "These are my personal views and not the views of my employer [ATSU]."
   7. Even when no personal identifiers are specifically used in the communication or post, communicating what transpired at work with a particular patient, with a coworker, friend, or family member on a social network site could potentially lead to an unintentional breach of that individual's privacy.
   8. Harassment in the workplace also applies to activities taking place outside the workplace on social media. Harassment on social media will result in the same disciplinary action process and potential for legal action had those behaviors occurred within the workplace. Interactions and communication should be respectful.
   9. Anything placed on social media can be seen for a long period of time and is subject to legal discovery by law enforcement or the courts.
   10. Access to social media sites leaves an audit trail. Anything posted and later deleted may still be available through backups.

D. ATSU social media channels
   1. ATSU official social media channels managed by C&M include:
      a. Facebook
      b. Twitter
      c. LinkedIn: company, school
      d. Instagram
   2. Other official channels managed by departments, schools, colleges and/or programs may be found on ATSU's official social media channels spreadsheet.
   3. Prior to publication to any official ATSU social media channel, content review by C&M is recommended.
   4. C&M staff are responsible for publication of content to the primary ATSU official social media channels.
   5. Staff responsible for publication of content to any other ATSU official social media channel must be trained and authorized by C&M, and participate in the ATSU social media workgroup.

E. A confidentiality breach on social media may be treated in the same manner as those that occur elsewhere within ATSU. A workforce member may be subject to sanctions and disciplinary actions.

Responsibility

A. Chief information security officer (CISO) and chief information privacy officer (CIPO) – Responsible for overseeing the establishment and implementation of standards for social media.
B. Marketing director (Communication & Marketing) – Responsible for staff managing and monitoring official ATSU social media channels.
C. Workforce ("users") – Accountable for the actions associated with their user ID. Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or to the CISO.

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ATSU POLICY NO. 55-114: DATA CLASSIFICATION

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE:** ***On File with Human Resources***

Purpose

This general order establishes a framework for classifying institutional data. Data classification will aid in determining baseline security controls for data protection. It will also help determine those critical business processes which need to be protected in order to provide for the confidentiality, integrity, and availability of certain protected information, including but not limited to, electronic protected health information (ePHI), sensitive business information, and protected student information.

Policy

A. Data classification, in the context of information security, is the classification of data based on its level of sensitivity and impact to the University should that data be disclosed, altered, or destroyed without authorization. ATSU classifies its information assets into risk-based categories for the purpose of determining who is allowed to access the information and what security precautions must be taken to protect it against unauthorized access. The classification structure established for ATSU data and systems recognizes “low risk, moderate risk, and high risk.” See Appendix A for details.
   1. Low risk. Data and systems are classified as low risk if they are not considered to be moderate or high risk, and:
      a. Data is intended for public disclosure, or
      b. Loss of confidentiality, integrity, or availability of the data or system would have no adverse impact on ATSU ’s mission, safety, finances, or reputation.
   2. Moderate risk. Data and systems are classified as moderate risk if they are not considered to be high risk, and:
      a. Data is not generally available to the public, or
      b. Loss of confidentiality, integrity, or availability of the data or system could have a mildly adverse impact on ATSU’s mission, safety, finances, or reputation.
   3. High risk. Data and systems are classified as high risk if:
      a. Data protection is required by law/regulation,
      b. ATSU is required to self-report to the government and/or provide notice to the individual if the data is inappropriately accessed, or
      c. Loss of confidentiality, integrity, or availability of the data or system could have a significant adverse impact on ATSU’s mission, safety, finances, or reputation.

B. Definitions
   1. Confidential information includes, but is not limited to:
      a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
      b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information;
      c. Personally identifiable information (PII) – Individual demographic identifiers including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
      d. Credit cards, cardholder information, and bank account numbers;
      e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
      f. Passwords, PINs, or other security codes.
   2. Data owner (governance level) - This is the officer and unit who ultimately is accountable for data. Typically, this is the unit where data is created, originated, and/or entered into a system.
   3. Data custodian (management level) - This group includes those who are responsible for overseeing day-to-day management and controls related to data.

4. Data user (operational level) - Those who interact with data by entering, deleting, changing, or even reading it.
5. Institutional data - All data owned or licensed by the University.
6. Sensitive data - A generalized term that typically represents data classified as high risk and/or moderate risk, which is also confidential.

C. All information resources (e.g., physical documents, electronic databases, or other collections of information) are to be assigned to a security classification level according to the most sensitive content contained therein.
D. Data classification should be performed by an appropriate data owner. Data owners may wish to assign a single classification to a collection of data that is common in purpose or function. When classifying a collection of data, the most restrictive classification of any of the individual data elements should be used. For example, if a data collection consists of a student's name, address, and social security number, the data collection should be classified as restricted even though the student's name and address may be considered public information.
E. Calculating classification
   1. Three security objectives are considered to properly classify data: confidentiality, integrity, and availability of institutional data. Data classification reflects the level of impact to the University if confidentiality, integrity, or availability is compromised.
   2. In some situations, the appropriate classification is straightforward, such as when federal laws require the University to protect certain types of data (e.g., personally identifiable information). If the appropriate classification is not inherently obvious, consider each security objective using Appendix B as a guide. It is an excerpt from Federal Information Processing Standards (FIPS) publication 199 published by the National Institute of Standards and Technology, which discusses the categorization of information and information systems.
   3. As the total potential impact to the University increases from low to high, the classification of data should become more restrictive moving from public to restricted. If an appropriate classification is still unclear after considering these points, contact the Information Security Council for assistance.
F. Where practicable, all data is to be explicitly classified, such that users of any particular data derived from an information resource are aware of its classification.
G. In the event information is not explicitly classified, it is to be treated as follows: Any data which includes any personal information concerning a member of the University community,including any health information, financial information, academic evaluations, social security numbers, or other personal identification information, shall be treated as high risk. Other information is to be treated as moderate risk, unless such information appears in a form accessible to the public (i.e., on a public website or a widely distributed publication) or is created for a public purpose, whereas it is classified as low risk.

Responsibility

A. Chief information security officer (CISO) – Responsible for overseeing establishment and implementation of this policy.
B. Data owners – Responsible for application of this and related policies to the systems, data, and other information resources under their care or control.

APPENDIX A

Low Risk	Moderate Risk	High Risk
Data and systems are classified as Low Risk if they are not considered to be Moderate or High Risk, and: 1. The data is intended for public disclosure, or 2. The loss of confidentiality, integrity, or availability of the data or system would have no adverse impact on ATSU 's mission, safety, finances, or reputation. *Examples:* • Press releases • Course listings • Research data (at data owner's discretion) • Public website content • Public directories • Job postings and descriptions	Data and systems are classified as Moderate Risk if they are not considered to be High Risk, and: 1. The data is not generally available to the public, or 2. The loss of confidentiality, integrity, or availability of the data or system could have a mildly adverse impact on ATSU's mission, safety, finances, or reputation. *Examples:* • Unpublished research data (at data owner's discretion) • Student records and admission applications (FERPA data) • Employment applications, personnel files, benefits, salary, birthdate, personal contact information • Non-public policies and policy manuals • Non-public contracts • Internal memos and email, non-public reports, budgets, plans, financial info	Data and systems are classified as High Risk if: 1. Protection of the data is required by law/regulation, 2. ATSU is required to self-report to the government and/or provide notice to the individual if the data is inappropriately accessed, or 3. The loss of confidentiality, integrity, or availability of the data or system could have a significant adverse impact on ATSU's mission, safety, finances, or reputation. *Examples:* • Social Security Numbers • Health Information including Protected Health Information (PHI) protected by HIPAA • Credit card numbers • Financial account numbers • Driver's license numbers • Passport and visa numbers • Donor contact information and non-public gift information

APPENDIX B

Security Objective	POTENTIAL IMPACT		
	LOW	MODERATE	HIGH
Confidentiality Preserving authorized restrictions on information access and disclosure, including means for protecting personal privacy and proprietary information.	The unauthorized disclosure of information could be expected to have a **limited** adverse effect on organizational operations, organizational assets, or individuals.	The unauthorized disclosure of information could be expected to have a **serious** adverse effect on organizational operations, organizational assets, or individuals.	The unauthorized disclosure of information could be expected to have a **severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.
Integrity Guarding against improper information modification or destruction, and includes ensuring information non-repudiation and authenticity.	The unauthorized modification or destruction of information could be expected to have a **limited** adverse effect on organizational operations, organizational assets, or individuals.	The unauthorized modification or destruction of information could be expected to have a **serious** adverse effect on organizational operations, organizational assets, or individuals.	The unauthorized modification or destruction of information could be expected to have a **severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.
Availability Ensuring timely and reliable access to and use of information.	The disruption of access to or use of information or an information system could be expected to have a **limited** adverse effect on organizational operations, organizational assets, or individuals.	The disruption of access to or use of information or an information system could be expected to have a **serious** adverse effect on organizational operations, organizational assets, or individuals.	The disruption of access to or use of information or an information system could be expected to have a **severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 55-115: PROTECTING CONFIDENTIAL INFORMATION

DATE APPROVED: JUNE 5, 2024 **SIGNATURE:** ***On File with Human Resources***

Purpose

This policy outlines A.T. Still University of Health Sciences' (ATSU) processes to protect confidential information by defining confidential information and outlining the responsibilities of workforce members handling confidential information.

Unauthorized disclosure of confidential information could potentially result in penalties to ATSU and its workforce. Such disclosure also creates the risk of financial fraud, identity theft, and harm to ATSU's reputation. Legal obligations and industry standards may also mandate protection of some information.

Policy

A. ATSU information is classified into three categories: high risk, moderate risk, and low risk. For related information, refer to ATSU Policy No. 55-114: Data Classification. Confidential information may include data in both high and moderate risk categories and must be protected at all times. The workforce will follow guidelines listed in this policy whenever confidential information is accessed, used, or otherwise handled.
B. Definitions
    1. Confidential information includes, but is not limited to:
        a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information.
        b. Information about a student and education records protected under the Family Educational Rights and Privacy Act (FERPA), including any non directory information and personally identifiable information.
        c. Personal identifiable information (PII) – Individual demographic identifiers including employee, student, or patient Social Security numbers and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.).
        d. Credit cards, cardholder information, and bank account numbers.
        e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters.
        f. Passwords, PINs, or other security codes.
        g. Background checks, transcripts, or other information from other parties as a part of the admission or hiring process.
    2. Media – Paper documents, CD-ROMs, DVDs, computer hard drives, external or portable hard drives, backup tapes, memory devices (USB flash drives, thumb drives, jump drives), smartphones, photos, digital images, voice mail, and microfiche.
    3. Protected Health Information (PHI) – Oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to the individual.
    4. Public information – Information available to anyone through ATSU's website, brochures, news releases, or any source readily available to the general public.
    5. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
C. Confidential information must be:
    1. Protected from unauthorized uses, disclosures, and inappropriate modification.
    2. Protected from any action that would prevent it from being readily available to authorized individuals.
    3. Accessed and shared only on a need-to-know basis.
    4. Used for business purposes only.
D. Media containing confidential information must be protected against damage, theft, loss, and unauthorized access.

E. Upon hire, all workforce members sign a Statement of Confidentiality (see Attachment A) acknowledging intent to comply with ATSU standards and expectations before access to or a disclosure of confidential information is permitted. Confidentiality guidelines will be reviewed yearly as part of required employee education. Protecting confidential information includes processes for access, use, and disclosure; storage and retention; transmission; and recycling, reuse, or disposal.

1. Access, use, and disclosure
    a. Access to confidential information must be granted based on the minimum necessary according to regulatory standards and only to workforce members who have a valid business need. Access to confidential information does not imply ownership or a right to use.
    b. Proprietary information, e.g., research, computer programs, marketing, business plans, contracts, and/or methods of doing business (processes, pricing for services, etc.), must not be discussed with or disclosed to anyone not associated with ATSU.
    c. Information about employees, especially PII, e.g., Social Security numbers, home address, salary, performance reviews, etc., is limited to ATSU staff with a business need. Normally, this information is retained in personnel files by Human Resources.
    d. Information concerning medical staff members (e.g., peer reviews, credentialing, medical staff committee notes) must not be disclosed to anyone not directly associated with the medical staff, health information management, or executive management.
    e. Student information (grades, personal information, background checks, etc.) must be handled consistent with FERPA and other appropriate laws. For more information about FERPA, please see the ATSU Enrollment Services website.
    f. PHI and other information concerning patients and their families, regardless of the source, must not be discussed or disclosed to anyone not directly associated with the patient's care or risk/quality improvement activities, or payment/collection activities at any time, whether the employee is at work or away from work.
    g. Information concerning patients, also referred to as PHI, is subject to additional requirements. Refer to ATSU Policy No. 30-104: Permitted Uses and Disclosures of Protected Health Information.
    h. Information concerning credit cards and cardholder data are subject to additional requirements. For related information, refer to ATSU Policy No. 50-115: Handling Credit Card Information.
    i. Terminated employees are prevented from accessing confidential information by immediately deactivating their user names and passwords. Terminated employees are required to return any ATSU confidential information in their possession. See also ATSU Policy No. 50-326: Financial Information Safeguards Program.
2. Storage and retention
    a. When not in use, media containing confidential information must be securely stored to protect it from unauthorized disclosure, loss, damage, or destruction. Electronic media containing confidential information must be protected to the same level as confidential paper documents. Directors, managers, and supervisors must specify secure storage locations within their departments, clinics, or business units.
    b. Media containing confidential information must be encrypted before the media are taken offsite. Contact ATSU's Information Technology Services (ITS) Service Desk for assistance with media encryption. Media given directly to a patient (e.g., copy of radiology images burned to a CD), which does not need to be encrypted, is an exception.
    c. Media containing official records will be retained in accordance with federal and state regulations. Contact ATSU's chief privacy information officer for guidance on medical records retention. For related information, refer to ATSU Policy No. 10-209: Record Retention Policy.
3. Transmission

   a. When faxing confidential information, a cover sheet with a confidentiality notice must be used. The fax cover sheet must be completely filled out and include this statement:
      "The documents accompanying this fax transmission contain confidential information and are the property of the sender. The information contained in the documents is privileged and is intended only for use of individual(s) or entity(ies) whose name appears above. If you are not the intended recipient, be advised any unauthorized disclosure, copying, distribution, or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this fax transmission in error, please notify us immediately by telephone at the number listed below to arrange for return of the forwarded documents to us."
   b. Whenever feasible, the intended recipient should be validated before sending the fax.
   c. Confidential information is not to be transmitted outside the organization using instant messaging or text messages unless using a secure texting software application implemented and supported by ATSU. Contact ATSU's ITS Service Desk for assistance with sending a secure text message.
   d. If an email containing confidential information, including photos, must be sent outside ATSU via electronic communication over the internet, the email must be encrypted. Avoid having confidential information, such as a patient's name, in the subject line of the message. Contact ATSU's ITS Service Desk for help with email encryption.
   e. ATSU is permitted by the Health Insurance Portability and Accountability Act of 1996 to send unencrypted emails to patients at their request after the patient has been advised of the risks.
4. Recycling, reuse, or disposal
   a. All confidential information must be removed (sanitized) from media prior to recycling, reuse, or disposal.
   b. Media containing confidential information must be disposed of in a secure manner when no longer needed. Electronic media must be taken to ATSU ITS for proper sanitization/destruction.
   c. Confidential paper documents must be shredded or placed in a secure shred bin.
   d. Electronic equipment with memory storage that may contain confidential information must be inspected before disposal, sale, or donation. Such electronic equipment may include:
      1. Workstations and laptops
      2. Smartphones and tablets
      3. Servers
      4. Multifunctional networked devices (printer/copier/scanner/fax), as well as other models of copiers or fax machines
      5. Biomedical equipment that stores PHI

Responsibility

A. Chief information security officer (CISO) – Responsible for overseeing establishment and implementation of this policy, ensuring adequate safeguards are in place, and making appropriate recommendations to ATSU's Risk Management & Compliance Committee.
B. Deans/directors/supervisors – Responsible for monitoring and enforcing compliance with this policy in their department and ensuring workforce under their supervision is appropriately educated on this policy.
C. Employees – Responsible for complying with this policy and reporting violations of policy to their supervisor/director of clinical operations/dean or the CISO.

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ATSU POLICY NO. 55-116: INFORMATION SECURITY INCIDENT AND BREACH REPORTING

DATE APPROVED: OCTOBER 20, 2022 **SIGNATURE:** ***On File with Human Resources***

Purpose

This general order seeks to create an open, secure environment at A.T. Still University of Health Sciences (ATSU) in which individuals may report information, security-related incidents, and privacy breaches without fear of retaliation. Timely reporting and tracking of information, security incidents, and privacy breaches helps ATSU contain and reduce the impact and severity of an event; respond quickly to capture crucial evidence before it is gone; identify inherent problems to prevent incidents from reoccurring or reduce frequency of occurrences; correct operational procedures or processes causing the incident or breach; and demonstrate proof of compliance with regulatory requirements.

Policy

A. All security incidents and privacy breaches, suspected or known, must be reported. Failure to report an incident or suspected breach could lead to disciplinary action. ATSU will not take punitive action against any individual making a good faith report regarding behavior believed to be illegal and/or against policy.
B. Definitions
    1. Confidential information includes, but is not limited to:
        a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
        b. Information about a student and the student's education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
        c. PII – Individual demographic identifiers including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
        d. Credit cards, cardholder information, and bank account numbers;
        e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
        f. Passwords, PINs, or other security codes.
    2. Information security incident – An unusual occurrence, adverse or suspected event, or discovery of a vulnerability in a system, device, or application that could pose a threat to confidentiality, integrity, or availability of supporting systems, applications, or information.
    3. Investigation – Includes reviewing breach reports, questioning those involved, consulting appropriate resources, reviewing activity logs of information systems, and recommending appropriate discipline.
    4. Media – Paper documents, CD-ROMs, DVDs, computer hard drives, external or portable hard drives, backup tapes, memory devices (USB-flash drives, thumb drives, jump drives), smartphones, photos, digital images, voice mail, and microfiche.
    5. Phishing – An attempt to acquire key information, such as user credentials (User ID and password), social security number, credit card data, etc., by masquerading as a trustworthy entity (a form of "social engineering").
    6. Post(s) or posting – Something an individual writes, publishes online, or uploads, such as a photo or video, typically on a social media website or a blog.
    7. PHI – Includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
    8. Ransomware – A type of computer virus or malware that prevents users from accessing their data (usually by encrypting the data) and written primarily for financial gain by holding data hostage until a ransom is paid. Ransom is normally paid in 'bitcoin," the untraceable digital currency of the Internet.

9. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
10. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not the individual is employed by ATSU.

C. Information security incidents – May include, but are not limited to, the following:
   1. Virus or other malicious code that infects a computer. Indications may be:
      a. Discovering files that can no longer be opened,
      b. Phishing email or ransomware demand,
      c. Discovering a strange program running,
      d. Seeing strange messages appear on the computer screen, or
      e. Seeing unwanted advertisements or popup windows appearing on the computer screen.
   2. An ATSU workstation, laptop, tablet, or smartphone that is lost, stolen, severely damaged, or removed from an ATSU facility without authorization.
   3. Failure to secure a workstation when not in use or left unattended; a workstation that has not been locked or the user has failed to log off.
   4. An unauthorized use of passwords, including a password being intentionally displayed (for others to use), shared, or compromised.
   5. Unauthorized disclosure of confidential information.
   6. Unauthorized installation of software.
   7. Inappropriate use of ATSU's information resources, including, but not limited to:
      a. Providing illegal software copies to others,
      b. Threatening another person through email, or
      c. Operating ATSU's information resources for personal use or gain.
   8. Unauthorized modification or deletion of electronic information.
   9. Receiving an unencrypted email with PHI or other confidential information – either in the email or as an attachment.
   10. Inappropriate use of email, such as solicitations.
   11. Policy violations.
   12. Observed security weaknesses or discovering a vulnerability or other security risk.

D. HIPAA privacy breaches – May include, but are not limited to, the following:
   1. Sharing or disclosing PHI to someone who does not have a business need to know.
   2. Accessing or attempting to access patient information, including one's own, when not authorized to do so.
   3. Taking medical or other secure records outside an ATSU facility for non-business related purposes.
   4. Removing media or ATSU equipment containing PHI outside an ATSU facility without authorization.
   5. Talking about patients in public areas where others could hear the conversation.
   6. Destroying a medical record without permission.
   7. Improper disposal of PHI.
   8. Posting PHI, such as a photo, on social media.
   9. Losing or allowing theft of portable media (USB thumb drives, memory cards, CD/DVD, etc.) or mobile devices (laptops, tablets, smartphones, etc.) storing PHI.

E. Reporting incidents or breaches
   1. Suspected or known incidents or breaches must be immediately reported. The following are reporting options:
      a. *Preferred Option* Send an email to reportabuse@atsu.edu - Messages sent to this account will be received and processed by the Information Security team.
      b. Contact supervisor, manager, or department director.
      c. Call ATSU's Information Technology Services (ITS) Service Desk at extension 2200 (on campus), or phone number, 660.626.2200.
      d. Submit an ITS work ticket at service.atsu.edu.
      e. Contact ATSU's chief information security officer (CISO) or chief information privacy officer (CIPO).

   f. Call the ATSU Fraud Hotline at: 1.855.FRAUD.HL or go to the secure online reporting form at fraudhl.com. Reference company ID ("ATSU") when making a report.
   Note: ATSU recognizes that situations may arise when anonymous reporting of a security or privacy breach may be appropriate. Anonymous reports, however, can be significantly more difficult to investigate. Thus, it is noted individuals making good faith reports may do so without fear of retaliation under ATSU Policy No. 10-216: Whistleblower Policy or ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation.
2. When reporting an incident or breach, include the following facts:
   a. Discovery date.
   b. Occurrence date and time.
   c. Incident or breach location.
   d. Persons involved (names, job titles, departments, phone numbers, emails, etc.).
   e. Data type involved:
      1. Number of individuals affected (estimate, if unsure.).
      2. Information resources involved (application, system, or equipment, if applicable.).
      3. Incident or breach description (Explain the circumstances.).
      4. Description of any steps taken to contain or remediate the incident or breach.
3. After reporting,
   a. Do not discuss the incident or breach with anyone who is not part of the investigation, as discussing the incident with others could harm the investigation.
   b. Do not post information about the incident or breach to social media.
   c. Cooperate with those investigating the incident.
   d. Data collected during an investigation will be protected as confidential.
   e. When requested, the name of the individual reporting the incident or breach will be kept confidential to the extent allowed by law.
4. ATSU compliance - Under the law, all data breaches of PHI, whether intentional or unintentional, must be reported to the patient(s) and Department of Health and Human Services (HHS). In some cases, there may be additional state laws regarding breach reporting. The CIPO is responsible for timely, compliant notifications to patients and HHS.

Responsibility

A. Chief information security officer (CISO) – Responsible for establishment and implementation of a process for responding to incidents and breaches reported by the workforce.
B. Chief information privacy officer (CIPO) - Responsible for data breaches of PHI to the patient(s) and Department of Health and Human Services.
C. Directors/managers/supervisors – Responsible for being the first point of contact when a workforce member discovers an actual or suspected incident or breach.
D. Workforce ("users") – Responsible for complying with this policy and reporting actual or suspected security incident or privacy breach to their supervisor/manager/director or to the CISO or CIPO.

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ATSU POLICY NO. 55-117: SANCTIONS FOR VIOLATIONS OF CONFIDENTIAL INFORMATION SAFEGUARDS

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE:** ***On File with Human Resources***

Purpose

A.T. Still University of Health Sciences (ATSU) safeguards confidential information in compliance with laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act of 1974 (FERPA) and standards, and the Payment Card Industry Data Security Standard (PCI DSS). This policy provides guidance and helps ensure consistency for appropriate disciplinary actions (sanctions) related to unauthorized or inappropriate access, use, disclosure, viewing, or handling of confidential information, including protected health information, student education records, personal financial information, or other confidential information.

Policy

A. Unauthorized or inappropriate access, use, disclosure, viewing, or handling of confidential information will not be tolerated at ATSU. Whether it is accidental or intentional, doing so will result in sanctions or disciplinary actions as outlined in this policy.
B. Definitions
    1. Confidential information includes, but is not limited to:
        a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
        b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
        c. PII – Individual demographic identifiers, including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
        d. Credit cards, cardholder information, and bank account numbers;
        e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
        f. Passwords, personal identification numbers (PINs), or other security codes.
    2. PHI includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
    3. Post(s) or posting – Something an individual writes, publishes online, or uploads, such as a photo or video, typically on a social media website or a blog.
    4. Whistleblowers – Individuals, usually workforce members, that come forward with information about a person or an organization engaged in an illicit activity.
    5. Workforce includes employees, students, contractors, volunteers, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
C. Breaches of confidential information
    1. Access, use, disclosure, viewing, or handling of PHI for a purpose other than treatment, payment, or healthcare, or operations is a violation of HIPPA. Examples include:
        a. Accessing a medical record without a business need to do so;
        b. Unintentionally handing, faxing, emailing, or mailing PHI to the wrong person or patient;
        c. Mishandling and losing portable media containing unencrypted PHI;
        d. Sharing passwords allowing unauthorized access to PHI;
        e. Discussing a patient's PHI in a public place;
        f. Tampering with or disclosing PHI for personal gain; and
        g. Posting patient information on social media.

2. Unauthorized or inappropriate access, use, disclosure, viewing, or handling of personal financial information, or other confidential information is a violation of ATSU policy and, in some instances, state or federal law. Examples include:
    a. Email or fax transmission of confidential information without appropriate safeguards;
    b. Unencrypted confidential information stored on personal mobile devices;
    c. Paper documents and files containing confidential information left unsecured and accessible to others without a legitimate need to see the information;
    d. ATSU workforce members without a need to know accessing confidential information; and
    e. Confidential information released by telephone to unauthorized persons.

D. Guidance on sanctions
    1. ATSU shall review each circumstance of inappropriate use and/or disclosure of confidential information and consistently apply corrective disciplinary action.
    2. If it is determined an ATSU policy has been violated or a HIPAA, FERPA, or other violation or privacy breach has occurred, Human Resources (HR), in collaboration with the chief information privacy officer (CIPO), will identify the offense and categorize it into one of three categories: minor, serious, or major. Categories of Offenses (Appendix A) provides a breakdown of the categories, definitions, and examples.
    3. Other circumstances may be considered by HR and the CIPO and/or workforce member's manager in determining appropriate sanction. For example,
        a. Was the action accidental or intentional?
        b. What is the potential risk to individuals, including, but not limited to, patients and students or ATSU as a result of this event?
        c. Does the workforce member have a history of carelessness?
    4. Sanctions for workforce members may include a reprimand, disciplinary warning to be added to the employee's permanent file, required updated training and/or coaching, probation, suspension with or without pay, and/or termination.

E. Exceptions to sanctions
    1. ATSU will not apply corrective disciplinary actions/sanctions for disclosures made by workforce members who are:
        a. Whistleblowers. For related information, refer to ATSU Policy No. 10-216: Whistleblower Policy.
        b. Victims of a crime, provided the confidential information disclosed is to a law enforcement office. HIPAA permits disclosure of PHI under the following circumstances:
            1. PHI disclosed is only about the suspected perpetrator of the criminal act; and
            2. PHI disclosed is limited to identity information, such as demographic information, if known, and any description or distinguishing physical characteristics, in order to assist law enforcement in identification and location.

Responsibility

A. Directors/managers/supervisors - Responsible for ensuring workforce creates and manages passwords securely.
B. Assistant vice president for human resources - Responsible for establishment and implementation of sanctions for breaches of confidential information, including HIPAA violations; responsible for consistently applying corrective disciplinary actions based on policy; and responsible to work with the CIPO to make decisions concerning sanctions.
C. Chief information privacy officer (CIPO) and chief information security officer (CISO) - Responsible for investigating reported incidents or possible breaches to determine if a HIPAA violation has occurred. The CIPO is responsible to work with Human Resources to make decisions concerning sanctions.
D. Workforce - Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director, Human Resources, or CIPO.

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ATSU POLICY NO. 10-214: PUBLIC AVAILABILITY

DATE APPROVED: JUNE 15, 2017 **SIGNATURE:** ***Signature on file in HR***

Purpose

ATSU is a not-for-profit corporation organized under the laws of the State of Missouri. ATSU is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. In order to encourage transparency and openness to donors and the public as a whole, ATSU has developed this policy to make certain business records and documents accessible for public inspection in a manner consistent with applicable law.

This policy defines the methods used by ATSU to make the following records available for public inspection: 1) IRS Forms 990 and 990-T and ATSU's application for tax-exempt status (IRS Form 1023 and/or 1024); and 2) its business records such as the Articles of Incorporation, Bylaws, Conflict of Interest Policy, annual financial statements, and such other records as may be required by state and federal law.

Policy

A. IRS Forms (as defined above)
ATSU will make its IRS forms available for inspection by anyone, in person, at its principal business office located at 800 W. Jefferson St., Kirksville, MO 63501. Such IRS forms will be available during normal business hours which are 8:00 a.m. through 5:00 p.m., Monday through Friday excluding holidays. An ATSU finance office management employee, or other employee designated by the ATSU President, may be present at an inspection provided under this policy. A person may make a written request for any copy of the IRS forms, in which case, the request will be fulfilled within thirty (30) days. ATSU may charge a reasonable fee for any reproduction and, if applicable, the actual postage costs for mailing such IRS forms. ATSU may require that all reproduction fees and mailing costs be paid in advance.

B. Business Records
ATSU will make its business records available for inspection by anyone, in person, at its principal business office located at 800 W. Jefferson St., Kirksville, MO 63501. Such business records will be available during normal business hours which are 8:00 a.m. through 5:00 p.m., Monday through Friday excluding holidays. An ATSU finance office management employee, or another employee designated by the ATSU President, may be present at an inspection provided under this policy. A person may make a written request for any copy of the business records, in which case, the request will be fulfilled within thirty (30) days. ATSU may charge a reasonable fee for any reproduction and, if applicable, the actual postage costs for mailing such business records. ATSU may require that all reproduction fees and mailing costs be paid in advance.

Responsibility

It is the responsibility of the Vice President for Finance & Administration/CFO to ensure University compliance with this policy.

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ATSU POLICY NO. 20-117: FINANCIAL CONFLICT OF INTEREST (FCOI) IN RESEARCH

DATE APPROVED: OCTOBER 2, 2025 **SIGNATURE: *Signature on file in HR***

Purpose/Summary

This general order is designed to meet requirements of Code of Federal Regulations, 42 CFR Part 50 Subpart F, Promoting Objectivity in Research, and 45 CFR Part 94 Responsible Prospective Contractors. These regulations establish standards and clarify previous standards to be followed when applying for or receiving research funding from the Department of Health and Human Services, Public Health Service (PHS) Awarding Components, including National Institutes of Health (NIH), for grants, cooperative agreements, and research contracts.

Investigators who conduct research or studies regulated/funded by other federal agencies, including Food and Drug Administration or National Science Foundation, are subject to agency-specific regulations for FCOIs in research (see Sections XI.B and XI.C) and are advised to review such regulations prior to submitting a research application.

Please also see ATSU Policy No. 10-212: Conflict of Interest.

Scope

This policy applies to all ATSU personnel meeting the following definition of investigator, and to all ATSU activities meeting the following definition of research where activity is sponsored or, if non-sponsored, involves human subjects. This policy also applies to external investigators affiliated with ATSU who do not have a PHS-compliant FCOI policy. Investigators must pre-disclose to ATSU's institutional official in the Division of Research, Grants & Scholarly Innovations (RGSI) any real or potential financial interest (and those of one's spouse and/or dependent children) reasonably appearing to be related to the investigator's institutional responsibilities.

Definitions

A. **Disclosure** – Investigator's disclosure of financial interests to ATSU.
B. **Entity** – A non-ATSU organization, whether public or private (e.g., a company, partnership, professional association, or voluntary health organization).
C. **Financial conflict of interest (FCOI)** – A significant financial interest that could directly and significantly affect design, conduct, or reporting of PHS-funded research or non-sponsored research involving human subjects.
D. **Financial interest** – Anything of monetary value, whether or not the value is readily ascertainable.
E. **Human subjects research** – Research conducted with a living individual about whom an investigator obtains data via intervention or interaction with individual or identifiable private information.
F. **Institutional responsibilities** – An investigator's professional responsibilities on behalf of ATSU, which may include research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels, including Institutional Review Board (IRB) or data and safety monitoring boards.
G. **Investigator** – Project director (PD) or principal investigator (PI) and any other person, regardless of title or position, who is responsible for design, conduct, or reporting of research funded by PHS or non-sponsored research involving human subjects; or proposed for such funding, which may include sub-grantees, contractors, collaborators, or consultants.
H. **Manage** – Take action to address an FCOI, which may include reducing or eliminating FCOI, to ensure, to the extent possible, design, conduct, and reporting of research will be free from bias or appearance of bias.
I. **Research** – A systematic investigation, study, or experiment designed to develop or contribute to generalized knowledge relating broadly to public health, including behavioral and social sciences research. The term encompasses basic and applied research and product development.
J. **Senior/key personnel** – PD or PI and any other person identified as senior/key personnel in the grant/research application, progress report, or any other report submitted to PHS.
K. **Significant financial interest (SFI)**

1. Any financial interest of the investigator (and those of investigator's spouse and dependent children) reasonably appearing to be related to the investigator's institutional responsibilities, including:
   a. **Publicly traded entity** – Value of any remuneration received from an entity in 12 months preceding disclosure and value of any equity interest in the entity as of date of disclosure, when aggregated exceeds $5,000. Remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.
   b. **Non-publicly traded entity** – Value of any remuneration received from an entity in 12 months preceding disclosure, when aggregated exceeds $5,000; or any equity interest (e.g., stock, stock option, or other ownership).
   c. **Intellectual property rights and interests** (e.g., patents, copyrights, and royalties from such rights) – Upon receipt of income related to such rights and interests.
2. Investigators also must disclose occurrence of any reimbursed or sponsored travel (i.e., payment made on behalf of but not reimbursed to investigator) related to their ATSU responsibilities.
3. Significant financial interest excludes:
   a. Salary, royalties, or other remuneration paid by ATSU to investigator if investigator is currently employed or otherwise appointed by ATSU, including intellectual property rights assigned to ATSU and agreements to share in royalties related to such rights.
   b. Income from investment vehicles (e.g., mutual funds and retirement accounts) as long as investigator does not directly control investment decisions made in these vehicles.
   c. Income from seminars, lectures, teaching engagements, or travel reimbursed or sponsored by excluded sources provided in the regulation.
   d. Income from service on advisory committees or review panels for excluded sources provided in the regulation.

L. **Special project** – Any service, educational, or training initiative pursued by an investigator involving ATSU resources, services, and/or facilities.

M. **Sponsored research or program** – An exchange transaction for any externally or internally funded research or scholarly activity having a defined scope of work and/or set of objectives, which provides a basis for sponsored expectations.

N. **Sponsored travel** – Travel expenses paid on behalf of investigator and not reimbursed to investigator so the exact monetary value may not be readily available.

Overview

I. Training

Investigators must complete and provide evidence of FCOI training prior to engaging in research related to any PHS grant or in human subjects research (sponsored or non-sponsored). To this end, investigators must certify they have: 1) reviewed ATSU Policy No. 20-117, 2) completed relevant FCOI training option authorized by the institutional official and recognized by the respective campus IRB, and 3) forwarded training certification to RGSI. The institutional official will oversee training, which must be updated every four years. Additional training will be required when there is a change in ATSU policy affecting investigator requirements, an investigator is new to the University, or in the case of noncompliance.

II. Institutional official

The highest-ranking individual in RGSI responsible for oversight of research activities at ATSU shall be designated as the institutional official. This individual shall solicit and review pre-disclosures of an investigator's SFIs (and those of investigator's spouse and/or dependent children) related to an investigator's institutional responsibilities as outlined in the attached FCOI flowchart (Section XI.E).

III. Conflict of Interest Review Committee

The institutional official shall appoint a Conflict of Interest Review Committee (CIRC). Membership shall comprise at least the institutional official (or the institutional official's designee), chief operating officer & general counsel, director of research support, a member from the applicable IRB, one faculty member from each ATSU campus, and an at-large community member. CIRC will be appointed and convened, as needed.

IV. Disclosure process

A. Before submission/initiation of research – Prior to submitting a grant application, executing a cooperative agreement or sponsored research contract, or initiating any human subjects research (sponsored or not), each investigator must declare whether or not there is significant financial interest, and if so, disclose and describe any SFI (and those of investigator's spouse and dependent children) that appear reasonably related to one's institutional responsibilities. The process shall include:
   1. For sponsored submissions, using ATSU's Grant/Contract Application: Internal Approval Form, each investigator shall indicate any projected or potential SFI relative to proposed project. If a project or potential SFI exists, the investigator is required to complete ATSU's Financial Interest Disclosure Form (Section XI.F) and place it in a sealed pre-disclosure packet, which must contain supporting documentation identifying the business enterprise or entity involved, as well as the nature and amount of interest. Subrecipients must also complete ATSU's Subrecipient Financial Conflict of Interest Disclosure Form. Completed disclosure form and sealed packet should be marked confidential and submitted to the institutional official, along with copies of the proposal and completed Grant/Contract Application: Internal Approval Form. The disclosure packet will be opened only by the institutional official.
   2. An investigator may choose to pre-disclose any other financial or related interest that could present an actual or perceived FCOI. Pre-disclosure is a crucial factor in protecting an investigator's reputation and career from potentially damaging or embarrassing allegations of misconduct.

B. Annual updates – Each investigator who submits a disclosure form is required to update the disclosure annually during the award period, or for non-sponsored research, annually during conduct of the project. It is the PI's responsibility to ensure each investigator involved in the project submits a timely annual update to a previously submitted disclosure form. Annual updates must be submitted to RGSI's institutional official by April 30 of each calendar year and may require further review/action by the institutional official.

C. Updating/submitting a new disclosure packet for an ongoing project – Changes to information provided annually must be submitted within 30 days of discovering or acquiring any new SFI (e.g., creation of a new start-up company, sponsorship of research by a new outside entity, changes in amount of personal financial remuneration from outside entities, including additional consulting). A disclosure is also required when a new investigator is added to an existing project.

D. External investigators (sub-recipients and contractors) – A written agreement must delineate whether external investigators must comply with ATSU's FCOI policy or their own institution. Such agreements should include a specified time period for meeting disclosure requirements (if applicable) and FCOI reporting requirements to ATSU. External investigators following their institution's own FCOI policy must certify in writing it complies with PHS regulations. During the project period, external investigators must submit an updated SFI disclosure at least annually per the prescribed written agreement. Moreover, each external investigator must submit an updated SFI disclosure within 30 days of discovering or acquiring a new SFI.

V. Review and management process

A. Determination of SFI – Institutional official shall review financial disclosure forms to determine if any disclosed SFI exists that may affect design, conduct, or reporting of proposed research or special project.
   1. If no management plan is necessary, the institutional official will notify the investigator who submitted the disclosure, with all related records retained for at least three years from date of submission of final expenditures report or from other dates specified in 45 CFR 75.361 and 94.4(i), where applicable.
   2. If it is determined there may be a potential FCOI covered by this policy, the institutional official will convene a CIRC. The disclosure form, along with the sealed packet, will then be referred to CIRC for review.

B. CIRC review – CIRC will review disclosure packet. If CIRC determines a conflict exists and if project is initiated or sponsored, then CIRC shall determine what conditions or restrictions, if any, should be imposed to manage actual or potential FCOI. Investigator and CIRC will co-develop an FCOI resolution plan detailing proposed steps to manage, reduce, or eliminate any actual or potential FCOI.
   1. No CIRC member who holds an SFI in a project may participate in the review process.
   2. CIRC meetings are closed to the public.

3. CIRC will give primary consideration to nature of the research, nature/size of the SFI, degree to which conflict is related to the research, extent to which the interest could be affected by the research, and any management strategies that may mitigate or eliminate the conflict. Ultimately, the plan will be reviewed and approved by investigator's immediate supervisor/department chair, and/or dean/director.
4. **Management strategies** may include, but are not limited to:
    a. Public disclosure of FCOIs in all presentations and publications, within informed consent form specific to human research subjects, and via written notification to research sponsor.
    b. Appointment of an independent monitor capable of protecting the design, conduct, and reporting of research against bias, or appearance of such from FCOI.
    c. Modification of research plan and establishment of timetables for project delivery.
    d. Change of personnel or personnel responsibilities, including potential disqualification of personnel from participation in all or a portion of the research.
    e. Designation of a colleague or department chair with no FCOI relationship to the research to serve as an academic co-advisor or lead investigator.
    f. Reduction or divestiture of financial interest giving rise to the conflict.
    g. Severance of relationships that are the source of the FCOI.
    h. Removing contract terms causing FCOI in research (i.e., where payment depends on outcome of the research).
5. Specific provisions for human subjects research – ATSU will not allow any investigator with an FCOI to conduct a clinical research project to evaluate safety or effectiveness of a drug, medical device, or treatment, given disclosure or standard FCOI management strategies may be inadequate or impossible to implement. This prohibition applies to the clinical research project PI as well as any investigator involved in design, conduct, or reporting of the research. ATSU may waive this prohibition only where investigator provides a compelling justification. In considering a waiver request, CIRC will require investigator to address:
    a. Nature of research project (e.g., early stage or closer to commercial application).
    b. Size and nature of investigator's financial interest.
    c. Relationship of financial interest to research.
    d. Extent to which financial interest may be affected by the research.
    e. Degree of risk to research participants.
    f. Investigator's proposed role in research (e.g., design; selection of participants; administration of informed consent; performance of protocol-mandated clinical procedures; evaluation of effectiveness of drug, device, or treatment; and evaluation of adverse effects).
    g. Existence of unique circumstances requiring research be performed at ATSU (e.g., unique qualification of investigator or unique resources of ATSU).

C. Memorandum of understanding (MOU) – Actual or potential FCOIs will be satisfactorily managed, reduced, or eliminated in accordance with this policy prior to accepting any award or starting non-sponsored research involving human subjects, or will be disclosed to the sponsoring agency for action. Approved resolution plan will be articulated into an MOU detailing conditions or restrictions imposed on investigator in conducting the project or in the relationship with the business enterprise or entity. Institutional official will produce an MOU for signature by investigator. Signed MOU copies will be provided to investigator's director/department chair and dean, and in the case of human subjects research, to the relevant campus IRB.
D. Monitoring requirements will be outlined in the approved management plan and articulated in the MOU with investigator(s). Monitoring will be ongoing until the research project is complete.
E. Retrospective review – Should ATSU identify an SFI not disclosed in a timely manner by an investigator or, for whatever reason, the University did not previously review an SFI during the ongoing research project, and where the institutional official has determined the undisclosed SFI constitutes an FCOI related to the research project, a CIRC will be convened and will implement a management plan within 60 days of SFI identification. Within 120 days of its determination of noncompliance, CIRC will complete a retrospective review of investigator's research activities associated with the project to determine whether research conducted during the period of noncompliance was biased in design, conduct, or reporting of such research.

F. Ongoing research – When an investigator new to the project discloses an SFI or an existing investigator discloses a new or changed SFI, wherein the institutional official determines the disclosed SFI constitutes an FCOI subject to management under this policy, a CIRC will be convened and will review disclosure packet. ATSU will then implement a management plan within 60 days of disclosure submission. Further, ATSU may determine additional interim measures are necessary with regard to investigator's participation in the research project between date of disclosure and implementation of the University's management plan. Particular consideration will be given to any additional interim measures ATSU's IRB deems necessary for protection of human research subjects.
G. Mitigation plan – If CIRC determines during retrospective review the research was in any way biased, CIRC will recommend a mitigation plan to the institutional official to address. Institutional official will notify PHS awarding component of the CIRC determination and subsequently follow up with a mitigation report for the project.
H. Public accessibility of ATSU's FCOI policy and access of disclosed SFI – ATSU will post its FCOI policy on the institution's public website. Upon request, ATSU will make publicly available information on any disclosed SFI meeting these three criteria: 1) Disclosed SFI is still held by senior/key personnel of an active PHS project; 2) ATSU determines SFI is related to PHS-funded research; and 3) ATSU determines SFI is an FCOI. Written information requests must be made to the institutional official, who will respond within five business days of receipt of request. Disclosed information will include minimum elements as provided in the regulation. Any newly determined FCOI will be posted to ATSU's website within 60 days of discovery. The website will be updated annually, and information will remain available for three years from date information was most recently updated.

VI. Appeal

Appeals regarding decisions made via FCOI review and management process described herein will be made to the respective campus president, whose decision is final.

VII. Noncompliance

Failure to file a complete, truthful disclosure or comply with conditions or restrictions imposed in the resolution, management, or elimination of FCOIs violates ATSU policy and possibly state and/or federal law(s). Within 120 days of noncompliance determination, ATSU will conduct a retrospective review (per Section V.E) and if bias is found, complete a mitigation report, recommending sanctions that may include appropriate disciplinary action. In cases in which investigator is noncompliant and found to have biased design, conduct, or reporting of research in accordance with the process outlined above, the institutional official will promptly notify the research sponsor as required by law and describe corrective measures taken or proposed.

Consequences may include requiring the investigator to disclose FCOI in each public presentation of research results and/or to request an addendum to previously published works. ATSU may also suspend an ongoing research project, halt expenditure of funds, or suspend technology transfer activity to prevent continued violation of this policy. In cases of noncompliance, ATSU will withdraw any affected application for funding if the project cannot be otherwise completed without the investigator's involvement. If a violation results in a collateral proceeding under ATSU Policy 20-113: Misconduct in Science, then CIRC shall defer a decision on sanctions until the misconduct in science process is completed. CIRC's recommendations on sanctions shall be presented to the institutional official who shall enforce any disciplinary action.

VIII. Reporting

ATSU will send initial, annual (ongoing), and any revised FCOI reports (including all required reporting elements) to designated PHS funding agency for the institution and its subrecipients, if applicable, as required:

A. Before expenditure of funds.
B. Within 60 days of identification for an investigator who is newly participating in a project.
C. Within 60 days for new or newly identified FCOIs for existing investigators.
D. At least annually to provide FCOI status or any changes to management plan until project completion.Following a retrospective review to update previously submitted reports, if appropriate.

Additionally, ATSU will notify the respective PHS agency within 10 business days if bias is found with design, conduct, or reporting of PHS-funded research and will include a mitigation report with all required elements. ATSU will report within 10 business days if an investigator fails to comply with ATSU's FCOI policy or if the management plan appears to have biased design, conduct, or reporting of PHS-funded research.

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IX. Maintenance of records

Led by the institutional official, ATSU RGSI shall, with confidentiality, maintain records of all investigator disclosures of financial interests and ATSU's review of, and response to, such disclosures (whether a disclosure resulted in determination of FCOI) and all actions under ATSU's policy or retrospective review, if applicable, for at least three years from date of submission of final expenditures report or from other dates specified in 45 CFR 75.361 and 94.4(i), where applicable. Documents to be retained will include disclosure forms, records, management plans, and CIRC minutes.

X. Significant financial interests held by ATSU officials

ATSU officials with an SFI in an externally sponsored research project or any project involving participation of human research subjects may not participate in solicitation, negotiation of contract terms or conditions, oversight of research (unless named as a research team member), or management of any FCOI held by research team members.

XI. ADDENDA

A. NIH Public Health Service regulations: https://grants.nih.gov/grants/policy/coi/index.htm
B. Food and Drug Administration regulations: https://www.ecfr.gov/current/title-21
C. National Science Foundation regulations: https://nsf.gov/policies/conflicts.jsp
D. ATSU Grant/Contract Application: Internal Approval Form (attached)
E. ATSU PHS FCOI flowchart (attached)
F. ATSU Financial Interest Disclosure Form (attached)
G. NIH frequently asked questions for responsibility of applicants for promoting objectivity in research https://grants.nih.gov/faqs#/financial-conflict-of-interest.htm

Responsibility

A. Institutional official – ATSU's institutional official is responsible for reviewing and updating this policy as needed.
B. Investigators – ATSU investigators are required to comply with this policy, federal law, and regulations as applied to FCOI in research.

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ATSU POLICY NO. 50-326: FINANCIAL INFORMATION SAFEGUARDS PROGRAM

DATE APPROVED: SEPTEMBER 6, 2023 **SIGNATURE: *Signature on file in HR***

Purpose

This is policy describes the Financial Information Safeguards Program (the program) through which A.T. Still University of Health Sciences (ATSU) protects privacy, security, and confidentiality of personally identifiable financial records and information. The program ensures compliance with federal and state laws, including the Safeguards Rule of the Gramm-Leach-Bliley Act and the Disposal Rule of the Fair and Accurate Credit Transactions Act. For information about all types of ATSU confidential information, see ATSU Policy No. 55-115: Protecting Confidential Information. Information about the program is also contained in ATSU's Informational Technology Cybersecurity Manual.

Policy

ATSU's Financial Information Safeguards Program identifies reasonable foreseeable internal and external risks to security, confidentiality, and integrity of student/borrower information as well as other confidential financial and business information (confidential financial information) and assesses and monitors the sufficiency of its safeguards. This policy establishes an expectation that employees and all other individuals and entities using confidential financial information for any reason will act in accordance with the program and the highest standards of ethics.

The program includes the following components:

A. **Safeguard coordinators**
ATSU has designated the vice president for finance/chief financial officer (CFO), chief information security officer (CISO), and chief information privacy officer (CIPO) as safeguard coordinators to assist relevant ATSU offices in the program's design and implementation and to oversee program monitoring and testing.

B. Information Security Council
ATSU's Information Security Council facilitates communication and collaboration to address emergent threats, new technologies, policies, and best practices for security, privacy, compliance, training, and professional development. The vice president for information technology will designate the chair of the Information Security Council.

C. Risk identification and safeguard effectiveness and adjustment of the program
The program is evaluated at least annually, and amended as needed, by the safeguard coordinators and the Information Security Council. The evaluation process culminates in a report identifying potential and actual risks to the security and privacy of information and an assessment of safeguard effectiveness, which will be shared with the vice president for information technology for the safeguard coordinators (i.e., finance/CFO, CISO, and CIPO). The program is adjusted as needed when risks are identified that require a change in procedure or policy.

D. Safeguards
   1. Third-party servicers/vendors
      a. Contracts between the University and third-party servicers/vendors with access to confidential financial information contain safeguard provisions as approved by the vice president & general counsel. See ATSU Policy No. 10-204: Contract Review and Approval Process.
      b. Third-party servicers/vendors with access to confidential financial information sign a Protected Financial Information Agreement form (Attachment A).
      c. Third-party servicers/vendors with access to confidential financial information are assessed for Payment Card Industry Data Security Standard compliance.
      d. Major financial partners with access to confidential financial information are required to submit annual security audits for review.
      e. All new servicers or vendors with access to confidential financial information are required to undergo a cybersecurity review.
   2. Practices by ATSU departments handling confidential financial information:

a. Employees sign a Confidentiality Statement upon hire and confidentiality guidelines will be reviewed yearly as part of required employee education. The Confidentiality Statement is Attachment A of ATSU Policy No. 55-115: Protecting Confidential Information.
b. Only appropriate ATSU members with need to know have access to confidential financial information.
c. Calls and requests for confidential financial information are referred to appropriately trained staff members.
d. Students create a personal identifier on the student portal, which is used to verify identity when requesting confidential financial information from ATSU by telephone.
e. Suspicious attempts to obtain confidential financial information are reported to supervisors.
f. Paper documents containing confidential financial information are not left where they are accessible to persons without a legitimate need to know, including on printers and fax machines
g. Paper documents and files containing confidential financial information are secured after business hours in a locked suite, office, desk, or file cabinet.
h. Confidential financial information is faxed only after confirming the receiving fax machine is in a secure area accessed only by those with a legitimate need to see the information being transmitted.
i. Confidential financial information is not emailed to non-ATSU addresses unless the file is appropriately encrypted or pursuant to departmental procedures regarding transmission of such information. Contact Information Technology Services (ITS) for assistance with encryption or with establishing departmental procedures.
j. Mobile devices pose an increased security risk due to their portability. Employees take extra care to secure such devices, particularly when traveling. Confidential financial information is not stored or transmitted via mobile devices, unless encrypted. Contact ITS for assistance with encryption on mobile devices.
k. Employees who work from off-campus locations take additional steps to protect information. See ATSU Policy No. 90-106: Employee Work Location Policy.
l. Terminated employees are prevented from accessing confidential financial information by immediately deactivating their usernames and passwords. Employees vacating their positions are required to return any ATSU confidential information in their possession. See ATSU Policy No. 55-115: Protecting Confidential Information.
m. Potential information security breaches are reported immediately to ITS at reportabuse@atsu.edu or by contacting the ITS service desk.

3. ITS
   a. The deputy chief information officer monitors and takes appropriate actions regarding security of all data and information maintained on ATSU's computer resources. The director of network operations is responsible for addressing any breaches of physical or virtual security. Policies are in place to regularly obtain and install patches on products with software vulnerabilities.
   b. All ATSU-owned network-attached computers are equipped with virus protection software, which is automatically updated at regular intervals to ensure protection from the latest threats.
   c. Firewall technology utilized for the ATSU network and policies are reviewed regularly. Systems are monitored with automated tools to detect unauthorized access or system failure.
   d. Continuous monitoring of technical and information assets and periodic checks of physical and virtual security (i.e., vulnerability and penetration testing) are performed by the director of network operations to ensure effective protection.
   e. Reviews of user and group network rights and access, data backup procedures, and inventory devices that allow external access to data are conducted routinely.
   f. Efforts are made regularly to promote user awareness and education.
   g. Network staff monitor and are aware of the latest system threats and security improvements.
4. Employee management and training
   a. In the hiring process, inquiries are made when checking references regarding prior experience in handling confidential materials.
   b. Supervisors remind employees working with confidential financial information of the safeguards described in this policy at least annually.
   c. Information security personnel are college educated and many have certifications that require them to recertify every one to three years. Additional training is provided through the attendance of cybersecurity conferences.
5. Information systems

a. All employees who utilize network resources and/or access network data are issued a personal user ID and password for which they are solely responsible. Users are responsible to adhere to ATSU Policy No. 55-110: User IDs and Passwords. Password-activated screensavers lock employee computers after a period of inactivity. See ATSU Policy No. 55-115: Protecting Confidential Information.
b. All employees who utilize network resources and/or access network data are required to use multi-factor authentication.
c. All data stored on ATSU network servers are secured both physically and virtually. All network servers are housed within University data centers with limited physical access. In addition, authorized users are required to enter their user ID and password prior to accessing data. Servers with sensitive data are not directly connected to the internet and are insulated from internet traffic by a firewall. All network data is backed up regularly on tapes. Tapes are stored in an off-site location away from the data center in a locked fireproof cabinet. Sensitive data collected via the internet is collected with the use of SSL encryption. In areas where sensitive financial data is transferred across the internet, tools such as Pretty Good Privacy are used to encrypt email file transfers.

6. **Incident response plan. In the event of a breach, ATSU's incident response plan is outlined in the cybersecurity manual. This plan will assist in containing incidents, avoiding escalation, preserving evidence, returning to normal business operations, and preventing future incidents.**
7. **Disposal of confidential financial information**
   a. When paper files containing confidential financial information are no longer required to be retained under ATSU Policy No. 10-209: ATSU Record Retention Policy, files are shredded using secure department procedures. Documents awaiting shredding are kept in a secure location. Questions about shredding procedures should be referred to department supervisors.
   b. Electronic media containing confidential financial information are erased in such a manner so the information cannot be read or reconstructed.

Responsibility

A. Safeguard coordinators (i.e., vice president for finance/CFO, CISO, and CIPO) – Responsible for overseeing and monitoring the ATSU Financial Information Safeguards Program.
B. Vice president for information technology systems – Responsible for designating the Information Security Council chair.
C. Information Security Council –
   1. Responsible for providing an annual report regarding risk identification and safeguard effectiveness to the safeguard coordinators (i.e., vice president for finance/CFO, CISO, and CIPO).
   2. Responsible for reviewing this policy annually and recommending changes to the General Order Review Committee.
D. Vice president & general counsel –
   1. Responsible for ensuring contracts between the University and third-party servicers/vendors with access to confidential financial information contain safeguards.
   2. Responsible for ensuring third-party services/vendors with access to confidential financial information sign a Protected Financial Information Agreement form (Attachment A).
E. Director of network operations – Responsible for monitoring and taking appropriate actions regarding security of all data and information maintained on ATSU's computer resources.
F. Hiring authorities – Responsible for checking references for potential hires who will have access to confidential financial information consistent with ATSU Policy No. 90-215: Recruitment and Placement of Personnel.
G. Human Resources – Responsible for having new employees sign a Confidentiality Statement and for storing Confidentiality Statements in employees' personnel files. Human Resources will track the annual review of confidentiality materials as part of required employee education.
H. Supervisors in departments where confidential financial information is received –
   1. Responsible for educating new employees to comply with the safeguards set forth in the program and for annually reminding employees of the safeguards.
   2. Responsible for ensuring paper and electronic files containing confidential financial information are disposed of in accordance with this policy.

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ATSU POLICY NO. 75-101: PURCHASING POLICY AND PROCEDURE

DATE APPROVED: MAY 11, 2023 **SIGNATURE: *Signature on file in HR***

Purpose

This general order states A.T. Still University of Health Sciences (ATSU) policy and procedure relative to the ATSU purchasing function. ATSU Purchasing, as the centralized purchasing and requisition office, will provide all purchasing, coordination/distribution, and receiving services for ATSU-purchased supplies, equipment, and services.

Policy

A. Purchasing shall be responsible for:
   1. Establishing procedures to ensure quality goods and services are obtained at the lowest reasonable cost.
   2. Ensuring goods and services are competitively selected (i.e., competitive selection may incorporate multiple criteria of purchase award. Awards may be based on the bidder whose proposal provides the best value, the use of a preferred vendor list, and/or cooperative contracts).
   3. Providing oversight to avoid acquisition of unnecessary or duplicative items.
   4. Avoiding and/or disclosing all identified conflicts of interest in the selection of vendors/service providers (see ATSU Policy No. 10-212: Conflict of Interest).
   5. Maintaining all purchase-related documentation that identifies, at a minimum, rationale for the method of purchase/procurement, selection/rejection of vendor/contractor, and the basis for the price.

B. Requisitions and payable transactions excluding individual reimbursements:
   1. Purchases not exceeding $10,000 (micro-purchases)
      a. Micro-purchases may be awarded without soliciting competitive price or rate quotations if the price is considered to be reasonable based on research, experience, purchase history, or other information.
      b. Definition: Micro-purchase is defined as the acquisition of supplies, equipment, and/or services where the aggregate dollar amount does not exceed $10,000. To the extent possible, micro-purchases should be distributed equitably among qualified suppliers.
      c. Acquisition procedure: Equipment and supplies not exceeding $10,000 may be acquired through the submission of a purchase requisition or the use of a voucher (up to the voucher limit). Micro-purchases may be awarded without soliciting multiple competitive quotations if the price is considered reasonable. Price list/quote documentation is submitted along with the purchase requisition.
      d. Required approvals: When it makes good purchasing sense, purchasing authority has been delegated to each department for those transactions not exceeding $10,000. The department may initiate a micro-purchase upon completion of the purchase requisition and appropriate approval as stipulated in the procurement software.
   2. Small purchases of more than $10,000 and up to $250,000 per item
      a. Definition: Small purchases are defined as being greater than $10,000 and up to $250,000 aggregate dollar amount.
      b. Acquisition procedure: Equipment and supplies are acquired through the submission of a purchase requisition. Small purchases must have at least two price or rate quotations accompanying the required purchase requisition.
      c. Required approvals: The department may initiate a small purchase upon completion of the purchase requisition and appropriate approval as stipulated in the procurement software. Small purchase procurement is executed by the director of purchasing and/or purchasing staff.
   3. Capital expenditures of $5,000 or more
      a. Definition: Capital expenditures are defined as expenditures to acquire capital assets or expenditures to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets that materially increase their value or useful life.

1. Capital assets are tangible or intangible assets used in operations having a useful life of more than one year and a per-unit cost of $5,000 or more (see ATSU Policy No. 50-200: Fixed Asset and Capital Purchase Policy), which are capitalized in accordance with Generally Accepted Accounting Principles (GAAP).

b. Acquisition procedure: Capital costing $5,000 or more is acquired through the submission of a purchase requisition. Capital purchases must have at least two price or rate quotations accompanying the required purchase requisition when the price exceeds $5,000.
c. Required approvals: The department may initiate a capital purchase upon completion of the purchase requisition and appropriate approval as stipulated in the procurement software. Finance will assist when the request falls outside the approved capital budget. Capital equipment procurement is executed by the director of purchasing and/or purchasing staff.

4. Sole source purchases
   a. Sole source purchasing is allowed in certain situations. Instances necessitating sole source purchasing include the need to purchase items:
      1. Performing a certain function for which no other items are known to exist.
      2. With new patents or uniqueness limiting purchase availability.
      3. For standardization purposes (e.g., research integrity).
      4. In emergencies.
   b. Justification for specifying such items is extremely important and must be documented. Allowable justifications for sole source purchases include, but are not limited to, the following:
      1. Supplier is the only source for the commodity or operates in a limited competitive market where the manufacturer only authorizes one dealer for its products in each sales area.
      2. Supplier could have a patented design or feature or merely be the closest producer from a transportation standpoint.
      3. Supplier may have a higher quality product, have better engineering support, or have the best production capacity for the buyer's needs.
      4. Vendor is the only supplier willing to deal with small volumes.
      5. Other justifications may include superior customer service, low reject rates, favorable payment terms, or a good delivery track record.
   c. Acquisition procedure: The acquisition procedure for a sole source purchase corresponds to the type of goods or services and amount of purchase (e.g., sole source micro-purchase follows the same acquisition procedure as requests for micro-purchase, sole source purchase capital equipment follows the same acquisition procedure as requests for capital equipment, etc.)
   d. Required approvals: Required approvals for a sole source situation correspond to the type of goods or services and amount.
5. Employees are prohibited from initiating multiple purchases to stay under purchasing limits.
6. Other approval processes may be triggered if the purchase total expands beyond one purchase type into another.
7. Purchase patterns of employees are reviewed regularly by Purchasing.
8. Employees are strongly encouraged to select domestic suppliers. If a purchase from a foreign supplier is unavoidable, please be aware that additional tax forms are required for regulatory compliance prior to purchase. Extended processing times will be required for both approval and/or payment. Using a credit card does not exempt the purchase from these requirements.

C. Reimbursements
   1. Definition: A reimbursement arises when the University agrees to pay an employee or student an amount of money equal to the amount that person spent on approved University-related purchases excluding sales tax. A reimbursement requires the original itemized receipt or invoice from the vendor. A credit card statement is not acceptable documentation for reimbursement. The University prefers to pay suppliers directly as a reimbursement results in a vendor/payee relationship between the individual and the University. Use of personal accounts for University-related purchases should be minimally and infrequently used. Purchases of equipment and supplies should be sourced through Purchasing. Reimbursements exceeding $5,000 (including capital equipment) require prior approval from a Chancellor's Cabinet member.
   2. ATSU employees and students purchasing for ATSU-funded organizations and projects are discouraged from paying for University-related purchases with personal accounts.

3. Purchases by remote employees of allowable office supplies are governed by ATSU Policy No. 90-106: Employee Work Location Policy.
4. Required approvals: An employee may receive reimbursement for a micro- or small purchase upon completion of the appropriate submission and approval as stipulated in the reimbursement software.
5. Review and payment procedure: To allow the required review of reimbursement requests, Purchasing and Finance may require up to 60 business days to process payment.
    a. ATSU will not reimburse sales tax incurred in states where the University has been granted a sales tax exemption except sales tax on meals, lodging, other unavoidable travel-related expenses, and allowable remote employee supply purchases.
    b. The University maintains accounts with certain stores and restaurants that recognize ATSU's tax exemption. The list of those suppliers may be found on the Finance Office portal page. Additionally, some vendors will remove sales tax at the point of purchase when presented with a copy of the tax-exempt.letter.
    c. Approval of exceptions: Payment of sales tax should be avoided if possible. Any reimbursement of sales tax requires documented approval by the appropriate Chancellor's Cabinet member.
6. Failure to comply with policy may result in a reduced reimbursement payment. If reimbursement is processed before the identification of a policy violation, the employee may be required to reimburse the University.

D. Sealed bids and competitive proposal
1. Sealed bids and competitive proposal use are generally limited to the procurement of construction, property, and competitive contracts for services. Procurement under federal awards necessitating sealed bids and competitive proposals is subject to certain administrative requirements.
2. See ATSU Financial Management Plan for Administration of Grants and Contracts (located at atsu.edu/employeeforms), ATSU Policy No. 10-204: Contract Review and Approval Procedure, and the Uniform Administrative Guidance 200.320 (c-d) for more information.

E. Prohibited purchases: Items that cannot be purchased or reimbursed using University funds
1. Firearms
2. Ammunition
3. Alcohol, unless approved by the chancellor (See ATSU Policy No. 95-101: Alcohol at ATSU Events)
4. Items identified as non-reimbursable by other University policies including but not limited to:
    a. ATSU Policy No. 50-101: Reimbursement for Travel Expenses
        1. Non-institutional necessary entertainment
        2. Movies
        3. In-room bar
        4. Gift shop items
        5. Travel for family members and companions
        6. Traffic violation fines
        7. Parking fines
        8. Personal automotive repairs
        9. Alcohol
        10. Seat upgrades from economy/coach
        11. Other expenses not in adherence with valid business purpose
    b. ATSU Policy No. 55-102: Hardware/Software Procurement Procedure
        1. All computer purchases must be reviewed by Information Technology Services before purchase.
    c. ATSU Policy No. 75-103: Local Kirksville Charge Account
        1. Items purchased without a voucher from vendors within the voucher program may not be reimbursed.
    d. ATSU Policy No. 90-106: Employee Work Location Policy
        1. Computer hardware and peripherals
        2. Internet
        3. Telephone line
        4. Non-ATSU workspace furniture and equipment
        5. Remodeling
        5. Items prohibited by federal, state, and local laws

F. Restricted purchases: The following items are restricted purchases and may only be made by the identified department. University funds may not be used for the purposes below without prior approval of the chancellor.
1. Recognition items/gifts
    a. Recognition for retirement and farewell receptions

1. Retiring employees may be recognized at the department or University level.
2. Receptions should be limited to one hour unless in conjunction with the lunch hour.
    a. Retirement and Farewell Reception Approval Form

b. Recognition for service to the institution is conducted by Human Resources only.
1. Reception and recognition items are purchased and provided by Human Resources annually.
2. Employees will be recognized at the annual recognition event.
3. Employees will be recognized at five-year intervals.

c. Recognition of unique life circumstances
1. Birth or adoption of a child will be recognized by the Chancellor's Office if notified.
2. Academic graduation or accomplishment will be recognized by the Chancellor's Office if notified.
3. Death of an immediate family member will be recognized by Human Resources in the form of a memorial or flowers at the request of the employee or employee's supervisor.

d. University funds may not be utilized for gifts except for those provided by Human Resources.
1. Human Resources budgets and plans for one holiday event each year per campus and at the St. Louis Clinic.
2. Individual departments, schools, and colleges may not utilize University funds to pay for gifts.

e. ATSU Policy No. 90-110: Reporting of Taxable Gifts, Awards, and Prizes or other ATSU policies not mentioned here may need to be referenced to identify proper channels for purchases.

f. Gift cards, gifts, awards, and prizes for non-employees (preceptors, students, alumni, donors, etc.) will follow the same restrictions as ATSU Policy No. 90-110: Reporting of Taxable Gifts, Awards, and Prizes.

g. Gift cards for research participants are governed by ATSU Policy No.20-120: Research Participant Compensation.

2. Retreats and advances
    a. Retreats and advances must have an agenda, a written budget, and strategic objectives to align with the University's strategic plan. (Retreat and Advance Approval Form)
    b. Objectives and budget must be approved in advance by the appropriate Chancellor's Cabinet member and the chancellor.
3. Grant-funded purchases may be subject to funding-source imposed restrictions not outlined in this purchase policy. Project directors, principal investigators, and project teams must follow the terms and conditions of grant awards.

Responsibility

A. Employees – It is the responsibility of all employees initiating a purchase requisition or reimbursement request to follow policy/procedure and avoid/disclose conflicts of interest in purchasing. The University expects employees to:
    1. Exercise discretion and good business judgment concerning purchases.
    2. Be cost conscious and spend University money as carefully and judiciously as the individual would spend his or her own funds.

B. Supervisors – It is the responsibility of all supervisors to enforce adherence to the department budget and ATSU purchasing policy/procedure, avoid/disclose conflicts of interest in purchasing, and ensure expenses are reasonable and necessary business purchases.

C. Finance and Purchasing staff – The director of purchasing and purchasing staff are responsible for maintaining ATSU purchasing policy/procedure and upholding the best interests of the University, including avoidance of conflict of interest in purchasing.


Complete Purchase Order Request Form
•Include department code, object code, description, and price estimate on Purchase Order Request form
•Secure documentation/quote(s)
•Secure appropriate approvals
Process Purchase
•Submit Purchase Order Request form to purchasing department for processing
•Purchasing department places order for goods and/or services
Goods/Services Received
•Reconcile packing slip with goods/services received and original Purchase Order Request form
•Submit packing slip/documentation of satisfactory delivery to purchasing department
Final Processing
•Purchasing department receives invoice
•Purchasing department reconciles packing slip/documentation of satisfactory delivery services with invoice and Purchase Order Request form
•Purchasing department submits final approved invoice to accounts payable clerk for payment

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ATSU POLICY NO. 10-210: RED FLAGS RULE

DATE APPROVED: MARCH 31, 2020 **SIGNATURE: *Signature on file in HR***

Purpose

A. This general order establishes an identity theft red flags program ("the program") at A.T. Still University of Health Sciences (ATSU) to detect, prevent, and mitigate identity theft in connection with formation of a covered account or operation of an existing account.
B. This policy will help ATSU:
   1. Identify risks that signify potentially fraudulent activity within new or existing covered accounts.
   2. Detect risks when they occur in covered accounts.
   3. Respond to risks to determine if fraudulent activity has occurred and act if there is an attempted or actual occurrence of fraud.
   4. Update the program periodically, including reviewing covered accounts and identified risks.
C. This policy is intended to comply with the Red Flags Rule under sections 114 and 315 of the Fair and Accurate Credit Transactions Act (FACT Act), which amended the Fair Credit Reporting Act (FCRA).

Definitions

A. "Covered account" means:
   1. An account a creditor offers or maintains, primarily for personal, family, or household purposes that involves or is designed to permit multiple payments or transactions. Covered accounts include credit card accounts, mortgage loans, automobile loans, margin accounts, cell phone accounts, utility accounts, checking accounts, and savings accounts. Any type of account or payment plan involving multiple transactions or multiple payments in arrears is a covered account.
   2. Any other account the creditor offers or maintains for which there is a reasonably foreseeable risk to customers or to the safety and soundness of the creditor from identity theft, including financial, operational, compliance, reputation, or litigation risks.
B. "Credit" means the right granted by a creditor to a debtor to defer payment of debt, to incur debt and defer its payment, or to purchase property or services and defer payment.
C. "Creditor" means any person or organization that regularly extends, renews, or continues credit.
D. "Identify theft" means actual or attempted fraud using identifying information of another person without authority to do so.
E. "Red flag" means a pattern, practice, or specific activity indicating possible identity theft.
F. "Responsible administrators" means
   1. senior vice president-academic affairs or his/her designee (responsible for continuing education matters),
   2. vice president for finance and administration/CFO or his/her designee (responsible for student tuition collection matters),
   3. vice president for student affairs or his/her designee (responsible for student loan matters),
   4. vice president for university advancement or his/her designee (responsible for annual, major, or planned gifts),
   5. KCOM dean or his/her designee (responsible for Gutensohn Clinic Associates),
   6. ASDOH dean or his/her designee (responsible for ASDOH clinics),
   7. ASHS dean or his/her designee (responsible for the Audiology Foundation of America Balance and Hearing Institute), and
   8. SOMA dean or his/her designee (responsible for the A.T. Still University Osteopathic Medicine Center Arizona).

Overview

A. Administration of program
   1. ATSU's Board of Trustees reviewed and approved this general order on Oct. 8, 2008. Subsequent revisions to this general order, if implemented to improve the program's process and/or comply with federal and/or state law, may be made if agreed upon by the responsible administrators.

2. Responsible administrators shall report annually to the vice president & general counsel regarding the University's ongoing compliance with this general order (Attachment A).
3. The report shall also address the following:
   a. Effectiveness of the program in addressing risk of identity theft.
   b. Significant incidents involving identity theft and management's response.
   c. Recommendations for material changes to the program.
4. Following receipt of red flags reports from the responsible administrators, the vice president & general counsel shall report to the president.

B. Red flags

The following red flags are potential indicators of fraud and/or identity theft:

1. Alerts, notifications, or warnings from a consumer reporting agency.
2. Fraud or active duty alert included with a consumer report.
3. Notice of credit freeze from a consumer reporting agency in response to a request for a consumer report.
4. Notice of address discrepancy from a consumer reporting agency as defined in 12 CFR 334.82(b).
5. Requests to refund money to a credit card other than the one originally transacted. If the card is no longer available, the refund should be issued in the form of a check and mailed to a verified address.
6. Requests to return a recent credit card payment/online gift to a different credit card. Perpetrators may attempt a scheme whereby an online gift is made for a large amount from a stolen or lost credit card. The perpetrator then calls the organization to say too many zeros were mistakenly added to the donation, and a refund for most of the money is requested to a different credit card.
7. Attempts to charge small amounts for a donation online, generally $1 to $5, from a credit card of someone with no apparent affiliation with the accepting organization. These are generally an attempt to see if the credit card is valid and may be charged.
8. Attempts to charge a credit card online and the requested information (address/city/state/zip/first name/last name) are garbled or do not make sense.
9. Presentation of suspicious documents, such as:
   a. Documents provided for identification appearing to have been altered or forged.
   b. Photograph or physical description on the identification is not consistent with appearance of the applicant or customer presenting the identification.
   c. Other information on the identification is inconsistent with information provided by the person opening a new covered account.
   d. Application appears to have been altered or forged, or gives the appearance of having been destroyed and reassembled.
   e. Presentation of suspicious personal identifying information including the following:
      1. Address does not match any address in the consumer report.
      2. Social Security number (SSN) has not been issued or is listed on the Social Security Administration's death master file.
      3. Personal identifying information provided by the customer is inconsistent with other personal identifying information provided by the customer. For example, there is a lack of correlation between the SSN range and date of birth.
      4. Personal identifying information is associated with known fraudulent activity as indicated by internal or third-party sources used by ATSU. For instance, the address on an application is the same as the address provided on a fraudulent application previously submitted.
      5. Personal identifying information provided is of a type commonly associated with fraudulent activity as indicated by internal or third-party sources used by ATSU. For example, the address on an application is fictitious, a mail drop, or a prison, or the phone number is invalid or is associated with a pager or answering service.
      6. Unusual use of, or other suspicious activity related to, a covered account including the following:
         a. Mail sent to the customer is returned repeatedly as undeliverable although transactions continue to be conducted in connection with the customer's covered account.
         b. Notice from customers, victims of identity theft, law enforcement authorities, or other persons regarding possible identity theft in connection with covered accounts.

C. Response to red flags

1. Once a red flag is detected, the employee who detected the red flag shall gather all related documentation, draft a brief explanation of facts, and forward the information to the appropriate responsible administrator.

2. Once forwarded to the appropriate responsible administrator, he/she shall complete additional research and authentication to determine whether the attempted transaction was authentic or fraudulent.
3. If the reviewing party, based on a thorough investigation, determines a particular transaction is, or is likely to be fraudulent, appropriate actions must be taken immediately. Actions may include:
   a. Contact the customer;
   b. Change any passwords, security codes, or other security devices that permit access to a covered account;
   c. Reopen a covered account with a new account number;
   d. Not open a new covered account;
   e. Close an existing covered account; and/or
   f. Notify law enforcement.
   g. Identity theft red flags program updates

D. Every year the identity theft red flags program shall be re-evaluated by the responsible administrators to ensure:
   1. All aspects of the program are current and the program takes into consideration all realistic identity theft threats within the existing business environment;
   2. All covered accounts are included in the program;
   3. The process covered by this general order is the most efficient, accurate means of protecting the University and its customers from identity theft.

Responsibility

A. The responsible administrators shall each provide an annual red flags report to the vice president & general counsel (Attachment A).
B. The vice president & general counsel shall provide an annual red flags report to the president.
C. Employee training will be conducted yearly for all employees of ATSU for whom it is reasonably foreseeable they may have access to accounts or personally identifiable information posting a security risk to ATSU or its customers.
D. Responsible administrators shall notify the training & compliance coordinator in Human Resources of employees in their respective area requiring this training.
E. The training & compliance coordinator will conduct the training mandated under this policy for each new hire or transfer affected as well as offer a yearly update in the fall.
F. ATSU shall take steps to ensure activity of a service provider, for whom it is reasonably foreseeable may have access to accounts or personally identifiable information that may pose a security risk to ATSU or its customers, complies with the red flags rule.

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ATSU POLICY NO. 10-220: ATSU CODE OF ETHICAL STANDARDS

DATE APPROVED: FEBRUARY 28, 2019 **SIGNATURE: *Signature on file in HR***

Purpose

As a learning-centered university dedicated to preparing highly competent healthcare professionals, all members of A.T. Still University of Health Sciences' (ATSU) community must promote and adhere to the highest ethical standards of professional, academic, and community conduct. Portions of this policy were extrapolated from the Statement of Professional Ethics of the American Association of University Professors.

Policy

A. Scope of policy: This ethical standards code applies to all "members of ATSU's community," including:
   1. Faculty and staff;
   2. Contractors, consultants, and vendors doing business with or on behalf of ATSU; and
   3. Individuals who perform services for ATSU as volunteers and who assert an association with ATSU.

B. Respect for and compliance with the law and ATSU policies: ATSU is committed to compliance with all laws, including but not limited to, FERPA and HIPAA, regulations, and ATSU policies and procedures. ATSU will not tolerate illegal or unethical conduct, including but not limited to, theft, fraud, or other financial irregularity, misuse of University resources, misuse of grant funds, unlawful discrimination (including sexual harassment), crimes of violence, or conflicts of interest. Each ATSU community member is expected to be familiar with and comply with both the spirit and letter of all laws, regulations, policies, and procedures applicable to their position and duties. All University-wide policies are located on Human Resources' ATSU portal page. ATSU will provide education and training to promote awareness and monitor and promote compliance.

C. Reporting potential violations
   1. All reports, questions, and concerns about legality or propriety of any action or failure to take action by or on behalf of ATSU should be referred to an immediate supervisor, Human Resources, or the Office of the Vice President & General Counsel.
   2. Every ATSU community member is responsible to report any potential wrongdoing. Unreported wrongdoings may be cause for discipline.
   3. All inquiries and good faith reports of suspected non-compliance may be made free from fear of retaliation.
   4. While open, full-disclosure reporting is strongly preferred, anonymous and confidential reporting is available through a 24-hour telephone service at 1.855.FRAUD.HL or through the secure online reporting form at fraudhl.com. Reference company ID ("ATSU") when making a report. Be aware reporting anonymously may hinder an investigation.
   5. ATSU will investigate all reports of suspected non-compliance, regardless of source, and implement corrective action or disciplinary action when necessary.
   6. Reported behavior should be evaluated under the guidelines for conduct established by ATSU Policies 90-209: Employee Problem Solving Procedure and 90-210: Prohibition of Discrimination, Harassment, & Retaliation.

D. Support of ATSU's mission and avoidance of conflicts of interest: ATSU is a not-for-profit institution dedicated to teaching and scholarly activity. Every ATSU community member is expected to faithfully carry out their professional duties in furtherance of ATSU's mission. Every member has a duty to avoid conflicts between their personal interests and official responsibilities and comply with ATSU and applicable school/college codes and guidelines for reporting and reviewing actual and potential conflicts of interest. Additionally, a member may not utilize their position with ATSU for their personal benefit or benefit of family or friends. Members are also expected to consider and avoid not only an actual conflict, but also the appearance of a conflict of interest. Please see ATSU Policies 10-212: Conflict of Interest and 20-117: Financial Conflict of Interest in Research.

E. Academic integrity

1. Each ATSU community member involved in teaching and scholarly activities is expected to conform to the highest standards of honesty and integrity.
2. ATSU respects the following rights of members involved in teaching and scholarly activity:
   a. Opportunity for free inquiry and exchange of ideas in their subject area;
   b. Privilege to present controversial material relevant to a course of instruction for which they have responsibility;
   c. Responsibility to indicate uncertainties or limitations in teaching; and
   d. Responsibility to conduct valid research and publish or distribute genuine results.
3. Activities such as plagiarism, misrepresentation, and falsification of data are expressly prohibited. All research must be conducted in strict conformity with the applicable ATSU policies, procedures, and approvals and requirements of all governmental and private research sponsors.

F. Respect for the rights and dignity of others
   1. ATSU is committed to a policy of equal treatment, opportunity, and respect in its relations with faculty, administrators, staff, students, and others who come into contact with ATSU.
   2. All ATSU community members share the responsibility for maintaining a climate of mutual respect, while upholding free and open discussion of ideas.
   3. Communication in any format with all persons, including employees, students, guests and third parties, should be conducted professionally in the spirit of collegiality, civility, and decency.
   4. Severe or persistent misconduct that harms, intimidates, offends, degrades, or humiliates (sometimes referred to as bullying or intimidation) an ATSU community member, whether verbal, physical, or otherwise, should be reported as outlined in Part C of this policy.
   5. Disputes among employees should be resolved involving the smallest number of individuals necessary.
   6. Communication regarding issues or problems with or among employees should be shared with an immediate supervisor or Human Resources. Such communication should not include other employees, students, or third parties.

G. Ethical code of faculty activity: Faculty will assure a principal proportion of their professional effort will be devoted to accomplishing ATSU's mission. Faculty will seek to be effective teachers and scholars and help ATSU professionally with committees and courses or research/scholarly improvements. While some faculty may engage in significant professional activities outside ATSU, each will commit to the effort required to capably and completely perform their assigned duties within ATSU.

H. Standards for interactions with students
   1. Students are a vital component of ATSU's academic setting. ATSU community members are encouraged to develop and maintain professional, collegial relationships with students.
   2. ATSU faculty may not engage in consensual romantic or sexual relationships with students due to the inherent imbalance of power present in all such relationships.
   3. Consensual romantic or sexual relationships between current ATSU staff and current ATSU students are discouraged, but not expressly prohibited. Any consensual romantic or sexual relationship between a current ATSU student and an ATSU staff member should be reported by the staff member to Human Resources immediately.
      a. Human Resources should evaluate the staff member's responsibilities with regard to potential influence over the student's academics, placement for rotation/residency, potential career, etc.
      b. Human Resources has full discretion to prohibit relationships between staff members and students which create potential conflict or improper imbalances of power. In such cases, Human Resources may recommend a course of action to mitigate such a conflict or power imbalance. Recommended courses of action may include an adjustment of the staff member's responsibilities, transfer of the staff member to another work area, or prohibition of the relationship.
      c. Failure to disclose existing relationships or comply with Human Resources' recommendations may result in disciplinary action consistent with Part C of this policy.
   4. Certain exceptions to standards for interactions with students may apply if a student's spouse/partner is employed by ATSU during the student's academic tenure. In such cases, ATSU will ensure no student spouse/partner is employed in any capacity where the student spouse/partner may evaluate, supervise, or advise students as part of an ATSU program.

I. Ethical standards of community conduct: ATSU community members have the same rights and responsibilities as all U.S. citizens, and all members are expected to uphold and obey local, state, and federal laws. Members are free to express their views and participate in political and social processes of the community. However, when they speak or act in their capacity as private citizens, members should avoid creating the impression they speak for or represent ATSU. Constitutionally guaranteed freedom of expression does not supersede ATSU's responsibility to discipline a member for violations of the ethical standards outlined above.

J. Violations of ATSU policies safeguarding confidential financial information, protected health information, and other confidential information, may result in sanctions. Sanctions for employee workforce members may include a disciplinary warning to be added to the employee's permanent file, probation, suspension with or without pay, and/or termination. Sanctions for student/resident workforce members may include a reprimand, disciplinary warning to be added to the student's permanent file, probation, suspension, and/or dismissal.

Responsibility

A. Each ATSU community member is responsible for understanding and complying with their rights and responsibilities as outlined in this policy.
B. Each ATSU community member is responsible to report any observed behavior or information relating to potential violations of this policy, consistent with Part C, "Reporting potential violations," outlined above.
C. Each ATSU community member is responsible to cooperate with any investigation arising from a report of non-compliance with this policy.
D. Human Resources and the Office of the Vice President & General Counsel are responsible for promoting awareness and appropriate application and enforcement of this policy.

Chain of Communication and Filing of Complaints

Excerpt from the intranet KCOMStudentManual.atsu.edu>ATSU Catalog & Handbook>Chain of Communication and Filing of Complaints

Chain of Communication:

KCOM promotes conflict resolution using a chain of communication hierarchy. When addressing a problem or issue informally, students should speak with the person most directly responsible for the matter. If the issue cannot be resolved at that level and the student wishes to pursue it further, he or she may move up the Chain of Communication one step at a time.

1. Faculty Member/ Clinical Preceptor
2. Course Director (Years 1 and 2 only)
3. Department Chair/DSME
4. Appropriate Associate Dean (Years 1 & 2: Associate Dean, Medical Education, Years 3 & 4: Associate Dean Clinical Affairs.
5. Dean

Examples:

- Student has a concern about a grade on a quiz or assignment. Student should address the concern with the faculty member. If the issue is not resolved, the student could address the issue with the course director, etc.
- Student interacted or observed a faculty member on or off campus behaving in a manner that the student perceived to be unprofessional. Student should address the concern to the department chair. If the issue is not resolved, the student could address the issue with the appropriate associate dean, etc.
- Student has a concern related to a clinical evaluation. Student should address the concern with the preceptor. If the issue is not resolved, the student could address the issue with the DSME, etc.

Note that the Associate Dean for Academic Affairs can serve as a sounding board and student advocate for any students experiencing challenges in any portion of the academic program. Additionally, the Vice President for Student Affairs supports students through difficult situations.

Filing of Complaints:

There are two types of complaints that can be filed by students:

- **Specific Complaints** include issues of discrimination, harassment, retaliation, Title IX, Work Study (Title VII), Student Records (FERPA), Disability access and accommodations, institutional accreditation, program accreditation (link in this section-below), Veteran's Affairs, and Federal Financial Aid.
- **General Complaints** include academic and non-academic issues.

To learn more about complaints and filing of complaints **click here**.

For details about filing a program complaint for the ATSU-DO Program to the Commission on Osteopathic College Accreditation (COCA), see the **KCOM Catalog**. Per the COCA, complaints will not be processed if submitted anonymously. The complainant must use the proper COCA complaint form and include any documentation that could support the allegation. **COMPLAINTS MADE DIRECTLY TO THE COCA WILL BE KEPT ANONYMOUS TO THE KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE.**

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ATSU POLICY NO. 95-101: ALCOHOL AT ATSU EVENTS

DATE APPROVED: JUNE 15, 2017 **SIGNATURE:** ***Signature on file in HR***

Purpose

This policy establishes criteria for responsible use of alcoholic beverages on ATSU's campus and at ATSU-sanctioned/sponsored off-campus events.

Policy

This policy applies to all ATSU-sponsored on-campus and off-campus events.
The use of alcoholic beverages in the facilities of and on the campus of ATSU is generally limited to the Thompson Campus Center (Missouri campus), student lounge/cafeteria area (Arizona campus), and Jack and Jamie Learning Center (Arizona campus).

A. Basic rules

1. Unless otherwise requested and approved by the ATSU President, provision and/or use of alcoholic beverages is limited to wine and beer;
2. Alcoholic beverages must be served in compliance with this policy and all relevant local, state, and federal laws and regulations;
3. Non-alcoholic beverages must be available at the same place as alcoholic beverages and must be featured as prominently as alcoholic beverages throughout the event;
4. Food items, including non-salty foods, must be available throughout the event;
5. All alcoholic beverages shall be served only by a designated bartender. ATSU representatives are prohibited from serving or receiving payment for alcoholic beverages;
6. Intoxicated persons shall be refused service;
7. ATSU representatives and departments are prohibited from purchasing alcohol and providing it directly for consumption;
8. ATSU representatives responsible for overseeing an event are prohibited from consuming alcoholic beverages prior to or during the event;
9. A designated driver program is advisable and recommended;
10. ATSU representatives must enforce occupancy limits for the venue, including common rooms, hallways, and stairwells;
11. Employees are subject to the provisions of ATSU Policy No. 90-324: Drug-Free, Alcohol-FreeWorkplace;
12. Students are subject to the provisions of the ATSU Policy on Illicit Use of Drugs and Alcohol in the ATSU Student Handbook; and
13. Violation of this policy may result in loss of future privileges regarding alcoholic beverages on ATSU campuses or as part of ATSU-sanctioned/sponsored events.

B. On-campus events

In addition to the basic rules described in section A above, provision and use of alcoholic beverages for on-campus events are limited by the following rules:

1. Must obtain prior written approval from the ATSU President to serve alcohol at on-campus events;
2. Arrangements for alcoholic beverages at events must be made by the organization or person responsible for the event.
3. Individuals or guests shall not be permitted to bring alcoholic beverages to any function or activity;
4. Non-ATSU groups are not permitted to have alcoholic beverages at on-campus events due to liability issues;

5. The presence of alcoholic beverages shall be limited to designated campus areas unless approved by the ATSU President.

C. Off-campus events

Provision and use of alcoholic beverages for ATSU-sanctioned/sponsored off-campus events are limited to the following rules:

1. Must obtain prior written approval from the ATSU President to serve alcohol at ATSU-sanctioned/sponsored off-campus events;
2. All contracts relating to renting off-campus space must verify the third-party facility is properly insured and such agreement must be approved by the vice president & general counsel; and
3. If alcohol is being served at an ATSU-sanctioned/sponsored off-campus event, it must be obtained and served by an establishment or caterer with a valid liquor license.
4. ATSU representatives (including employees, students, and third-parties) at ATSU-sanctioned/sponsored off-campus events remain subject to all ATSU policies and procedures.

Responsibility

A. ATSU event organizers are responsible for understanding and following this policy.
B. The ATSU President is responsible for approving the provision and use of alcoholic beverages at ATSU-sanctioned/sponsored events.

Attachment A – ATSU Policy 95-101

ALCOHOL REQUEST FORM

All requests to have alcohol at University events are to be routed through the Chancellor's Office for review and approval. Please submit this completed request form to the Chancellor's Office by email (chancellor_forms@atsu.edu) at least four weeks before the event.

Limited to two drink tickets per attendee. Per ATSU Policy 95-101:

1. Alcoholic beverages are limited to beer and wine.
2. Non-alcoholic beverages must be available at the same time.
3. Food items, including non-salty foods, must be available.
4. ATSU representatives responsible for overseeing the event are prohibited from consuming alcoholic beverages prior to or during the event.
5. All alcoholic beverages are to be served only by a designated bartender.

Requesting Department/ATSU Organization: _____ Dept. Code: _____

Responsible Employee: _____

Phone Number/ATSU Extension: _____

Name of Event: _____

Date of Event: _____

Location of Event: _____

Description of Event:

_____

Certification

	Yes	No
I have read Policy 95-101 Alcohol at ATSU Events in its entirety, including all attachments.	☐	☐

_____ _____
Signature of Responsible Employee Date

_____ _____
Signature of Dean (if applicable) Date

_____ _____
Signature of Chancellor's Cabinet Member Date

Authorization by Chancellor

☐ Approved

☐ Denied _____ Date: _____
Craig M. Phelps, DO

After review by the ATSU chancellor, please route a copy to the Finance Department. When processing the invoices and/or receipts from the event, please include this document as policy approval.

ATSU POLICY NO. 95-102: WASTE MANAGEMENT

Date approved: *August 19, 2018* Signature: *On file with HR*

Purpose

This general order outlines ATSU policy for management of waste generated due to ATSU activities. Certain types of waste material should not be discarded using standard waste bins. Instead, the types of waste identified in this policy should be disposed of using the guidelines specified in the accompanying attachments.

Policy

A. All members of the ATSU community, including faculty, staff, students, and third parties, must contribute to the proper management of waste on ATSU campuses or in educational programs.
B. Proper collection, management, and disposal of certain types of waste should conform to the guidelines outlined by the attachments accompanying this policy.
C. Members of the ATSU community must be aware of the wastes they produce and the appropriate ATSU management system for each type of waste. Individual community members are responsible for the proper management of their waste.
D. Certain waste must be managed according to ATSU waste management protocols. If no specific protocol exists for the type of waste identified (broken glass, plastic, or other items which may cause injury), members of the ATSU community must contact ATSU Facilities to coordinate proper disposal. This applies in all settings to ensure safety for employees, students, and guests.
E. Current ATSU waste management programs include:
   1. Human blood, human bodily fluids, and human biological material – ATSU Policy No. 95-107: *Disease Exposure Prevention and Control Plan*.
   2. Mercury-containing equipment, such as thermostats, mercury switches, and manometers – Attachment A
   3. Batteries – Attachment B
   4. Electronic waste – Attachment C
   5. Used lamps, such as fluorescent, HID, and other lamps, bulbs, or tubes – Attachment D

Responsibility

A. All members of the ATSU community are responsible for identifying, evaluating, and properly managing waste on ATSU campuses or in educational programs in accordance with this policy.
B. ATSU Facilities is responsible for advising on and assisting with disposal of waste in accordance with this policy.

Management of Universal Waste – Mercury-Containing Equipment

Standard Operating Procedure

PURPOSE: To properly manage the collection, storage and disposal of mercury-containing equipment on A.T. Still University campuses in Missouri and Arizona.

Mercury-containing equipment includes, but is not limited to:

- Thermostats
- Mercury switches
- Mercury containing thermometers
- Manometers

Mercury-containing equipment does NOT include:

- Mercury-containing equipment that is not hazardous waste
- Mercury-containing equipment that also exhibits other characteristics of hazardous waste
- Equipment from which the mercury-containing components have been removed
- Mercury that has been removed from the mercury-containing equipment

COLLECTION: As mercury-containing equipment is replaced throughout the campus, it should be collected for recycling. A central accumulation location has been designated on each campus.

Designated collection locations are:

Missouri campus: TBR Basement Hazardous Chemical Storage
Arizona campus: Central Plant

STORAGE:
Containers: Mercury-containing equipment that no longer functions or will no longer be used on campus, should be collected and stored in compatible containers, such as plastic pails, to prevent breakage. The containers must be closed when items are not being added.

Broken or leaking mercury-containing equipment should be segregated and may need to be managed as hazardous waste (see mercury spill response section below).

Labels: Containers of mercury-containing equipment, or for large equipment the unit itself, must be labeled with the following phrase: “Universal Waste – Mercury-containing Equipment” and the date accumulation begins.

Accumulation Time Limits: Universal waste, including mercury-containing equipment, cannot be stored for more than one year past the date of generation. Each item or container must be dated when accumulation begins.

DISPOSAL (RECYCLING): Mercury-containing equipment should be sent offsite for recycling with an ATSU approved vendor.

MERCURY-CONTAINING EQUIPMENT SPILL RESPONSE: Mercury spills over 1 lbs (approximately 2 tablespoons) are considered large spills, require immediate reporting, and should be cleaned up only by trained contractors.

DO NOT use a household vacuum or a standard broom to clean a mercury spill – this may spread fumes and scatter mercury drops.

DO NOT rinse mercury down a sink as mercury is heavier than water and will sit in the s-trap of the sink, where it may continue to release fumes.

Use a mercury spill kit to clean a small mercury spill.

Mercury spill kits are located at the following locations:

Missouri campus: Wright Building, Facilities Department
Arizona campus: Building 5850, 1st floor, fire panel room

RECORDS:
Bills of Lading and/or Certificates of Recycling should be maintained for at least three years.

REFERENCES:
Federal Regulation: 40 CFR 273
Missouri: 10 CSR 25-16.273
Arizona: 18 A.A.C.8., R18-8-273

Management of Universal Waste – Batteries

Standard Operating Procedure

PURPOSE: To properly manage the collection, storage; and disposal of used batteries on A.T. Still University campuses in Missouri and Arizona.

All batteries that may be considered hazardous waste if not properly managed under Universal Waste regulation are to be managed according to this SOP. These may include, but are not limited to:

- Lead-acid batteries
- Lithium ion batteries
- Nickel cadmium (Ni-Cd) batteries
- Mercury oxide
- Silver oxide

Other batteries, though not hazardous waste, may also be managed for recycling along with universal waste batteries. These batteries may include:

- Alkaline
- Carbon zinc
- Nickel metal hydride
- Zinc air

COLLECTION: As batteries are replaced throughout the campus, they should be collected and stored for recycling. A central accumulation location has been designated on each campus.

Designated collection locations are:

Missouri campus: Still Building - ITS Help Desk, and Gutensohn Clinic, Basement #08
Arizona campus: Building 5850 Fire Panel Room

STORAGE:
Segregation: Batteries should be segregated by battery type to facilitate proper shipping and recycling.

Containers: Used batteries should be stored in compatible containers – plastic pails may work well for small batteries. Large batteries may be stored in large boxes or other compatible containers.

Labels: Containers of batteries, or individual batteries (for large batteries), must be labeled with the following phrase: “Universal Waste – Used Batteries” and the date accumulation begins.

Containers may also be labeled with the type of battery (i.e. Lithium, Ni-Cd, etc.) to assist with sorting and segregation.

Special Provisions for Lithium Batteries: Special care is necessary when storing and shipping lithium ion batteries, as they can overheat and ignite under certain conditions. Care should be taken to ensure the terminals cannot connect; this may be accomplished by taping battery terminals with clear tape, placing in individual plastic ziptop bags, or wrapping in plastic blister

wrap. Lithium batteries should not be stored or shipped in metal containers. Lithium batteries should be securely cushioned prior to shipping to prevent shifting during transport.

Accumulation Time Limits: Universal waste, including batteries, cannot be stored for more than one year past the date of generation. Each item or container must be dated when accumulation begins.

DISPOSAL (RECYCLING): Used batteries should be sent offsite for recycling with an ATSU approved vendor.

RECORDS: Bills of Lading and/or Certificates of Recycling should be maintained for at least three years.

REFERENCES:
Federal Regulation: 40 CFR 273
Missouri: 10 CSR 25-16.273
Arizona: 18 A.A.C.8., R18-8-273

Management of Electronic Waste (E-waste)

Standard Operating Procedure

PURPOSE: To properly manage the collection, storage; and disposal of electronic waste (E-waste) generated on A.T. Still University campuses in Missouri and Arizona.

Electronic waste may include, but is not limited to, the following:

- Computers (desktop, laptop, netbook and tablet computers)
- Computer monitors
- Printers
- Copy machines/ Scanners
- Fax machines
- Cell phones
- Keyboards, mice, speakers, external hard drives, flash drives and other computer accessories
- Electronic device power cords and chargers
- Televisions
- DVD players
- Blu-ray players
- VCRs
- Medical equipment capable of storing data
- LED light bulbs

COLLECTION: As electronic devices are taken out of service or replaced throughout the campus, they should be collected and stored for recycling. A central accumulation location has been designated on each campus.

Designated collection locations are:

Missouri campus: Still Building, ITS Help Desk
Arizona campus: Building 5850 1st Floor, ITS Help Desk

STORAGE:
Containers: E-waste should be stored in a specified, segregated location. That is, electronic equipment designated for disposal (e-waste) should not be stored along with electronics equipment that may still be used on campus. E-waste should also not be stored with other waste items such as other recyclables or universal wastes.

Small e-waste items should be stored in appropriate containers, such as boxes, pails, or bins. Large items may be stored in a designated area, such as pallets, gaylord boxes, or shelving. E-waste storage should be kept organized and tidy.

Labels: Storage areas or individual electronic items should be labeled as e-waste and dated when accumulation begins.

Accumulation Time Limits: As a best management practice, e-waste should be shipped out for recycling within approximately one year of generation.

DATA SECURITY: Security of data stored on electronic devices is critical. It is in the best interest of ATSU to wipe data stored on media capable of storing data prior to sending offsite.

Electronic devices capable of storing data that cannot be wiped by ATSU should be sent to recycling facilities with degaussing, shredding, or data wiping procedures.

Electronic equipment generated at any ATSU campus which may contain personal health information (PHI) should be managed in accordance with Health Insurance Portability and Accountability Act (HIPPA) requirements.

DISPOSAL
Repair and/or reuse: Electronic devices in usable conditions may be donated for repair and/or reuse only if all data stored on device has been wiped and/or hard-drives have been removed, as appropriate for the device in question. Devices previously used to store PHI should not be donated for reuse.

RECORDS: Bills of Lading and/or Certificates of Recycling should be maintained for at least three years.

MANAGEMENT OF UNIVERSAL WASTE – USED LAMPS
Standard Operating Procedure

PURPOSE: To properly manage the collection, storage, and disposal of fluorescent, HID, or other lamps (bulbs or tubes) generated on A.T. Still University campuses in Missouri and Arizona.

Fluorescent lamps contain mercury, other types of lamps may contain mercury and/or other heavy metals. Lamps not collected and sent for recycling may be subject to hazardous waste regulations.

COLLECTION: As lamps and bulbs are replaced throughout the campus, they should be collected and stored for recycling. A central accumulation location has been designated on each campus.

Accumulation locations are:

Missouri campus: Gutensohn Clinic, basement room #08
Arizona campus: Building 5850, 3rd floor compressor room; Building 5855, 1st floor fiber room

STORAGE:
Containers: Used lamps may be stored in the original cardboard boxes, but should not be mixed with new bulbs. Containers must be closed when not adding bulbs – taping the boxes closed is sufficient.

Labels: Containers of lamps must be labeled with the following phrase: “Universal Waste – Used Lamps” and the date accumulation begins.

Accumulation Time Limits: Universal waste, including lamps, cannot be stored for more than one year past the date of generation. Each item or container must be dated when accumulation begins.

Broken lamps: Broken lamps should be cleaned up using appropriate cleanup methods for mercury-containing material. Broken lamps should be stored in plastic bags, double bagged, and labeled as “Universal Waste – Broken Lamps.”

DISPOSAL (RECYCLING): Used lamps should be sent offsite for recycling with an ATSU approved vendor.

RECORDS: Bills of Lading and/or Certificates of Recycling should be maintained for at least three years.

REFERENCES:
Federal Regulation: 40 CFR 273
Missouri: 10 CSR 25-16.273
Arizona: 18 A.A.C.8., R18-8-273

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 95-103: LOCK-OUT/TAG-OUT

DATE APPROVED: JULY 12, 2017 **SIGNATURE:** ***Signature on file in HR***

Purpose

Most industrial accidents are caused by the uncontrolled release of hazardous energy. Many of these accidents can be prevented by proper lock-out/tag-out procedures. OSHA's lock-out/tag-out standard is designed to prevent needless deaths and serious injuries to service and maintenance workers by controlling hazardous energy.

To perform service and maintenance work on equipment safely, it is important to understand the importance of energy control and OSHA's lock-out/tag-out standard and how to apply energy isolation and lock-out/tag-out.

Policy

A. LOCK-OUT: A lock-out is a method of keeping equipment from being set in motion and endangering workers. In lock-outs:
   1. A disconnect switch, circuit breaker, valve, or other energy isolating mechanism is put in the safe or off position.
   2. A device is often placed over the energy isolating mechanism to hold it in the safe position.
   3. A lock is attached, so that the equipment can't be energized.

B. TAG-OUT: In a tag-out, the energy isolating device is placed in the safe position and a written warning is attached to it.

C. LOCK-OUT/TAG-OUT MATERIALS: The employer supplies all lock-out and tag-out materials. Each device must be:
   1. Durable, to withstand wear.
   2. Substantial, so it won't come off easily.
   3. Capable of identifying the person who applied it.

   All lock-out/tag-out equipment is located in the Maintenance Shop in the Wright Building.

D. WHEN TO LOCK-OUT OR TAG-OUT: Lock-out or tag-out must be used whenever service or maintenance is to be performed around any machine or piece of equipment where injury could occur by:
   1. Unexpected start-up of the equipment.
   2. Release of stored energy.
   3. Two situations are most likely to need lock-out/tag-out:
      a. When a guard or other safety device must be removed or bypassed.
      b. When any part of the body must be placed where it could be caught by movingmachinery.
   4. Some jobs for which lock-out/tag-out must be used are:
      a. Repairing electrical circuits.
      b. Cleaning or oiling machinery with moving parts.
      c. Clearing jammed mechanisms.
      d. Replacing drive belts or gears on motors and other equipment.
      e. Repairing or replacing steam or condensate lines, heat exchangers and high temperature waterlines.
   5. The OSHA regulation lets each employer use lock-out, tag-out, or both. The systems must be followed that have been chosen for the workplace.
   6. Locks and tags by themselves do not de-energize equipment. Attach them only after the machinery has been isolated from its energy sources.

E. ENERGY:
   1. Energy is movement or the possibility of movement.
   2. Whether the power switch is on or off, energy of some sort is always present in any powered equipment.
   3. Energy can come from many different sources, but it is always one of two types:
      a. Kinetic energy—the force caused by the motion of an object.
      b. Potential energy—the force stored in an object that isn't moving.

F. ENGINEERING: Some examples of protective engineering are:
   1. Machine guards.
   2. Electrical disconnects.

3. Mechanical stops, such as pins and valves.
4. Engineering lock-outs, which provide automatic protection against human error.
5. Any engineering safety feature can be defeated:
    a. Never bypass an engineering lock-out or let a co-worker do so.
    b. Never rely blindly on engineering safety features.

G. EDUCATION:
The employer will use two methods to make sure the company's lock-out/tag-out procedure is understood.
1. Documentation—a written policy of the lock-out/tag-out program of the employee's department.
2. Employee training to help employees understand how to use the energy control program; such as the video tape instruction presentation seen by all department employees.

H. ENFORCEMENT: Enforcement is necessary to make sure workers do their part in protecting their own safety.
1. An inspection is to be conducted at least once a year to make sure energy control procedures are being carried out.
2. Enforcement of safety rules must be fair and uniform.
3. Employees must know that the penalties for failure to follow written procedures are:
    a. First offense: Consultation and first conference (written).
    b. Second offense: Further disciplinary action which may include termination of employment.

I. APPLYING ENERGY CONTROLS: Energy isolation and lock-out/tag-out are to be applied only by trained employees authorized to perform service or maintenance.
Before lock-out/tag-out is applied, all employees who work in the affected area must be notified.
The OSHA regulation requires that control of hazardous energy be done according to a 6-step procedure.
1. Preparation for Shutdown: Before turning off any equipment in order to lock or tag it out, one must know:
    a. The types and amounts of energy that power it.
    b. The hazards of that energy.
    c. How the energy can be controlled.
2. Equipment Shutdown:
    a. Shut the system down by using its operating controls.
    b. Follow whatever procedure is right for the equipment, so that no one is endangered duringshutdown.
3. Equipment Isolation.
    a. Operate all energy isolating devices so that the equipment is isolated from its energy sources.
    b. Be sure to isolate all energy sources—secondary power supplies as well as the main one.
    c. Never pull an electrical switch while it is under load.
    d. Never remove a fuse instead of disconnecting.
4. Applying Lock-out/Tag-out Devices:
    a. All energy isolating devices are to be locked, tagged, or both, according to ATSU Maintenance Department energy control program.
    b. Only the standardized devices supplied by the employer are to be used for lock-out/tag-out, and they are not to be used for anything else.
    c. Use a lock-out device if the lock cannot be placed directly on the energy control.
    d. When lock-out is used, every employee in the work crew must attach his personal lock.
    e. More than one employee can lock out a single energy isolating device by using a multiple-lockhasp.
    f. For big jobs, a lock-out box may be used to maintain control over a large number of keys.
    g. If tags are used instead of locks, attach them at the same point as a lock would be attached or as close to it as possible.
    h. Fill tags out completely and correctly.
5. Control of Stored Energy: Take any of the following steps that are necessary to guard against energy left in the equipment after it has been isolated from its energy sources.
    a. Inspect the system to make sure all parts have stopped moving.
    b. Install ground wires.
    c. Relieve trapped pressure.
    d. Release the tension on springs, or block the movement of spring-driven parts.
    e. Block or brace parts that could fall because of gravity.

f. Block parts in hydraulic and pneumatic systems that could move from loss of pressure. Bleed the lines and leave vent valves open.
g. Drain process piping systems and close valves to prevent the flow of hazardous materials.
h. If a line must be blocked where there is no valve, use a blank flange.
i. Purge reactor tanks and process lines.
j. Dissipate extreme cold or heat, or wear protective clothing.
k. If stored energy can re-accumulate, monitor it to make sure it stays below hazardous levels.

6. Verifying Isolation of Equipment: Take any of the following steps that fit ATSU's equipment and energy control program.
   a. Make sure all danger areas are clear of personnel
   b. Verify that the main disconnect switch or circuit breaker can't be moved to the on position.
   c. Use a voltmeter or other equipment to check the switch.
   d. Press all start buttons and other activating controls on the equipment itself.
   e. Shut off all machine controls when the testing is finished.

J. PERFORMING THE WORK:
   1. Look ahead and avoid doing anything that could reactivate the equipment.
   2. Don't bypass the lock-out when putting in new piping or wiring.

K. REMOVING LOCK-OUT/TAG-OUT:
   1. Make sure the equipment is safe to operate.
      a. Remove all tools from the work area.
      b. Be sure the system is fully assembled.
   2. Safeguard all employees.
      a. Conduct a head count to make sure everyone is clear of the equipment.
      b. Notify everyone who works in the area that lock-out/tag-out is being removed.
   3. Remove the lock-out/tag-out devices. Except in emergencies, the person who put it on must removeit.
   4. In some workplaces, the last person to remove their lock may have extra duties.
      a. They may have to remove the hasp and lock-out device.
      b. Tags must be removed, signed, and turned in.
   5. Follow a checklist of required steps to re-energize the system.

L. SPECIAL SITUATIONS: When contractors or other outside workers are performing service or maintenance at employee's workplace:
   1. The outside contractor and the on-site employer must exchange lock-out/tag-out information. Employees on site need to understand rules used by the other company's energy control program.
   2. Be alert for new types of lock-out or tag-out devices
   3. If equipment being worked on must be temporarily reactivated, the following procedures are to be followed:
      a. Remove unnecessary tools from the work area and make sure everyone is clear of theequipment.
      b. Remove the lock-out/tag-out devices and re-energize the system.
      c. As soon as the energy is no longer needed, isolate the equipment and reapply lock-out/tag-out, using the 6-step procedure.
   4. If servicing lasts more than one work shift:
      a. Lock-out/tag-out protection must not be interrupted.
      b. Employees leaving work do not remove their locks until the ones arriving are ready to lock out.
   5. When the worker who applied a lock isn't there to remove it:
      a. The lock may be removed only in an emergency and only under the direction of the supervisor.
      b. Use the "Two-Person Rule." The lock is not cut unless a supervisor is present.
      c. Never remove the lock without making sure it is absolutely safe.
      d. File any necessary reports.

Responsibility

A. ATSU Facilities is responsible for providing awareness training, monitoring compliance, and developing and/or acquiring practices/procedures/equipment to ensure the safety of ATSU employees.
B. This policy describes circumstances and job functions where the life or health of the employee is dependent upon taking appropriate precautions. Each employee is responsible for their own safety by complying with this policy.

Workplace Violence Prevention Plan for

A.T. Still University of Health Sciences

Date of Last Review: June 30, 2024

Date of Last Revision(s): June 30, 2024

Purpose

The Workplace Violence Prevention Plan (WVPP) aims to clearly outline how A.T. Still University of Health Sciences (ATSU) California campus prevents and responds to workplace violence in compliance with California Senate Bill 533 that goes into effect July 1, 2024. This plan outlines how ATSU identifies, reports, tracks, and analyzes violent incidents to reduce the likelihood of re-occurrence. The plan will be in effect at all times and in all work areas on the California campus and is specific to the hazards and corrective measures for each work area and operation.

Definitions

Workplace violence - Any act of violence or threat of violence that occurs in a place of employment. It includes, but is not limited to, the following:

- The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.

- An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.

- The following four workplace violence types:

  Type 1 violence - Workplace violence committed by a person who has no legitimate business at the worksite, and includes violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.

  Type 2 violence - Workplace violence directed at employees by patients, students, or visitors.

  Type 3 violence - Workplace violence against an employee by a present or former employee, supervisor, or manager.

  Type 4 violence - Workplace violence committed in the workplace by a person who does not work there, but has or is known to have had a personal relationship with an employee.

Roles and responsibility

The WVPP was created collaboratively between the ATSU offices of Human Resources, Facilities, Campus Safety, and COO & General Counsel. The WVPP administrator, the Director of Campus Safety, has the authority and responsibility to implement the provisions of this plan for ATSU. Multiple persons are responsible for the plan, and their roles are described in the table below.

Responsible Person (s)	Job Title/Position	WVPP Responsibility(ies)	Phone #	Email
Andrew Fresh	Director of Campus Safety	**Overall responsibility for the plan as chair of the WVPP review committee;** This position approves the	660-216-0202	andrewfresh@atsu.edu

		final plan and any major changes. Ensures the plan is reviewed annually for revisions and updates. Handles any reports of workplace violence.		
John Gardner	Director, Policy and Employee Education, Title IX and Civil Rights Coordinator	**Responsible for employee involvement and training;** This position develops and updates training materials, and distributes them to employees upon hire and annually thereafter.	(660) 626-2113	johngardner@atsu.edu
Campus Safety Officers	Campus Safety Officers	**Responsible for emergency response, hazard identification, and coordination with other responsible parties;** The Campus Safety officers conduct safety inspections, coordinate emergency response procedures, and communicate with others about the plan.	(805) 245-6221	security@atsu.edu
Tonya Fitch	Director Human Resources	**Responsible for responding to complaints or concerns regarding workplace violence;** This position will work with Campus Safety to promptly investigate any incidents or concerns of workplace violence and inform affected employees of the results of the investigation and any corrective actions to be taken	(480) 219-6007	tfitch@atsu.edu
Donna Brown	Assistant Chief, Human Resources	**Responsible for responding to complaints or concerns regarding workplace violence;** This position will work with Campus Safety to promptly investigate any incidents or concerns of workplace violence and inform affected employees of the results of the investigation and any corrective actions to be taken	(660) 626-2792	dbrown@atsu.edu

All California Employees:

- Will follow all WVPP directives, policies, and procedures and assist in maintaining a safe work environment.
- Participate in new employee education upon hire that includes workplace violence prevention policies and procedures.
- Complete at least annual training on the provisions of the WVPP.

- Report any concerns about workplace violence prevention or violence.
- Read the WVPP and be familiar with the requirements.

California supervisors:

- Work with and allow employees and authorized employee representatives to participate in identifying, evaluating, and determining corrective measures to prevent workplace violence.
- Receive and respond to any reported violent incidents or other workplace violence concerns.
- Ensure employees have completed and understand the annual training on the WVPP.
- Ensure that all workplace violence policies and procedures within this written plan are clearly communicated and understood by all employees. Managers and supervisors will enforce the rules fairly and uniformly. ATSU policies are available at all times on the HR portal page.

Human Resources

- Annually, conduct a brief survey to review the current education and ask employees for feedback to improve training and address any scenarios in which employees may want additional resources.
- Post or distribute workplace violence prevention information.
- Promptly investigate any incidents or concerns of workplace violence. Inform affected employees of the results of the investigation and any corrective actions to be taken.
- Ensure that supervisory and nonsupervisory employees comply with the WVPP. Human Resources conducts monthly meetings with the dean and other leadership on the California campus.
- Provide re-education to employees whose safety performance is deficient with the WVPP.
- Discipline employees for failure to comply with the WVPP. Employees will be disciplined for violations of the WVPP through the established progressive discipline process and as outlined in the ATSU Employee Handbook.

Campus Safety

- Regularly communicate with employees and their representatives to discuss the identification of workplace violence-related concerns/hazards, evaluate those hazards and/or concerns, and determine how to correct them. These meetings could involve brainstorming sessions, discussions of recent incidents, and reviews of safety procedures.
- Promptly investigate any incidents or concerns identified, including concerns brought forth by employees. Reporting employees will be informed of the results of the investigation and any corrective actions to be taken.
- Maintain the violent incident reports and incident logs.

Education and communication

All employees, including supervisors, will have education and instruction on general and job-specific workplace violence practices upon hire and annually thereafter. Whenever a new or previously unrecognized workplace violence hazard has been identified and changes are made to the plan, additional training will be provided. The additional training may be limited to addressing the new workplace violence hazard or changes to the plan.

ATSU will provide its employees with education and instruction on the definitions found on page 1 of this plan and the requirements listed below:

- ATSU's WVPP, how to obtain a copy of the plan at no cost, and how to participate in the development and implementation of the plan.
- How to report workplace violence incidents or concerns to ATSU or law enforcement without fear of reprisal.
- Workplace violence hazards specific to the employees' jobs, the corrective measures ATSU has implemented, how to seek assistance to prevent or respond to violence, and strategies to avoid physical harm.
- The violent incident log and how to obtain copies of records about hazard identification, evaluation and correction, training records, and violent incident logs.
- Opportunities ATSU has for interactive questions and answers with a person knowledgeable about the ATSU plan.

Coordination with other employers

If other employers, such as contractors, vendors, and staffing agencies, are visiting university facilities, they are expected to be trained in workplace violence prevention. To that end, ATSU will coordinate the implementation of its plan with other employers at our facilities. This will be done by notifying all active vendors by letter and providing them access to our WVPP. This also means that any workplace violence incident that occurs to any employee, ours or the other employer's, must be reported, investigated, and recorded, and the violent incident log will be provided to each other.

Workplace violence incident reporting procedure

ATSU will implement the following effective procedures to ensure all threats or acts of workplace violence are reported to an employee's supervisor or HR, who will inform the WVPP administrator. This will be accomplished by an immediate phone call, text message, or email. If that's not possible, employees will report incidents directly to the WVPP administrator.

Employees can report incidents to their supervisor, HR, or through an anonymous hotline. The hotline could be a dedicated phone number or an online form.

- Workplace Violence Reporting Hotline: 1.855.FRAUDHL (1.855.372.8345)
- Workplace Violence Reporting Form: https://www.fraudhl.com/ (reference company ID "ATSU")

A strict non-retaliation policy is in place, and any instances of retaliation are dealt with swiftly and decisively. Please refer to ATSU POLICY NO. 90-210: PROHIBITION OF DISCRIMINATION, HARASSMENT, AND RETALIATION and ATSU POLICY NO. 10-216: WHISTLEBLOWER POLICY

Emergency response procedures

ATSU has in place the following specific measures to handle actual or potential workplace violence emergencies:

- To alert employees of the presence, location, and nature of workplace violence emergencies, ATSU utilizes the Rave Alert system for campus emergency notifications by text messaging and/or email. Additional communication methods (e.g., overhead paging, digital signage, desktop pop-up notification, etc.) may be utilized, where available.
- ATSU has the following procedure for evacuations.
- Escape, if possible/safe to do so.
- Remain calm.
- Turn off computer, time permitting.
- Take personal items, only if time permits.
- Each department has a map posted in the area showing the best route for evacuation.
- Always use stairs, if safe to do so. Do not use elevators, unless there is no other safe/viable option, especially in a fire emergency. Many elevators will not work once a fire alarm is activated.
- Remain quiet during evacuation to hear any directions.
- Close, but do not lock, all doors upon leaving an area, time and circumstances permitting.
- Be aware of persons with disabilities who may require help and assess the possibility of providing assistance, if it can be done safely. If you cannot assist, try to make the person(s) as safe and accessible to help as possible. Someone should call **911**, ATSU Campus Safety, and notify the first person in authority encountered as to the need for assistance. Be specific on location and need. Depending on the event, stairwells are often reinforced and will be along a path traveled by emergency responders and can possibly serve as a safer location.
- Some departments have vital logs or files. Departments should plan ahead. If vital logs or files may be carried easily, a person should be assigned the responsibility of picking them up as s/he leaves. If this is not practical, plan how vital logs or files may be quickly placed in a safe area. In a fire, more damage is done by water than fire, so even placing items in a desk drawer provides some protection.

Following an evacuation

- Remain calm.
- Do NOT go back into the building until an "all clear" is issued by an appropriate authority via overhead paging, text messaging, and/or email.

- Once in a safe area, stay visible, and do not leave. Persons not accounted for may be assumed to be missing and in need of rescue.
- Supervisors should account for occupants from their respective areas and notify authorities immediately if someone is missing. Follow instructions by those in authority.

THE ABOVE PROCEDURE IS A GUIDELINE. IT IS THE RESPONSIBILITY OF EACH PERSON TO BE AWARE OF SURROUNDINGS AND PLAN FOR EMERGENCY SITUATIONS.

- All emergency procedures can be found on the ATSU security website.

Workplace violence hazard identification and evaluation

The following policies and procedures are established and required to be conducted by ATSU to ensure workplace violence hazards are identified and evaluated:

- Inspections shall be conducted when the plan is first established, after each workplace violence incident, and whenever the employer is made aware of a new or previously unrecognized hazard.
- Review all submitted/reported concerns of potential hazards as received in addition to monthly review of all submitted and reported concerns.

Periodic Inspections

Periodic inspections of workplace violence hazards will identify unsafe conditions and work practices. This may require assessment for more than one type of workplace violence. Periodic inspections shall be conducted annually.

Periodic inspections to identify and evaluate workplace violence and hazards will be performed by the following designated personnel in the following areas of the workplace:

Specific Person Name/Job Title	Area/Department/Specific location
Tony Magliano / Senior Director of Facilities	Facilities
Andrew Fresh/ Director of Campus Safety	Campus Safety

Inspections for workplace violence hazards include assessing:

- The exterior and interior of the workplace for its attractiveness to robbers.
- The need for violence surveillance measures, such as mirrors and cameras.
- Procedures for employee response during a robbery or other criminal act, including the university's policy prohibiting employees who are not campus safety officers from confronting violent persons or persons committing a criminal act.
- Procedures for reporting suspicious persons or activities.
- Effective location and functioning of emergency buttons and alarms.
- Posting of emergency telephone numbers for law enforcement, fire, and medical services.
- Whether employees have access to a telephone with an outside line.
- Whether employees have effective escape routes from the workplace.
- Whether employees have a designated safe area where they can go to in an emergency.
- Adequacy of workplace security systems, such as door locks, entry codes or badge readers, security windows, physical barriers, and restraint systems.
- Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
- Employees' skill in safely handling threatening or hostile service recipients (example: campus safety officers).
- Effectiveness of systems and procedures that warn others of actual or potential workplace violence danger or that summon assistance, e.g., alarms or panic buttons.
- The use of work practices such as the "buddy" system for specified emergency events.
- The availability of employee escape routes.
- How well our establishment's management and employees communicate with each other.

- Access to and freedom of movement within the workplace by non-employees, including recently discharged employees or persons with whom employee is having a dispute.
- Frequency and severity of employees' reports of threats of physical or verbal abuse by managers, supervisors, or other employees.
- Any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace.

Workplace violence hazard correction

Workplace violence hazards will be evaluated and corrected in a timely manner. ATSU will implement the following procedures to correct identified workplace violence hazards:

- If an imminent workplace violence hazard exists that cannot be immediately abated without endangering employee(s), all exposed employee(s) will be removed from the situation except those necessary to correct the existing condition. Employees who correct the hazardous conditions will be provided with the necessary protection.
- All corrective actions taken will be documented and dated on the appropriate forms.
- Corrective measures for workplace violence hazards will be specific to a given work area.

Procedures for post-incident response and investigation

After a workplace incident, the WVPP administrator or designee will implement the following post-incident procedures:

- Visit the scene of an incident as soon as safe and practicable.
- Interview involved parties, such as employees, witnesses, law enforcement, and/or campus safety personnel.
- Review security footage of existing security cameras if applicable.
- Examine the workplace for security risk factors associated with the incident, including any previous reports of inappropriate behavior by the perpetrator.
- Determine the cause of the incident.
- Take corrective action to prevent similar incidents from occurring.
- Record the findings and ensure corrective actions are taken.
- Obtain any reports completed by law enforcement.
- The violent incident log will be used for every workplace violence incident and will include information, such as:
    - The date, time, and location of the incident.
    - The workplace violence type or types involved in the incident.
    - A detailed description of the incident.
    - A classification of who committed the violence, including whether the perpetrator was an employee or student, family or friend of an employee or student, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.
    - A classification of circumstances at the time of the incident, including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.
    - A classification of where the incident occurred, such as in the workplace, parking lot or other area outside the workplace, or other area.
    - The type of incident, including, but not limited to, whether it involved any of the following:
        - Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
        - Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
        - Threat of physical force or threat of the use of a weapon or other object.
        - Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
        - Animal attack.
        - Other.
    - Consequences of the incident, including, but not limited to:
        - Whether Campus Safety or law enforcement was contacted and their response.

        - Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.
        - Information about the person completing the log, including name, job title, and the date completed.
- Reviewing all previous incidents.
- ATSU will provide support and resources to include counseling services to affected employees. ATSU has an EAP program available at 1-800-999-7222 or anthemEAP.com and enter company code: ATSU.

Ensure no personal identifying information is recorded or documented in the written investigation report. This includes information which would reveal identification of any person involved in a violent incident, such as the person's name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the person's identity.

Employee access to the written WVPP

ATSU ensures the WVPP is in writing and available and easily accessible to employees, authorized employee representatives, and representatives of Cal/OSHA at all times. This will be accomplished by posting it on the ATSU website and Human Resources portal, and upon request, a printed copy will be available on the California campus. The WVPP will also be available in the required training.

Recordkeeping

ASTU will:

- Create and maintain records of workplace violence hazard identification, evaluation, and correction for a minimum of five (5) years.
- Create and maintain training records for a minimum of one (1) year and include the following:
    - Training dates.
    - Contents or a summary of the training sessions.
    - Names and qualifications of persons conducting the training.
    - Names and job titles of all persons attending the training sessions.
- Maintain violent incident logs for minimum of five (5) years.
- Maintain records of workplace violence incident investigations for a minimum of five (5) years.

Employee access to records

The following records shall be made available to employees and their representatives, upon request and without cost, for examination and copying within **15 calendar days of a request**:

- Records of workplace violence hazard identification, evaluation, and correction.
- Training records.
- Violent incident logs.

Review and revision of the WVPP

The ATSU WVPP will be reviewed for effectiveness at least annually, when a deficiency is observed or becomes apparent, after a workplace violence incident, and/or as needed. Employees will be surveyed annually for their feedback on the effectiveness of the WVPP.

The review and revision of the WVPP will be done by a review committee. This will be under the direction of the Director of Campus Safety and will have representation from Human Resources, the Office of the COO & General Counsel, and employees from the California campus. The review will include the following procedures to obtain the active involvement of employees and authorized employee representatives in reviewing the plan's effectiveness:

- Review of ATSU's WVPP should include, but is not limited to:
    - Review of incident investigations and the violent incident log.
    - Assessment of the effectiveness of security systems, including alarms, emergency response, and campus safety personnel availability (if applicable).
- Review that violence risks are being properly identified, evaluated, and corrected. Any necessary

revisions are made promptly and communicated to all employees. (These revisions could involve changes to procedures, updates to contact information, and additions to training materials.)

Addendum A - Violent Incident Log

This log must be used for every workplace violence incident that occurs in the workplace. At a minimum, it will include the information required by LC section 6401.9(d).

The information that is recorded will be based on:

- Information provided by the employees who experienced the incident of violence.
- Witness statements.
- All other investigation findings.

All information that personally identifies the individual(s) involve will be omitted from this log, such as:

- Names
- Addresses – physical and electronic
- Telephone numbers
- Social security number

Incident Date: _____

Time of incident: _____

Location(s) of Incident	Workplace Violence Type (Indicate which type(s) (Type 1, 2,3,4)

Check which of the following describes the type(s) of incident, and explain in detail:

Note: *It's important to understand that "Workplace Violence Type" and "Type of Incident" have separate requirements.* ***For this part of the log, "Type of Incident" specifically refers to the nature or characteristics of the incident being logged.*** *It does not refer to the type of workplace violence.*

- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other.

Explain: *[Provide a detailed description of the incident and any additional information on the violence incident type and what it included. Continue on separate sheet of paper if necessary.]*

_____

_____

_____

_____

_____

Workplace violence committed by: [For confidentiality, only include the classification of who committed the violence, including whether the perpetrator was a employee or student, family or friend of a employee or student, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.]

Circumstances at the time of the incident: *[write/type what was happening at the time of the incident, including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.]*

Where the incident occurred: *[Where the incident occurred, such as in the workplace, parking lot or other area outside the workplace, or other area.]*

Consequences of the incident, including, but not limited to:

- Whether Campus Safety or law enforcement was contacted and their response.
- Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.

[Include information on what the consequences of the incident were.]

Were there any injuries? Yes or No. Please explain:

[Indicate here if there were any injuries, if so, provide description of the injuries

- Were emergency medical responders other than law enforcement contacted, such as a fire department, paramedics, on-site first-aid certified personnel? Yes or No. If yes, explain below:

Did the severity of the injuries require reporting to Cal/OSHA? If yes, document the date and time this was done, along with the name of the Cal/OSHA representative contacted.

A copy of this violent incident log needs to be provided to the employer. Indicate when it was provided and to whom.

This violent incident log was completed by: _____

[Name of person completing this log], [Job Title of person completing this log], [Date this log was completed]

[Signature of person completing this log] *[Date of completion]*

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 95-106: HAZARD COMMUNICATION PROGRAM

DATE APPROVED: JANUARY 10, 2022 **SIGNATURE: *Signature on file in HR***

Purpose

In accordance with 29 CFR 1910.1200, the following written Hazard Communication Program has been established by A.T. Still University (ATSU).

ATSU is committed to preventing accidents and ensuring the safety and health of its employees. This program is designed to ensure each employee has the information needed to handle and use hazardous chemicals safely.

This policy includes provisions for container labeling, adding and deleting chemical inventory, Safety Data Sheets (SDS), employee training programs, and University-wide maintenance and compliance.

Policy

A. Labels and other forms of warning
   1. Each laboratory, department, or physical space containing chemicals will have an employee assigned to be responsible for that particular space. This individual will be referred to as supervisor throughout this policy. The supervisor will verify all containers of hazardous chemicals received for use by the work area are labeled or marked by the manufacturer or distributor with the following information:
      a. Product identifier
      b. Signal word
      c. Hazard statement(s)
      d. Pictogram(s)
      e. Precautionary statement(s)
      f. Name, address, telephone number of the chemical manufacturer, importer, or other responsible party
   2. The labels must be prominently displayed in English although other languages may be included, if necessary. Labels are not to be defaced or removed, and all worn labels must be replaced.
   3. ATSU will provide a clear and reasonable warning before knowingly and intentionally exposing employees to a chemical listed under State of California Proposition 65 known to cause cancer, birth defects, or reproductive harm. While this is a California-specific regulation, ATSU is applying this practice across the University for consistency and health and safety.

B. Inventory
   1. All chemicals must be listed within a hazardous waste determination spreadsheet, which acts both as an inventory and a quick reference to what hazards the chemical may pose, if any. The hazardous waste determination spreadsheet should be placed within the orange hazardous materials binder and visible within the physical space. A blank hazardous waste determination spreadsheet may be obtained from the director of facilities. A completed spreadsheet should be provided to the director of facilities by the supervisor.
   2. The inventory will be managed by the supervisor who has the following responsibilities:
      a. Any new chemical, whether solid, liquid, or gas brought into the physical area, must be added to the hazardous waste determination spreadsheet.
      b. Enter the new chemical into the SDS database.
      c. Communicate with employees or students about significant new information, train employees on the safe handling of the chemical products within that space, and document the training.
      d. Any chemical removed from the physical area must be removed from the hazardous waste determination spreadsheet.
      e. The SDS coordinator (role defined in Section C.5) must be notified the chemical was removed from the inventory. The SDS coordinator will archive the SDS within the online database.

C. Safety Data Sheets (SDS)
   1. SDS include information for chemicals, including physical, health, and environmental hazards, protective measures, and safety precautions for handling, storing, and transporting the chemical.

2. ATSU must make SDS readily available to all employees in the workplace during each work shift when employees are within their work areas. ATSU maintains an online SDS database for all hazardous and nonhazardous chemicals to which employees and students may be exposed. This database may be accessed on a computer or mobile device at atsu.edu/sds. Placards are placed at labs and other locations with hazardous chemicals directing employees and others to the web address for the SDS database. Departments may choose to provide paper copies of SDS in addition to the database as long as the paper SDS are identical to the database SDS. If an employee needs help accessing a SDS, the employee should contact ATSU Security or the director of facilities of the respective campus.
3. Each physical space shall have a SDS for each hazardous and nonhazardous chemical used. If a SDS is not available within the online database, the employees and lab workers who found the deficit should contact the supervisor.
4. Hazardous and nonhazardous chemicals will not be accepted within the workplace without a SDS. ATSU employees shall not develop SDS. Chemical manufacturers or importers are responsible for developing a SDS for all chemicals they produce.
5. Each campus will have a SDS coordinator designated by the Hazardous Materials Management Committee. The SDS coordinator will do the following:
    a. Help locate a SDS if the supervisor is having difficulty.
    b. Request a SDS from the manufacturer when unavailable from the online database.
    c. Delete a SDS if the supervisor has made an error.
    d. Archive any chemicals removed from the inventory.
    e. Once a month, back up the SDS database so in the event of internet failure all SDS are still available to the University.
6. If internet failure has occurred and an individual needs to access the backup database of SDS, ATSU Security or the director of facilities should be contacted.

D. Employee and student training information
1. All employees and students will be provided with information and training on chemical hazards in their work area upon initial assignment and when a new hazard is introduced within the work area. The information and training will be provided by the area supervisor. Employees and students shall be informed of:
    a. Location of the inventory of chemicals in the workplace.
    b. Location and means to access the SDS for each chemical in inventory.
    c. How to use and understand the labels on shipped container and workplace labeling system used.
    d. How to reduce or prevent exposure to these chemicals.
    e. Procedures to follow if they are exposed to these chemicals.
    f. Procedures to follow in the event of a chemical spill or leak.
    g. Personal protective equipment (PPE) requirements and how to use the equipment.
2. Human Resources will provide annual required employee education to all employees. Human Resources' instruction shall consist of the following components:
    a. Background on OSHA's hazard communication standard.
    b. Required elements of a hazard communication program.
    c. Hazardous materials (chemical products that can cause physical or health hazards).
    d. An overview of container labeling.
    e. How to find and interpret a SDS.
3. Verification of education:
    a. A list of all employees and students educated in a particular physical space will be kept in the orange hazardous materials binder.
    b. Human Resources will maintain a list of all employees who have completed the annual required employee education.
4. Non-ATSU employee workers
    a. Before performing any work at ATSU, the director of facilities will ensure all temporary workers, subcontractors, and/or any employees of other employers who may be exposed to hazardous chemicals are provided with the following information:
        1. Location of onsite SDS for each hazardous chemical to which they may be exposed while working.
        2. Precautionary measures to be taken to protect employees during normal operating conditions in foreseeable emergencies.

3. Labeling system used within the workplace.
4. Procedures to follow in the event of harmful exposure to a chemical.

b. ATSU should contact each contractor (and contractors should contact their subcontractors) before work starts to gather and disseminate any information concerning chemical hazards the contractors or their subcontractor will be bringing into the workplace, and vice versa.
c. Department chairs and/or individuals employing temporary workers, subcontractors, and/or bringing any employees of other employers to campus, must notify the director of facilities if those individuals might be exposed to a hazardous chemical while on campus.

E. Program maintenance and compliance
1. Supervisors will annually attest their respective areas comply with this policy and keep their SDS inventory and training list up to date.
2. SDS database coordinators will back up the online database monthly.
3. Any direct or intentional violation or non-compliance with this program may result in disciplinary action up to and including termination of the person(s) involved, in accordance with ATSU policies.

Responsibility

A. Supervisors - Responsible to verify all containers of hazardous chemicals are appropriately labeled, maintain the hazardous waste determination spreadsheet and SDS database, and provide information to and provide education for employees and students as needed.
B. SDS coordinators - Responsible to assist in maintaining the SDS database for their campus, including a monthly backup.
C. Director of facilities - Responsible to assist in locating SDS when requested and ensure temporary workers, subcontractors, and employees, who may be exposed to hazardous chemicals, have information needed to protect them from harmful exposure.
D. Human Resources - Responsible to provide and document annual education for all employees.

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ATSU POLICY NO. 95-107: DISEASE EXPOSURE PREVENTION AND CONTROL PLAN

DATE APPROVED: JULY 6, 2025 **SIGNATURE:** ***Signature on file with HR***

Purpose

This general order outlines preventive and control measures regarding infectious disease exposure at A.T. Still University of Health Sciences (ATSU). These measures include provisions required by the Occupational Safety and Health Administration (OSHA) for bloodborne disease as well as statutory tuberculosis screening and treatment.

Policy

A. All employees will observe universal precautions to prevent contact with blood or other potentially infectious material. Universal precautions include treating all human blood and certain human body fluids as infectious, evaluating engineering and work practice controls to eliminate or minimize employee exposure, mandating use of personal protective equipment (PPE), and ensuring availability of hand-washing stations or acceptable alternatives.
B. Copies of this plan are available in Human Resources, online on the employee intranet portal, and in Facilities.
C. Each component of this plan will be reviewed annually and revised as necessary.
D. Attachment 1 contains a list of job titles whose job descriptions constitute reasonable expectation of occupational exposure to blood or other infectious materials as defined by OSHA.
E. Attachment 2 contains a list of tasks and procedures that could potentially cause an occupational exposure by employees to human blood or other potentially infectious materials.
F. PPE
    1. All employees who may have occupational exposure are required to use PPE whenever there is reasonable anticipation of exposure. These materials are available at no charge to employees and are readily accessible in various sizes at convenient locations.
    2. The only acceptable exception is when, in the employee's professional judgment in a specific instance, the use of PPE would prevent delivery of care or pose an increased hazard to the employee or others. In such instances, circumstances will be investigated and documented to inform changes to prevent future exposures.
    3. Any garments contaminated with blood or other potentially infectious materials will be removed as soon as possible. All PPE must be removed prior to leaving the work area and placed in a designated area or container for storage, washing, decontamination, or disposal.
    4. All PPE is provided, maintained, and disposed of by ATSU at no expense to the employee.
    5. Gloves will be worn when contact with blood, mucous membranes, non-intact skin, or other potentially infectious materials is likely. Gloves must be removed and replaced as soon as practical when contaminated or as soon as feasible if torn, punctured, or when barrier properties are compromised. Except for reusable utility gloves, gloves should never be washed or decontaminated for reuse. Gloves must be worn when performing vascular access procedures and when handling or touching contaminated items or surfaces. For employees with allergies, hypoallergenic gloves, powder-free gloves, synthetic and vinyl gloves, and glove liners are available. Individuals with such allergies should be evaluated to determine the most suitable solution.
    6. Masks, eye, and face protection, e.g., goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, sprays, splatter, or droplets of blood, etc., may be generated, and eye, nose, or mouth contamination may be reasonably anticipated. For individuals who prefer to wear their own prescription glasses in such situations, slip-on side shields must be worn. These shields must be solid, containing no ventilation holes.
    7. Gowns, aprons, and other protective body clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. In all circumstances, the garment chosen will not allow blood or other potentially infectious materials to pass through to the person's clothing, skin, or mucous membrane.
    8. Surgical caps or hoods and shoe covers or boots will be worn when gross contamination of the head or feet is reasonably anticipated (e.g., anatomical pathology and anatomy prep room).

G. Hand-washing stations
Hand-washing facilities are in various locations throughout ATSU's campuses. Most of these facilities are readily accessible to employees. In areas where access to convenient hand-washing facilities is limited, rinseless hand-washing agents/towelettes have been supplied. Hands must be washed as soon as possible after using these items. Hand-washing agents/towelettes are not an adequate substitute for hand washing.
   1. Hands must be washed under the following conditions:
      a. At start and completion of each patient care session.
      b. Immediately or as soon as feasible after removal of PPE.
      c. Following contact with blood or other potentially infectious materials. Any other skin or mucous membranes that come into contact with these materials will be washed or flushed as soon as possible.

H. Needle puncture prevention
   1. Contaminated sharps will not be bent, recapped, or removed by hand. When recapping or needle removal is required, it will be performed using a mechanical device (e.g., forceps and recapping device) or a one-handed "scoop" technique. Recapping or removing contaminated needles should only be performed when there is no feasible alternative or when a specific medical procedure requires it.
   2. Contaminated sharps will be disposed of immediately or as soon as feasible, as described in the regulated waste disposal section below.
   3. Contaminated sharps shall not be stored or processed in a manner that requires employees to reach into the containers with their hands.

I. Laboratory procedures
   1. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.
   2. All containers used to contain specimens of blood or other potentially infectious materials must prevent leakage during collection, handling, storage, transport, or shipping. This includes placing the primary container in a secondary, puncture-resistant container if the specimen could potentially puncture the primary container. Since universal precautions are in place in this facility, there is no need to label each specimen with a biohazard symbol. However, containers must be recognizable as specimen containers. Biohazard labels must be attached to carriers designed to transport multiple specimens. If the outside of a specimen container is soiled with blood or other potentially infectious materials, the primary container must be placed in a secondary container, which prevents leakage during all phases of handling.

J. Contaminated medical or dental equipment
   1. Instruments and equipment shall be sterilized and sanitized in accordance with standard operating procedures and to the extent possible by the means available on the campus in question.
   2. All equipment that may become contaminated during use will be examined prior to servicing or shipping and will be decontaminated as necessary and when possible. When it is not possible or feasible to decontaminate the equipment, contaminated parts must be labeled with a biohazard symbol or other appropriate label stating which portions may be contaminated.
   3. All ATSU employees must observe universal precautions and wear appropriate PPE when handling contaminated equipment.
   4. If it is necessary to ship equipment that has not been decontaminated to a manufacturer, the company representative or the manufacturer must be notified of the biohazard or other contamination prior to shipping, and appropriate labels must be affixed to the equipment.

K. Hepatitis B vaccination
   1. The hepatitis B vaccine is available, free of charge, to all employees who have occupational exposure to blood or other potentially infectious materials, including employees with patient contact or who clean patient rooms. This vaccine is made available at the time of initial hiring and can be requested at any time.
   2. Employees who wish to be vaccinated should contact Human Resources to schedule an appointment.
   3. Employees who decline to accept hepatitis B vaccination will be asked to sign a declination statement (Attachment 3).
   4. Routine booster doses are not currently recommended. However, if routine boosters are required at a later date, such booster doses will be made available.
   5. Hepatitis B postexposure protocols are located in ATSU Policy No. 30-100: Needlestick/Bloodborne Pathogens.

L. Tuberculosis (TB) screening and testing
   1. All new employees will complete and return the TB Risk Assessment Tool (Attachment 4) as a part of the hiring process. Failure to complete the TB Risk Assessment Tool may result in suspension of employment without pay.

2. All new employees at ATSU patient care centers will receive a tuberculin skin test (TST) or interferon gamma release assay test at no charge to the employee. If the screening test is positive, appropriate evaluation and follow-up will be done in accordance with Centers for Disease Control and Prevention (CDC) guidelines at the employee's expense.
3. ATSU schools require TB screening as a student matriculation requirement in accordance with applicable state and federal law. Individual schools track verification of student compliance.
4. All students on the Kirksville, Missouri, campus and St. Louis patient care center are required by state law to undergo TB screening within their matriculation year. Failure to do so will result in loss of enrollment status in the subsequent semester.
5. The CDC recommends, and this policy suggests, ATSU international travelers who anticipate potential exposure to persons with TB should have a TST or TB blood test before leaving the U.S. and a repeat test eight to 10 weeks after returning to the U.S.

M. ATSU patient care center employee immunizations
1. Employees at all ATSU patient care centers must be immunized against the following transmittable diseases: measles, mumps, rubella, hepatitis B, varicella, influenza, diphtheria, tetanus, and pertussis (see Attachment 6).
2. For medical conditions or religious beliefs, a request for immunization exemption will be considered. Employees seeking exemptions should contact Human Resources.
3. Immunizations must be recorded and maintained by patient care center administration.
4. Employees requiring immunizations or who are unable to document prior immunizations sufficiently will be provided immunizations at no cost to the employee.
5. Failure to complete required immunizations or refusal to do so will result in action designed to safeguard patient care center employees and patients, up to and including termination.

N. Postexposure prophylaxis management
Medical evaluation is required after any exposure. See Attachment 5 for procedures.

O. General precautions
Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. This includes laboratory work areas and other patient care areas. Employees are to eat, drink, or smoke in areas designated for this purpose. In addition, food and drink shall not be kept in refrigerators, freezers, shelves, or bench tops where blood or other potentially infectious materials are kept.

P. Regulated waste disposal
1. Materials saturated with bodily fluids including blood, saliva, semen, or vaginal secretions, or which would readily release such fluids if compressed, must be managed as regulated waste. Other examples of regulated waste are extracted teeth, surgically removed hard and soft tissues, and contaminated sharp items, including needles or wires.
2. Regulated waste (other than sharps) must be contained in sturdy, leak-resistant, color-coded, and/or labeled biohazard bags. Exterior contamination or puncturing of the bag requires placement in a second biohazard bag.
3. Needles, syringes, and unused sterile sharps must be contained in labeled (including start date), puncture-resistant containers, leakproof on sides and bottom, with "living hinge" covers placed as close as feasible to the point of use (e.g., sharps containers). The containers must not be filled to more than three-quarters full. They must be kept upright and closed immediately after use or prior to removal or replacement to prevent spillage.
4. Biohazard bags and containers are to be collected for transportation to a designated area for pickup by a qualified vendor.
5. Gloves must be worn when handling regulated waste.
6. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry bags will be placed in bags or containers with an appropriate biohazard label.

Q. Non-regulated waste disposal
Materials, including gauze, napkins, gloves, and gowns, which may have come into contact with small amounts of bodily fluid but pose a low potential risk of release, are nonregulated waste and may be disposed of with other nonregulated wastes. Alternatively, nonregulated waste may be disposed of with regulated waste.

R. Housekeeping
1. Work sites must be maintained in a clean and sanitary condition.

2. Equipment and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures, as soon as feasible when surfaces are overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.
3. Bins, pails, and cans intended for reuse that have a reasonable likelihood of becoming contaminated shall be inspected and decontaminated regularly and upon visible contamination.
4. Broken glassware that may be contaminated shall not be picked up directly with the hands. It should be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

S. Education
   1. Upon hire, new ATSU patient care center employees receive education for preventive and control measures regarding infectious disease exposure in accordance with this policy through Required Employee Education (REE).
   2. Annually, all employees receive education on disease exposure and prevention through REE, which is administered and monitored by Human Resources.

Responsibility

A. Deans, or their designees, will monitor compliance with this policy, conduct annual reviews to ensure practices are consistent with this policy, solicit and document input from nonmanagerial employees in the identification, evaluation and selection of effective engineering and work practice controls, and revise this policy and/or practices to include any new or revised employee positions with occupational exposure as necessary.
B. Deans, or their designees, will ensure education of new patient care center employees consistent with this policy.
C. Human Resources is responsible for annual education on disease exposure and prevention through REE.
D. Human Resources is responsible for ensuring the hepatitis B vaccine form (Attachment 3) is received and on file for all appropriate employees.
E. Human Resources is responsible for ensuring the TB Risk Assessment Tool (Attachment 4) is received and on file for all new employees.
F. All supervisors in areas where occupational exposure is a regular possibility, who supervise employees classified as such by Attachment 1, or who supervise employees engaged in tasks and procedures described in Attachment 2, are responsible for ensuring universal precautions are observed, PPE is available and used appropriately, and the postexposure prophylaxis management plan (Attachment 5) is followed.
G. All supervisors are responsible for monitoring employee adherence to this policy and reflecting appropriate compliance on annual personnel evaluations.
H. All patient care center administrators are responsible for ensuring all employees have required immunizations and TB screenings and for maintaining employee immunization records.

Relevant federal and/or state law(s): Mo. Rev. Stat. § 199.290; Ariz.Admin.Code-Title9; OSHA Standard 1910.1030(c)(1)

Attachment 1

Exposure Determination

The following is a list of ATSU job titles that constitute the job descriptions of those personnel who may have occupational exposure to blood or other infectious materials as defined by OSHA.

Titles that always have exposure:

All ATSU Clinic Staff
LPN I (Grad)
LPN or Services Coordinator
Fire, Safety, Disaster Committee Chairperson
Research Coordinator
Non-Certified Medical Assistant
Nurse Practitioner
Pathology Assistant
Physician
Physician's Assistant - LPN
Resident
Clinical Assistant
Office Nurse/Educator
Office Supervisor
Security Officer
Counselor

Some employees with these titles may have exposure:

Academic Assistant
Assistant Coordinator
Assistant Dean
Assistant Director
Assistant Professor
Associate Professor
Building Attendant
Chairperson
Director
Electrician
Executive Secretary II
Fellow
Fire, Safety, and Disaster Committee Members
General Maintenance Assistant
Environmental Services Technician
Instructor
Insurance Specialist
Lab Technician
Maintenance Assistant
Maintenance Coordinator
Manager
Professor
Receptionist I
Receptionist/Drs. Assistant
Research Associate
Research Technician
Secretary II
Secretarial Services Supervisor
Technician
Work study

Attachment 2

Tasks and Procedures

The following tasks and procedures could potentially cause an occupational exposure by employees to human blood or other potentially infectious materials. This list is not intended to be exhaustive.

Patient care activities

- Direct patient care contact, including emergency first aid
- Suturing
- Accessing IVs
- Administration of medicine, vaccine, or anesthetic using needles
- Assisting or performing diagnostical or therapeutic patient care procedures
- Assisting in surgical procedures
- Assisting in routine personal care activities

Handling of human blood, body fluids or tissue

- Collecting body fluid or tissue specimens
- Phlebotomy
- Transporting body fluid or tissue specimens
- Operating laboratory equipment used in blood, blood derivative, or other body fluid testing
- Performing qualitative and quantitative tests and examinations of body fluids or tissue specimens
- Disposal or storage of body fluid or tissue specimens

Cleaning of patient care areas or laboratory areas and equipment

- Washing/cleaning laboratory glassware, apparatus, floors, workbenches, or counters
- Cleaning and sterilizing equipment and instruments
- Collecting soiled linen
- Cleaning patient care areas

Handling potentially infectious medical wastes, including sharps

Handling infectious, or potential infectious agents, animals, or research material

Laboratory bench work involving infectious materials

- Centrifuging specimens
- Vortexing specimens
- Dispensing/pipetting samples
- Separation procedures
- Isolation procedures
- Concentration procedures
- Assay procedures

Attachment 3

Hepatitis B Vaccine Acceptance/Declination Form

Due to your occupational exposure to blood or other potentially infectious material, you may be at risk of acquiring Hepatitis B virus (HBV) infection. You may obtain the Hepatitis B vaccination series and Post-Exposure Evaluation at no cost to you.

Hepatitis B vaccination is recommended unless:

1) documentation of prior vaccination and post-vaccination titer is provided to ATSU
2) medical evaluation identifies that vaccination is contraindicated.

SELECT ONE OF THE OPTIONS BELOW AT THE END OF THE TRAINING CLASS:
Note: you can change your decision at any time and discuss questions by contacting ATSU Human Resources

Mesa, Arizona campus:
Director of Human Resources
5850 East Still Circle
Mesa, AZ 85206-3618
(480) 219-6007

Kirksville, Missouri campus:
Assistant Chief for Human Resources
800 West Jefferson Street
Kirksville, MO 63501
(660) 626-2790

Check option #1 to request vaccination at this time.

#1. ☐ I certify that I have been offered and will participate in the Hepatitis B Vaccine Program which includes serological testing at 1-2 months post-vaccination.

Read option #2 and select a declination reason if you do not want or need to receive Hepatitis B vaccination at this time.
#2. I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

☐ I decline because I have received the 3-dose Hepatitis B vaccination in the past.
List dates: _____, _____, _____and send a copy of the vaccination record and post-vaccine titer*.

☐ I decline because I have evidence of immunity (send a copy of the antibody titer record*).

☐ I decline because I will not be working with human blood, tissues, cells, or cell lines.

☐ Other reason for declination; explain: _____
*Send prior vaccination records and/or immunity records to ATSU Human Resources.

_____ _____ _____
Signature of Employee Printed Name Date

Return to:
Kirksville, Missouri campus:
ATSU Human Resources
800 West Jefferson Street
Kirksville, MO 63501

Mesa, Arizona campus:
ATSU Human Resources
5850 East Still Circle
Mesa, AZ 85206

Attachment 4

TB Risk Assessment Tool*

Persons with any of the following risk factors should be tested for TB infection unless there is written documentation of a previous positive TST or IGRA result.

Students should return this completed form to student affairs.
Employees should return this completed form to human resources.

Risk Factor	Yes	No
Temporary or permanent residence of one month or more in a country with a high TB rate (Any country other than the United States, Canada, Australia, New Zealand, and those in Northern or Western Europe)		
OR		
Current or planned immunosuppression (including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥1 month) or other immunosuppressive medication)		
OR		
Close contact with someone who has infectious TB disease since their last test		

**This tool is provided by the Centers for Disease Control and Prevention at https://www.cdc.gov/tb/topic/infectioncontrol/pdf/healthCareSettings-assessment.pdf*

Signature of Employee _____ Printed Name _____ Date _____

Attachment 5

Post Exposure Prophylaxis Management

PURPOSE: To confidentially evaluate, prophylaxis/treat, and immediately follow-up all occupational exposures to blood and body fluids via needle sticks, other sharps injury, mucous membrane, or cutaneous contact.

DEFINITION: Occupational exposure--skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials.

Personnel (physicians, staff) who have exposure to blood or body fluids or another person (patient, staff) via "sharps" injury, mucous membrane or percutaneous route must follow these steps:

a. Thoroughly wash wound or exposed area with soap and water. If splashed in the eyes, flush with copious amounts of water or saline.
   Comment: This process will help to physically remove contaminants and thus reduce the bioburden.
b. Identify source patient when possible (write down name, location). Provide this information to healthcare personnel.
   Comment: This will assist healthcare personnel to perform an accurate risk assessment and to obtain consent for HIV/HBV testing of the source patient.
c. Notify supervisor.
   Comment: Your supervisor can investigate the incident in a timely manner and evaluate immediate steps to prevent further incidents, where possible.
d. Fill out ATSU worker's compensation incident form.
   Comment: This step is absolutely essential for Worker's Compensation coverage. The information gathered will be used to determine effective strategies for preventing future exposures. This form is available in Human Resources.
e. Exposure to a source patient UNKNOWN to be infected with HIV or HBV: If needle puncture/mucous membrane exposure is to a patient that is unknown to be HIV antibody or hepatitis B surface antigen positive, the healthcare provider should see the exposed staff member immediately. If the incident occurs after normal hours, report to the closest emergency room.
f. Exposure to a source patient KNOWN to be infected with HIV or HBV: Exposure to a patient known to be infected with HIV is a complex, labor intensive and emotionally draining experience for the employee. However, recent data and research has shown that the risk of contracting the disease can be reduced by 70 percent if specific drugs (AZT, 3TC) can be administered in one to two (1-2) hours after exposure. Obviously, time is of the essence and may be dependent on whether the drugs are available locally.
g. If such an incident occurs, follow steps a. to d. above and do so immediately. Healthcare personnel will provide post exposure prophylaxis counseling, particularly in regard to possible side effects from the drugs. The employee will be encouraged to notify healthcare personnel if they are experiencing any type of fever or other problems.

h. For exposure to patients known to be infected with hepatitis B, it is important to evaluate the hepatitis B immune status of those who have been vaccinated. For staff members who have not been vaccinated or who do not have hepatitis B surface antibody titers sufficient for protection, hepatitis B immune globulin and vaccine should be administered as soon as possible after exposure.

HEALTHCARE PROVIDER'S PROCEDURE

a. Will provide counseling prior to testing for HIV or HBV after obtaining informed consent from the source patient.
b. Will provide counseling prior to testing for HIV and HBV after obtaining written informed consent from the employee.
c. Results of the source patient's testing will be made available to the exposed employee and appropriate treatment/prophylaxis will be provided. A written opinion from the health care worker evaluating the exposure will be provided to the exposed employee. The content of this evaluation will be limited to the information required by OSHA and as mandated by state and federal regulations pertaining to positive test results.
d. All medical records shall be confidential and shall be kept for the duration of employment plus 30 years.

Attachment 6

ATSU Clinic Employee Immunization

Healthcare professionals are at risk for exposure to and possible transmission of vaccine-preventable communicable diseases because of their contact with patients or infectious material from patients. Maintenance of immunity to vaccine-preventable diseases is therefore an essential part of prevention and infection control. ATSU follows recommendations for health care workers from the Centers for Disease Control and Prevention (CDC) and OSHA/DOSH occupational health mandates. All faculty and staff who are in ATSU clinics with patient contact and who thereby may be at risk of exposure to blood borne pathogens must demonstrate compliance with requirements for the following: measles (rubella), mumps, rubella, Hepatitis B, tetanus-diphtheria-pertussis (Tdap), varicella (chicken pox), and tuberculosis (TB) screening. Patient contact may not begin until documentation of compliance with these requirements takes place.

Measles: Two vaccine doses of measles containing vaccine or a positive antibody titer. The doses must have been received after 12 months of age and at least one month apart.

Mumps: Two immunizations (regardless of birth year), or a positive antibody titer.

Rubella: One immunization or a positive antibody titer.

Hepatitis B: Evidence of immunity is required. The immunization series consists of three doses of vaccine. *The first injection must be administered before staff or faculty enter the clinic.* In addition, an antibody titer is required after completion of the series to prove immunity.

Td or *Tdap:* If no documentation of Tdap then a single Tdap booster.

Varicella (Chicken Pox): Serologic evidence of immunity or two immunizations given at least one month apart.

TB: Evidence of two PPD tests within the year prior to employment is required; otherwise a 2-step PPD will be done. History of BCG is *not* a contraindication to PPD testing. If you have had a *documented* positive TB skin test in the past, records specifying the test, a chest x-ray report, and details of prescribed medication are needed. Annual PPD skin testing (or symptom review for those not being tested) is required. Patient contact is not allowed unless documentation of this annual TB screening takes place.

Influenza: Recommended not required Annual flu shots are recommended for health care workers who have contact with patients at high risk for influenza or its complications, those who work in chronic care facilities, and those with high risk medical conditions.

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ATSU Policy No. 95-107: Immunization Exemption Request Form

Please complete this form to request an exemption from required immunizations required under ATSU Policy No. 95-107: Disease Exposure Prevention and Control Plan for medical or sincerely held religious beliefs.

Employee Information

Name _____ ID No. _____

Department _____ Job title _____

Email _____ Phone _____

Type of Exemption Requested

Please select the type of exemption you are requesting. Please also provide a detailed explanation.

☐ Medical Exemption

☐ Religious Exemption

Rationale

_____ _____

Employee Signature Date

Please submit this form to Human Resources at hr@atsu.edu

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Review

Reviewer _____ Date _____

Decision

☐ Exemption Granted

☐ Exemption Conditionally Granted

☐ Exemption Denied

Rationale

_____

Reviewer signature

Please submit this form to Human Resources at hr@atsu.edu

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ATSU POLICY NO. 95-108: PERSONAL, RENTAL, AND ATSU VEHICLE SAFETY & USAGE ON ATSU-APPROVED BUSINESS/ACTIVITIES

DATE APPROVED: DECEMBER 8, 2025 **SIGNATURE:** ***Signature on file in HR***

Purpose

This general order outlines A.T. Still University of Health Sciences' (ATSU) policy for utilization of vehicles for ATSU-approved business or activities. The purpose of this policy is to ensure the proper use of ATSU vehicles and the safety of individuals who operate vehicles for ATSU business.

Policy

A. General information
   1. With the approval of the employee's supervisor and a satisfactory motor vehicle driving record, employees may operate an ATSU vehicle, rented vehicle, or a personally owned/leased vehicle on ATSU business if the requirements of this policy are completed/met.
   2. Potential and current drivers of any vehicle for ATSU business are expected to maintain a safe driving record. An unacceptable driving record may include:
      a. Three or more moving violations within the current or past year.
      b. Two or more at-fault accidents within the current or past year.
      c. A combination of accidents and moving violations within the current or past year.
   3. "ATSU business" is driving at the direction of, or for the benefit of, ATSU. It does not include a normal commute to and from work.
   4. If ATSU business requires operation of unique or technical vehicles, the University may require a road test, specialized training, or applicable license appropriate for the type of vehicle being operated.

B. Driver approval/review
   1. Upon hire, Human Resources will complete background checks and a Motor Vehicle Record review for all employees. Employees who have an unacceptable Motor Vehicle Record will not be placed in driving positions and will not be authorized to drive any vehicle while on ATSU business.
   2. Supervisors of employees who occasionally need to drive an ATSU-owned vehicle will maintain a list of employees authorized to drive an ATSU-owned vehicle, each employee's driver's license, and a signed acknowledgment form wherein employees acknowledge their responsibilities under this policy. Annually by Jan. 1, vehicle administrators will provide the lists to Human Resources.
   3. Authorized drivers will sign a form acknowledging they have read and understand this policy and they are willing to allow ATSU to view their Motor Vehicle Record prior to the record being obtained and may be shared with the appropriate vehicle administration area, the chief operating officer & general counsel's office, and/or any other person deemed appropriate by the assistant chief for human resources.
   4. Annually, Human Resources will review current driver records for all ATSU employees authorized to drive ATSU-owned vehicles or anytime at the request of the appropriate vehicle administration area or the chief operating officer & general counsel.
   5. The assistant chief for human resources will make a recommendation to the appropriate vehicle administration area regarding approval/denial, suspension, or revocation of driving privileges.

C. ATSU vehicle administration
   1. Each ATSU-owned vehicle is administered by and the responsibility of one of the following vehicle administration areas:
      a. ATSU Maintenance
      b. ATSU Student Affairs
      c. ATSU Campus Safety
      d. Arizona School of Dentistry & Oral Health
      e. Kirksville College of Osteopathic Medicine

2. Personnel designated by the appropriate Chancellor's Cabinet member or dean within each vehicle administration area will maintain a list of drivers approved to operate ATSU-owned vehicles under that area's responsibility.
3. An updated list of approved drivers for ATSU-owned vehicles must be forwarded from each vehicle administration area to the assistant chief for human resources and chief operating officer & general counsel.
4. As outlined in this policy, each vehicle administration area is responsible for:
    a. Proper maintenance of designated ATSU-owned vehicles.
    b. Reporting changes to approved drivers' statuses based on changes to driving record to Human Resources and the chief operating officer & general counsel's office.
    c. Reporting accidents as outlined in this policy to Human Resources and the chief operating officer & general counsel's office.
    d. Ensuring proper vetting of potential approved drivers of ATSU-owned vehicles under the area's responsibility.

D. ATSU-owned/leased/rented vehicles
1. ATSU-owned vehicles are to be used solely for official business purposes. Personal use of ATSU-owned vehicles is prohibited.
2. Only ATSU employees with a valid driver's license, specific authorization from their supervisor, and a clean driving record per paragraph A.2 above may operate an ATSU-owned or leased vehicle for ATSU business. A valid driver's license means appropriate to the vehicle being operated (e.g., appropriate class for trucks or commercial vehicles if applicable).
3. Each administrative area with designated ATSU-owned vehicles is responsible for regular maintenance, repair, licensing, and upkeep of vehicles. Employees are required to report any maintenance issues promptly.
    a. Each vehicle administration area is responsible for properly maintaining ATSU vehicles.
    b. Routine inspections or checks of critical safety systems (i.e., brakes, lights, tires, windshield wipers) must be done every 15,000 miles.
    c. Oil changes and tire rotations should be performed every 5,000 miles.
    d. ATSU vehicles must be cleaned (interior and exterior) regularly.
    e. Vehicle registration and insurance paperwork must always be in the vehicle.
    f. ATSU vehicles must be returned to assigned parking spaces when not in use.
    g. A log recording compliance with maintenance requirements must be maintained by vehicle administration area personnel.
    h. Accident reporting procedures as described in section H herein must be provided and kept in the vehicle.
    i. Emergency equipment should be stored in each vehicle and may include:
        1. Jumper cables
        2. Leather gloves
        3. Flashlight
        4. Orange caution triangles
        5. Fire extinguisher
        6. Multi-use tool
4. ATSU-owned vehicles are insured by ATSU under a comprehensive insurance policy covering liability, collision, and comprehensive damage.
5. Pre-/post-operation checklist must be completed periodically and documented in writing (See Attachment A to this policy):
    a. Do tires appear normal?
    b. Are windshield wipers operable?
    c. Are turn signals and hazard lights operable?
    d. Is the windshield cracked?
    e. Is there any new damage?
    f. Are headlights operable?
    g. Does the engine sound normal on startup?
    h. Any additional observations or concerns?

E. Personally owned/leased vehicles (POVs)
1. ATSU does not have insurance coverage for damage to employee-owned vehicles or personal injury of non-employee vehicle occupants, nor will ATSU cover any deductible cost borne by an employee in the event of an accident. An exception may be made in the case of an accident involving an uninsured motorist.

2. Motorcycles, custom vehicles, hot rods, antique/historic vehicles may not be used on ATSU business.
3. Employees driving personal vehicles for ATSU business must have at least the minimum liability insurance coverage required by the state in which the vehicle is registered. Employees should consult their insurance company to determine if higher limits or additional coverages are warranted.
4. Employees may be required to provide a Certificate of Insurance (COI) annually.
5. Mileage for use of a personal vehicle for ATSU business will be reimbursed pursuant to ATSU Policy No. 50-101.
6. Personal vehicle use for ATSU business may be prohibited at the discretion of the employee's supervisor, department head, assistant chief for human resources, or chief operating officer & general counsel.
    a. Employees are expected to report to their supervisors and/or Human Resources license suspension/revocation, at-fault accidents, and/or charges of driving under the influence of alcohol or an illegal substance.
    b. The prohibition against use of a personal vehicle for ATSU business may be for either an established or indefinite period.
7. POVs used for ATSU business must meet all applicable safety standards, including functioning brakes, lights, and seatbelts. Employees are responsible for ensuring their vehicle is in safe operating condition and legally registered.
8. Employees using their POV for ATSU business must comply with all traffic laws and regulations. Employees are responsible for any fines, citations, or penalties incurred while operating any vehicle for ATSU business.
9. Employees who use POVs for ATSU business when not authorized to do so will not be reimbursed for mileage and could be subject to disciplinary action.

F. Rental vehicles
1. ATSU has insurance through its fleet insurance policy to protect against third-party bodily injury or property damage claims arising from use by an employee of a rental vehicle for ATSU business.
2. It is not necessary to purchase a collision damage waiver from the rental company.
3. Rental vehicle use for ATSU business may be prohibited at the discretion of the employee's supervisor, department head, assistant chief for human resources, or chief operating officer & general counsel.
4. The prohibition against use of a rental vehicle for ATSU business may be for either an established or indefinite period.

G. Driver safety rules/guidelines
1. All vehicle occupants must always wear seatbelts.
2. Use of a cell phone/smartphone or a radar detector while operating any vehicle for ATSU business is prohibited. Use of a hands-free device or GPS/map-based directions is acceptable.
3. Operating any vehicle for ATSU business while under the influence of alcohol or drugs, including medication cautioning against operating a motor vehicle, is prohibited.
4. Employees must report to their supervisors and/or Human Resources at-fault accidents, license suspension/revocation, and/or charges of driving under the influence of alcohol or an illegal substance.
5. Drivers of ATSU vehicles are responsible for securing the vehicle assigned to them, including shutting off the engine, removing the keys, and locking the doors whenever the vehicle is unattended.
6. ATSU employees must obey all local, state, and federal motor vehicle laws when operating any vehicle for ATSU business.
7. The privilege to drive any vehicle for ATSU business will be immediately denied/suspended for any potential or current driver with a charge of driving under the influence of alcohol or an illegal substance within the past three years.

H. Accident procedures
1. The following procedures apply when driving any vehicle for ATSU business, and vehicle administrators must ensure these procedures are readily accessible in all ATSU-owned vehicles.
2. In any situation involving a vehicle breakdown or minor accident where the vehicle may be safely moved, drive the vehicle to a safe distance from traffic and call roadside assistance.
3. All accidents must be reported from the scene, during the same day, or as soon as possible.
4. Failure to stop after an accident and/or failure to report an accident is prohibited.
5. As soon as safety permits, call 911 and report the accident.
6. Record names, addresses, and insurance carriers of other drivers involved.
7. Provide name, address, and insurance information to other drivers involved.

8. Record year, make, model, and license plate number of all other vehicles involved.
9. Record occupants of all other vehicles and any safety/medical personnel as they arrive.
10. If safe to do so, use cell phone to photograph the accident scene to capture the context of accident including road/weather/lighting conditions as well as damage to all vehicles or property involved.
11. Do not discuss the accident with anyone at the scene except police officers.
12. Do not accept fault for the accident.
13. Report the accident to your supervisor, Human Resources, chief operating officer & general counsel, and, if driving an ATSU vehicle, the appropriate vehicle administration area.
14. Provide a copy of the accident report and/or your written description of the accident to your supervisor, Human Resources, and, if driving an ATSU vehicle, the appropriate vehicle administration area.
15. Accidents resulting in personal injury to an employee or student while driving or occupying any vehicle for ATSU business must be reported to Human Resources and/or Student Affairs. Medical and/or lost time coverage for injury may be provided through ATSU's workers' compensation insurance policy.

I. Authorized driver obligations
   1. Potential drivers must notify the appropriate vehicle administration area if they do not meet the requirements for approved drivers.
   2. Approved drivers must report situations that affect continued eligibility to drive any vehicle for ATSU business to the appropriate vehicle administration area, supervisor, assistant chief for human resources, and/or the chief operating officer & general counsel.
   3. Authorized drivers must report all ticket violations received while driving an ATSU-owned vehicle to the appropriate vehicle administration area within 72 hours of receipt.
   4. Authorized drivers for any vehicle for ATSU business must report suspension or revocation of state-issued driver's licenses to the appropriate vehicle administration area, supervisor, and assistant chief for human resources and discontinue operation of operating any vehicle for ATSU business. Failure to report as required will result in a denial for mileage reimbursement (if used POV) and potential disciplinary action.
   5. Employees must immediately notify their supervisor or HR in writing if they are diagnosed with, begin treatment for, or experience any medical condition, physical limitation, or cognitive impairment that could reasonably be expected to affect their ability to drive safely or which may impair their ability to comply with applicable motor vehicle laws. This includes, but is not limited to, conditions causing:
      a. Loss of consciousness (e.g., seizures, fainting spells).
      b. Significant impairment of vision or hearing.
      c. Severe fatigue or sleep disorders (e.g., narcolepsy, severe sleep apnea).
      d. Physical impairments including, but not limited to, missing or limited use of arm, hand, finger, leg, foot, toe which may impair driving.
      e. Any condition requiring medication with warnings against operating heavy machinery or driving.

Responsibility

A. The chief operating officer & general counsel and appropriate vehicle administration area are responsible for maintaining approved driver lists.
B. The assistant chief for human resources is responsible for handling potential driver record checks and processing workers' compensation reporting.
C. Potential/current drivers of ATSU vehicles and employees using personal/rental vehicles for ATSU business must review and comply with this policy.
D. The chief operating officer & general counsel is responsible for provision of adequate and proper insurance coverage for ATSU vehicles and approved business activities.

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ATSU Policy No. 95-108 – Attachment A
Vehicle Trip Sheet

Date_____

Driver_____

Starting mileage _____

Ending mileage_____

Equipment check:

Pre *Post*

☐.. ☐ .... Windshield wipers_____

☐ .. ☐ .... Tire inflation/wear_____

☐ .. ☐ .... Windows clear_____

☐.. ☐ .... Oil level_____

☐ .. ☐....Exterior _____

☐ .. ☐ .... Turn signals/hazards_____

☐ .. ☐ .... Headlights_____

☐ .. ☐..... New damage_____

☐.. ☐ .... Engine_____

☐ ..☐ ..... Additional_____

☐ .. ☐ .... Fuel level: Full at start and end of trip_____

Comments

_____

_____

_____

_____

Submit this form to the appropriate departmental representative at the conclusion of the trip.

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ATSU POLICY NO. 95-109: IDENTIFICATION (ID) BADGES

DATE APPROVED: JULY 7, 2023 **SIGNATURE:** ***Signature on file in HR***

Purpose

A.T. Still University of Health Sciences (ATSU) strives to provide the safest learning and working environment for students, faculty, and staff. Standardized identification of members of the ATSU community is an essential step in the process of securing University premises. While some areas of the University are relatively public, students, faculty, staff, and Campus Safety officers should be able to tell with a glance if a person is authorized to be in certain areas.

Policy

A. Photo ID badges will be issued to all ATSU faculty and staff.
   1. The photo ID badge should be worn and visible at all times while on University premises or as a part of University activities and programs.
   2. Photo ID badges are used for security identification and will conform to the ATSU ID Badge Guidelines (Attachment A).
   3. As needed, ATSU departments will schedule a time to have ID photos taken and ATSU photo ID badges distributed.
B. All ATSU residential students will be issued photo ID badges when their educational program begins.
   1. The photo ID badge should be worn and visible at all times while on University premises or as a part of University activities and programs.
   2. Photo ID badges are used for security identification, to check out materials from the library, and to check out equipment. They will conform to the ATSU ID Badge Guidelines (Attachment A).
   3. Student Life will schedule a time for class cohorts to have ID photos taken and photo ID badges distributed.
C. Replacement of lost or misplaced photo ID badges will be made by the ATSU Service Desk (Missouri) or the Campus Safety Department (Arizona).
   1. Photo ID badges will be replaced free of charge for:
      a. changes in name,
      b. damage from normal wear and tear, and
      c. theft, provided the individual files a report with local police or Campus Safety.
   2. The replacement fee for all other purposes is $10.
   3. Employees at any ATSU campus (Kirksville, Mesa, and Santa Maria) or location may seek assistance in obtaining or replacing an ID by submitting a ticket through the Information Technology Services ticket system.
D. Visitors to University premises are also required to wear a unique ID tag identifying them as a visitor.
   1. “Visitors” include prospective students, vendors, consultants, and contractors.
   2. Contact the ATSU Service Desk (Missouri), security desk (California), front desk (St. Louis Dental Center), or Campus Safety Department (Arizona) to request a visitor ID tag.
E. On ATSU premises, non-photo ID badges may be worn in addition to, but not as a replacement for, ATSU-issued photo ID badges. Individual schools or departments may purchase non-photo ID badges through Communication & Marketing for use approved by the respective dean or Chancellor’s Cabinet member.

Responsibility

A. Students and employees should obtain and wear an official ATSU photo ID badge while on University premises.
B. Managers should ensure all employees in their area of responsibility obtain and wear an official ATSU photo ID badge while on University premises. Repeated violations should be addressed through the employee discipline process.
C. Administrators and faculty should serve as role models to promote compliance with this policy

ID Badge Guidelines

ID badges are part of ATSU's larger campus security system. Per ATSU Policy No. 95-109: Identification Badges, ID badges should be worn and visible at all times while on University premises or as a part of University activities and programs.

ID Badge Production

The initial ID badge for a residential (on-campus) student or an ATSU employee is provided free of charge. The badge should be produced as part of the student or employee onboarding/orientation process.

On ATSU campuses, non-photo ID badges may be worn in addition to, but not as a replacement for, ATSU-issued photo ID badges. Individual schools or departments may purchase non-photo ID badges through Communication & Marketing for use approved by the respective dean or Chancellor's Cabinet member.

Replacement ID Badges

Lost IDs require a replacement fee of $10. Damaged or stolen (with proof of filed report) ID badges will be replaced free of charge. Please bring the damaged ID badge when requesting a replacement ID. ID reprints due to legal name changes will be provided free of charge.

AZ campus- Contact AZ Campus Safety Office *7 (on-campus) or 480.341.9075 or by azcampussafety@atsu.edu
MO campus or CA campus- Contact Kirksville Campus Safety 660.626.2380 or by kvcampussafety@atsu.edu
St. Louis Dental Center- Contact St. Louis Campus Safety 660.626.9856 or by stlcampussafety@atsu.edu
All online students and remote employees- IDs provided only upon request kvcampussafety@atsu.edu
All Campus Badge request can be made on-line from the ATSU apps page on the Campus Safety Home app through the forms/maps section .

Badge Text Policies

Firstname-

The individual may specify a preferred first name.

Lastname-

The individual's legal last name as it appears in the Student Information System (students), Human Resources Information System (employees), in a contracted agreement, or other reliable documentation.

Degree

No employee degrees will be printed on ID badges. If display of credentials is important (e.g. a clinical setting) employees should request embroidered scrubs, white coats, or a non-photo ID at departmental expense.

Student Academic Program Designation

Some professional governing bodies require very specific titles on student ID badges.

- ASDOH and MOSDOH- Student Dentist
- ASHS-AT - Student
- ASHS-AUD - Student Doctor of Audiology
- ASHS-OT - Student
- ASHS-PA- Physician Assistant Student
- ASHS-PT - Student Doctor of Physical Therapy

- CHC-PA - Physician Assistant Student
- KCOM and SOMA - Student Doctor
- KCOM Biomedical - Student
- Online-only programs (upon request)- Student

Employee Department Designation

No employee departments will be printed on ID badges.

Barcode

KCOM and MOSDOH students will receive badges with a barcode printed on the back.
This barcode represents the individual student's MOBIUS library account.
The Missouri campus library uses this barcode to check out library materials.
Arizona campus students use IDs to access printers.

ID Photo

Preferably, the ID Badge will display a professionally-shot ATSU portrait of an employee or student in professional dress on a gray or blue backdrop. The ID card production systems have attached cameras that can alternately be used for immediate badge production.

If the person is unable to have a photo taken on campus, submit an evenly-lit color photo of the person's head and neck when requesting an ID. Please submit a current photo with the person directly facing the camera, standing against a neutral-colored background. Minimum JPG image size of 600 x 600 pixels.

Badge Background Color

ATSU- Blue
ASDOH- Purple
ASHS- Gold
CGHS- Blue
CHC - Yellow
KCOM- Green
MOSDOH- Purple
SOMA- Green

Policy Reference:

ATSU Policy 95-109: Identification (ID) Badges

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ATSU POLICY NO. 95-110: TOBACCO-FREE CAMPUS AND WORKPLACE

DATE APPROVED: FEBRUARY 10, 2021 **SIGNATURE: *Signature on file in HR***

Purpose:

It is the policy of A.T. Still University of Health Sciences (ATSU) to maintain a tobacco-free campus and workplace, as a result of the acknowledged hazards of tobacco use and secondhand smoke. This policy covers any tobacco product, use of smokeless or "spit" tobacco, e-cigarettes, vaping devices, and other unregulated nicotine products. This policy applies to both employees and non-employee visitors of ATSU locations. Marijuana products are covered under ATSU Policy No. 90-324: Drug-Free & Alcohol-Free Workplace.

ATSU recognizes medical and scientific authorities, including the U.S. Surgeon General, American Health Association, American Lung Association, American Cancer Society, and Environmental Protection Agency, which have concluded tobacco use poses a serious health risk to smokers and nonsmokers who are subjected to secondhand smoke. Using tobacco products has been found to cause serious illness, including heart disease, lung cancer, other cancers, and respiratory disease, and is particularly harmful to persons who suffer from respiratory disease, heart disease, or allergies. Smoking also threatens public safety; it is the leading cause of fire deaths in the U.S. and is associated with increased automobile and workplace accidents.

Policy

A. ATSU encourages a wellness model for the entire institution. ATSU recognizes its responsibility to support and promote activity that prevents disease and minimizes health risks. ATSU also seeks to ensure the safety of all ATSU community members.
B. Use of tobacco products (cigarettes, cigars, pipes, and smokeless tobacco), e-cigarettes, and other unregulated nicotine products by employees, physicians, students, patients, or visitors will not be permitted in University facilities or on any University-owned grounds. The policy shall apply as well to parking lots, off-campus employee work sites, and ATSU-owned or privately owned vehicles when they are being used by employees during paid working hours.
    1. ATSU will provide information concerning its tobacco-free policy via signage and public notices.
    2. ATSU will post appropriate signage on building entrances, exteriors, interiors, and other areas indicating this tobacco-free policy.
C. Distribution of University policy and procedures.
    1. To the extent reasonably possible, patients and visitors will be notified of this policy upon scheduling appointments and upon arrival. Patient care providers may suggest tobacco cessation or withdrawal management choices at this time. When appropriate and acceptable to a patient, a tobacco intervention program may be implemented.
    2. Departments seeking signage to communicate this policy should coordinate with Communication & Marketing.
    3. ATSU will provide opportunities for tobacco cessation for employees.
D. Implementation of tobacco-free policy.
    1. Use of tobacco products during paid working hours.
        a. Employees and students may not use tobacco products, e-cigarettes, or unregulated nicotine products during paid working hours at any University location, including adjacent locations such as sidewalks, streets, or buildings.
        b. At all times, employees and students are expected to be respectful of the neighbors of ATSU and not loiter around other buildings or use or discard tobacco products at these locations.
        c. Employees and students may not use tobacco products, e-cigarettes, or unregulated nicotine products in any ATSU-owned or privately owned vehicles on campus during working hours.
    2. Expectations of employees.
        a. An employee who observes a patient, visitor, student, or another employee using tobacco products, e-cigarettes, or unregulated nicotine products in the University, on University grounds, or in other ATSU property is encouraged to inform the individual of this policy and to ask the individual to cease using these products.

   b. An employee who has good reason to believe a co-worker has used tobacco products, e-cigarettes, or unregulated nicotine products during working hours shall be encouraged to remind the other employee of this policy.
   c. Alternatively, an employee who observes policy violations, or who has good reason to believe violations have occurred, may contact Human Resources.
3. Corrective action for policy violations.
   a. Initial violations of this tobacco-free policy shall result in a verbal reminder of the policy by a supervisor. This shall include re-education about the policy, its enforcement, and available tobacco cessation options.
   b. Subsequent violations of the policy will be handled according to ATSU's progressive discipline/corrective action guidelines in the ATSU Employee Handbook.
4. Applicants for employment.
   a. ATSU will not base employment decisions on whether an applicant uses tobacco products, e-cigarettes, or unregulated nicotine products.
   b. Whenever possible, applicants will be informed of the tobacco-free policy before ATSU makes an offer of employment.
   c. The tobacco-free policy will be reviewed at each department's orientation to inform and support employees regarding ATSU-sponsored resources available to assist them in decreasing their use of tobacco products.
5. Visitors, physicians, recognized medical affiliates, contract workers, vendors, and others.
   a. All other persons at ATSU, including physicians and their affiliates, contract workers, family members, vendors, and others, shall be expected to comply with this policy and may not use tobacco products anywhere within the buildings or grounds that are part of ATSU operations.
   b. Policy violations by vendors, family members, and other visitors may result in restrictions or cancellation of visiting rights or other rights to be present in the University.
   c. Physicians and recognized allied health affiliates who violate this policy may be subject to collegial intervention or corrective action, as determined by the president.

Responsibility

A. Employees and students – It is the responsibility of each employee and student to adhere to the guidelines set forth in this policy and to report any violations observed.
B. Supervisors – Supervisors and department heads are responsible for implementing corrective measures to address any policy violations by individuals within their area of responsibility.
C. The president and President's Cabinet members– The president and each vice president are responsible for assuring this policy is enforced by and within their respective areas.
E. Human Resources – Human Resources is responsible for directing employees to tobacco cessation programs.
F. Student Affairs – Student Affairs is responsible for directing students to available tobacco cessation opportunities.

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ATSU POLICY NO. 95-111: SERVICE AND ASSISTANCE ANIMALS

DATE APPROVED: DECEMBER 17, 2020 **SIGNATURE: *Signature on file in HR***

Purpose

This general order outlines A.T. Still University's (ATSU) policy regarding service and assistance animals. ATSU is committed to supporting its students and employees while maintaining compliance with state and federal laws regarding individuals with disabilities.

Policy

A. Definitions
   1. Service animal – Per the Americans with Disabilities Act (ADA) 2010 Revised Requirements, a service animal is defined as a dog (or a miniature horse, in limited circumstances) that has been individually trained to do work or perform tasks for an individual with a disability. The work or task(s) performed by the service animal must be directly related to the person's disability.
   2. Assistance animal, also known as emotional support, therapy, comfort, or companion animal – An animal whose mere presence alleviates one or more identified symptoms or effects of a person's disability, but is not specifically trained to perform work or tasks related to the person's disability. An assistance animal is not qualified as a service animal under ADA.
   3. Individual with a disability – An individual with a disability is defined by ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, who has a history of such impairment, or who is perceived by others as having such impairment.
   4. Handler – A person with a disability who has a need for a service animal or assistance animal.

B. Overview – ATSU accommodates individuals with disabilities who require use of service or assistance animals. ATSU will determine, on a case-by-case basis through an interactive process and in accordance with applicable laws and regulations, whether an animal is a reasonable accommodation on University property. Employees should direct requests to Human Resources (hr@atsu.edu). Students must follow policies and procedures for service and assistance animals outlined within ATSU's University Student Handbook under sections: Student Life, for information related to University-owned/operated student housing, and Learning & Disability Resources (LADR).

C. Employees with service animals – ATSU employees who require use of a service animal in the workplace should make an accommodation request through Human Resources.

D. Responsibilities of the handler (i.e., individual with service and assistance animals):
   1. Service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the handler's disability prevents using these devices. In that case, the handler must maintain control of the animal through voice, signal, or other effective controls.
   2. Handlers may be asked to remove the animal from the premises if:
      a. The animal is out of control, and the handler does not take effective action to control it, or
      b. The animal is not housebroken.
   3. ATSU is not responsible for the care or supervision of a service or assistance animal. Handlers are responsible for the control of their animals at all times and for ensuring immediate cleanup and proper disposal of all animal waste.
   4. Handlers are solely responsible for any damage to persons or property caused by their animals.
   5. Handlers must comply with all applicable laws and regulations, including vaccination, licensure, animal health, and leash laws.

E. Guidance and recommendations
   1. In any campus setting, when it is not obvious what service an animal provides the handler, only limited inquiries are allowed. Employees may ask two inquiries:
      a. Is the animal (only dogs and miniature horses are service animals) required because of a disability?
      b. What work or task has the animal been trained to perform?

2. Employees, other than LADR and Human Resources employees, may NOT ask about the handler's disability or require medical documentation. Human Resources and LADR would only inquire about a disability or require medical documentation in non-service animal situations. Employees and the University may not require a special identification card or training documentation for the animal or ask that the animal demonstrate its ability to perform the work or task.
3. For employees who have service animals:
    a. If responses to the two allowable inquiries (Section E, Item 1) do not elicit enough information to determine the animal is a service animal (as defined by ADA), contact Human Resources as soon as possible for guidance.
    b. If responses to the two allowable inquiries (Section E, Item 1) reveal the animal is NOT a service animal, please contact Human Resources for guidance.
    c. When there is a legitimate reason to ask that a service animal be removed (See Section D, Item 2.), employees must offer the handler an opportunity to continue the activity without the animal's presence. Never separate or attempt to separate a handler from his/her service animal.
4. A service animal is a working animal, not a pet. Unless given explicit instruction to the contrary by its handler, a service animal should not be addressed, touched, or distracted in any way.

F. Patient care centers
1. Service animals are permitted to accompany the individual with a disability in all areas of the medical facility where healthcare personnel, visitors, and patients are normally allowed for healthcare services, unless the animal's presence or behavior creates a fundamental alteration in the nature of a facility's services in a particular area or a direct threat to other persons in a particular area.
    a. A direct threat is defined as a significant risk to the health or safety of others that cannot be mitigated or eliminated by modifying policies, practices, or procedures.
    b. A person with a disability cannot be asked to remove his/her service animal from the premises unless the animal is not housebroken, is out of control, or if the handler/owner does not take effective action to control the service animal.
    c. It may be appropriate to exclude a service animal from limited areas that employ general infection control measures, such as operating rooms, where the animal's presence may compromise a sterile environment.
2. People with disabilities who use service animals may not be isolated from others, treated less favorably than others, or charged with fees that are not charged to other customers without animals.
3. Emotional assistance animals are not required to be provided access to a patient care center.

Responsibility

A. Human Resources - Human Resources is responsible for appropriate administration of this policy, including making timely updates to align with federal laws, rules, and regulations.
B. Learning & Disability Resources - LADR is responsible for administration of the student policy as outlined in ATSU's University Student Handbook and student housing regulations.
C. ATSU employees – All employees are responsible for following the guidance outlined in Section E. Any employee with a service or assistance animal should contact Human Resources.
D. Patient care centers - All ATSU patient care centers must be in compliance with this policy regarding service animals in their facilities.

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ATSU POLICY NO. 95-112: DECORATIONS, POSTINGS, AND BULLETIN BOARD POLICY

DATE APPROVED: AUGUST 27, 2019 **SIGNATURE:** ***Signature on file with HR***

Purpose

All areas of A.T. Still University (ATSU) should be professional in appearance. Office decor should reflect a pleasant working environment for everyone, while at the same time allow freedom of expression within individual work areas. Reasonable judgment shall govern types and quantity of work-related information and personal effects displayed within individual work spaces and common use areas.

Maintaining excellent facilities is important to ATSU. Many expectations in this policy are in response to this principle. Items shall be exhibited in a manner minimizing future deterioration of the building and the overall work environment.

During festive times of the year, many may like to decorate their work areas. Be respectful to others and use good judgment when selecting and displaying decorative items.

Policy

A. This policy will address building decor and how it relates to the visual appearance of the building as well as following safety standards and minimizing deterioration of ATSU facilities.
B. Private offices
    1. The University will provide standardized nameplates for offices.
    2. Office doors and windows should not be decorated with personal effects or holiday decorations, which are not expressly approved by Facilities. If an employee or department feels doors or windows need adornment, please contact Facilities to gain specific permission. Employees should request approval from their supervisor prior to contacting Facilities.
    3. Wall decor should be simple and professional in appearance.
    4. For safety purposes, items should never be hung from the ceiling (to include lights, vents, sprinklers, or smoke detectors).
    5. To prevent damage, use appropriate hardware or material to display items on walls, windows, or doors. Do not use adhesive materials such as Scotch Tape (contact Facilities for assistance in hanging items).
    6. Facilities must approve permanent changes to walls, floors, ceilings, etc. (e.g., wallpaper, borders, stencils, etc.).
C. Workstations
    1. The University will provide standardized nameplates for workstations.
    2. Workstation decor should be simple and professional in appearance.
    3. Use appropriate materials when attaching items to fabric panels, metal shelves, or work surfaces. Do not use adhesive material (contact Facilities for assistance).
    4. For safety purposes, items should never be hung from the ceiling (to include lights, vents, sprinklers, or smoke detectors).
    5. Items are not to be displayed above partition panels, as this obstructs the view of co-workers and detracts from the aesthetics of the work area.
D. Common Areas, Postings, and Bulletin Boards

1. Common areas of the building are conference/meeting rooms, cafeteria/break rooms, restrooms, client lobbies, hallways, and publicly accessed areas (reception, administration, interview, and visitation rooms, etc.).
2. All items posted on walls in common/publicly accessed areas will be on a professional sign, in a sign holder, framed, or posted on a bulletin board. All of these are arranged through Facilities. All of these items need Facilities approval.
3. All bulletin boards will be assigned and labeled to specific groups to use and maintain, which includes removing all inappropriate, non-related, and old postings. Several boards will be available for all staff to use and will be maintained by Facilities or Student Life. Items will be date stamped and removed monthly.
4. For safety purposes, items should never be hung from the ceiling (to include lights, vents, sprinklers, or smoke detectors).

E. Holiday/festive decorations
1. Employees should be careful not to overload power sources if using cubicle power sources.
2. If your workstation has a wall outlet or is very near a wall outlet, you may use the outlet for electric lights or decorations.
3. Do not use long extension cords to access wall outlets – long cords present a tripping hazard. Remember it is the employee's responsibility to unplug any decorations before leaving for the day or weekend.
4. Decorations are not to be placed above cubicle partition panels.
5. Avoid breakable decorations.
6. Do not hang decorations from the light fixtures and do not staple decorations onto the walls.
7. Do not attach decorations to walls, windows, or doors.
8. Do not stand on desks or chairs to display decorations.
9. Lit candles and open flames are not allowed – flameless candles are acceptable.
10. Decorations should not be put up more than two weeks prior to a holiday and not remain up more than five business days after a holiday.

F. Any questions or concerns should be directed to your supervisor and/or manager. Decorations must be removed as soon as possible after the holiday. Failure to adhere to ATSU safety standards will result in the removal of your decorations and, depending on the violation, could lead to disciplinary measures.

Responsibility

A. Employees -– All employees are expected to comply with the guidelines set forth in this policy.
B. Supervisors -– Supervisors are expected to ensure their employees are compliant with the guidelines set forth in this policy.
C. Facilities -– Facilities is expected to assist employees in complying with the guidelines set forth in this policy.

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ATSU POLICY NO. 95-113: EMERGENCY PREPAREDNESS AND MANAGEMENT

DATE APPROVED: MAY 19, 2021 **SIGNATURE:** ***Signature on file with HR***

Purpose

The purpose of this general order is to ensure A.T. Still University of Health Sciences (ATSU) has the proper preparation, organization, and resources to respond to emergencies. ATSU has a broad-based Emergency Operations Committee, campus safety director, additional campus safety personnel, and a comprehensive Emergency Operations Plan (EOP). Emergency preparedness (EP) is most effectively demonstrated through clear responsibility and centralization of resources and documentation. By creating University-wide EOP, ATSU will have a customized, standardized, and flexible infrastructure to prepare for, respond to, and recover from emergencies.

Policy

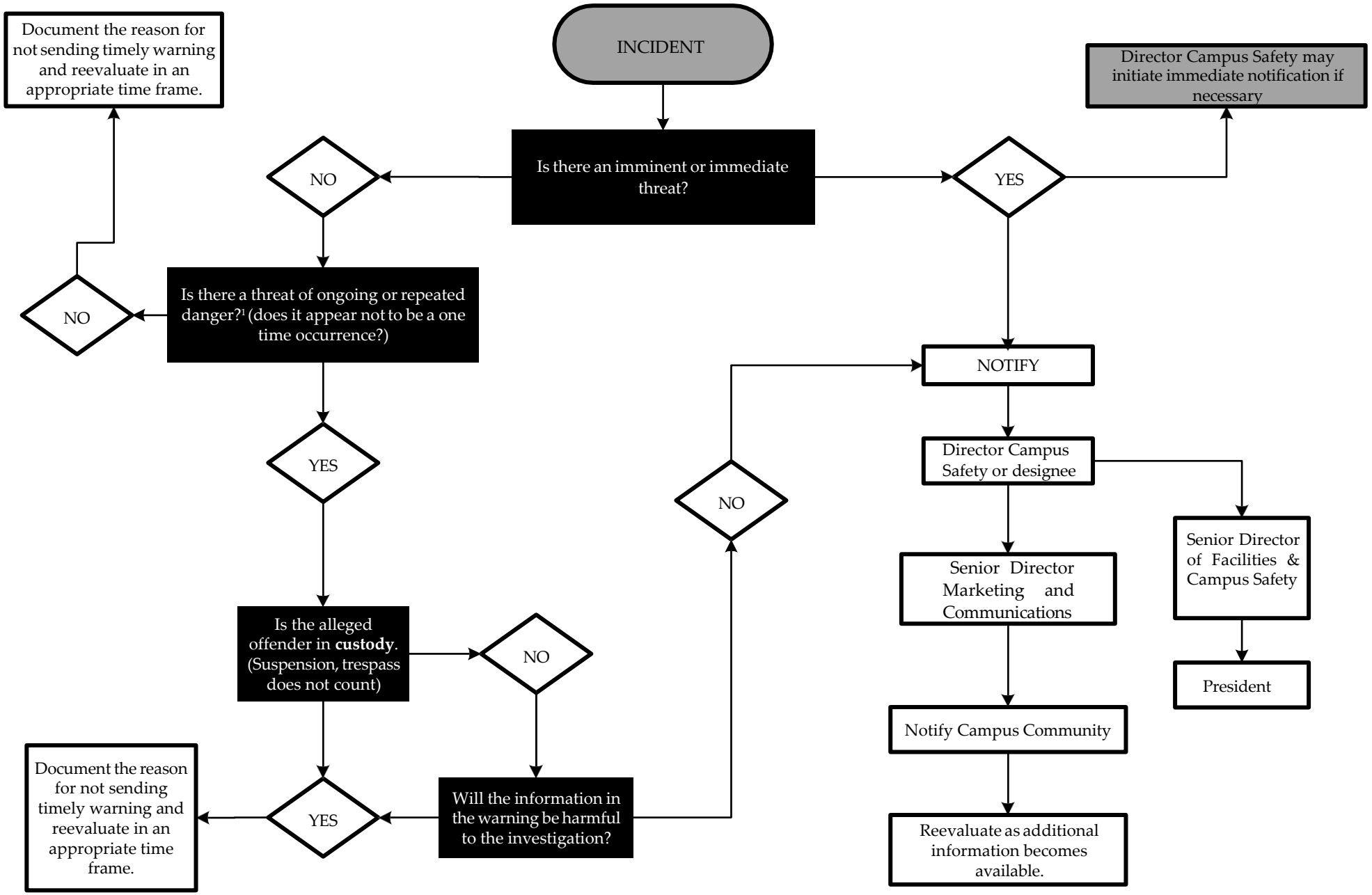
A. The president of the University has established emergency preparedness is a priority.
B. The University has formally adopted National Incident Management System (NIMS) as its all-hazard incident management system.
C. The president has the final authority and ultimate responsibility for all facets of emergency management. Pursuant to the EOP, the president will defer operational management of immediate life/safety emergencies to designated incident commander(s).
D. In the event the president is unavailable, the final authority and ultimate responsibility for all facets of emergency management, as delineated in C., will fall to the executive in charge, as identified in the on-call list maintained/distributed through the Chancellor's Office.
E. On behalf of the president, the campus safety director is responsible for emergency management development and oversight including EOP updates, planning, preparation, training, policies, procedures, emergency response, and recovery. Unless otherwise specified, the campus safety director oversees all emergency preparedness efforts and acts as NIMS point of contact (POC).
F. It is the responsibility of every employee, student, and partner (doing business at an ATSU facility) to be familiar with and actively support ATSU's emergency preparedness efforts.
    1. All ATSU employees, students, and partners must be aware of how to respond in emergency situations, such as, but not limited to:
        a. Active shooter/violent intruder
        b. Tornado
        c. Dust storm
        d. Power outage
        e. Fire
        f. Flood
        g. Cyber security threat
    2. ATSU employees may have, depending on their role, additional responsibilities to prepare for their role in emergency response. See training responsibilities in the EOP.
G. Employees who agree to accept an assigned specific responsibility, in furtherance of the EP priority, will carry out those duties as directed.
H. ATSU will maintain an EOP specific to ATSU operations in conformity with national standards and guidelines.
I. The EOP will be adaptable, subject to change, and updated on a yearly basis or as otherwise needed.

J. The Emergency Operations Committee is chaired by the campus safety director. The committee meets a minimum of twice per year to:
    1. Act on behalf of, and in support of, the Chancellor's Office in all areas of emergency preparedness/management.
    2. Review and recommend EOP updates to the campus safety director.
    3. Advise, and act as a resource, for the campus safety director.
    4. Represent the interests of a diverse University community in matters related to EP.
K. The EOP (and its appendices) functions as the base emergency planning/response document for the University.
L. Personal information (e.g., private cell numbers) provided in the EOP, or other preparedness undertakings (e.g., RAVE), is not for public disclosure or use other than as designated.
M. Confidential information (e.g., emergency operation centers/EOC locations) provided in the EOP, or other preparedness documents, is not for public disclosure or use other than as designated.
N. Registration for RAVE text messages is mandatory for all students and employees of ATSU. The real-time benefits from such a system must still be balanced with privacy concerns. As a result, everyone has a choice to opt out if they wish. To opt out, follow the procedure listed in Appendix W of the EOP.
O. The version of the EOP published on ATSU's website will not contain personal or confidential information. The version of the EOP on employees' desktops will contain such personal and confidential information. Employees should respect this information and use it only as required in an emergency.

Responsibility

A. Campus safety director – ATSU's campus safety director is responsible for reviewing/updating this policy as needed and maintaining liaison/coordinating with state and local emergency agencies/managers.
B. Employees and students – All ATSU employees and students are responsible for knowledge of and ability to carry out individual response to emergencies based on ATSU emergency procedures.
C. Emergency response identified employees – Employees who have been identified by the president, or appropriate President's Cabinet member, to receive additional training and carry additional responsibility in an emergency situation will complete required training and carry out specific needed tasks in emergency situations.

Timely Warning and Emergency Notification Decision Chart



ATSU | CAMPUS SAFETY

TIMELY WARNING PUBLICATION DETERMINATION FORM

Date of Incident:_____ Date Reported to PD: _____

Classification:_____IR Number: _____

Blast Email Sent to Community? Date: _____ Yes☐ No☐

Timely Warning Notice Posted? Date: _____ Yes☐ No☐

Has the subject been arrested/barred? Yes☐ No☐

Was the threat to the community mitigated? (If so, explain below) Yes☐ No☐

Was there any information withheld from the TWN based on a potential compromise to law enforcement efforts? (If so, please explain the details below). Yes☐ No☐

A timely warning was/was not issued using the following rationale:

Director of Campus Safety or designee Signature: _____

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Student Crisis Response Protocol for
ATSU Sponsored International Clinical/Education Experiences

This document contains step-by-step procedures to be followed in the event of a serious injury, illness, death, or other crisis connected with students abroad for purposes of study or research under the auspices of A.T. Still University (ATSU).

PART I: ASSESSMENT
The ATSU dedicated on-site coordinator or, in the event the coordinator is incapacitated, the ATSU program chair, director, or dean of the academic program takes responsibility to determine the urgency of the situation.

The first actions taken following an accident, death, or other crisis vary depending upon whether the situation is contained or could potentially worsen.

A. Definitions of a crisis
   1. A death or serious injury/illness that may require hospitalization of a student, or one that makes it impossible for the student to continue the program.
   2. A crisis may also be (but is not limited to) a situation involving a criminal act against one or more students in the program; an act or threat of terrorism that poses a threat to the security of the program participants; a natural disaster; an act of war; or other event causing or threatening harm to one or more participants in the program.
   3. A "perceived crisis" results from events not immediately threatening to the health or safety of the students; but which may be viewed as such by family and friends at home, or by the media. In many instances, a perceived crisis must be treated as a real crisis.

B. Immediate responsibilities of the ATSU on-site coordinator
   1. Attend to immediate needs of the student(s) involved;
   2. Remove other participants from danger, if possible;
   3. Contact (as appropriate): local medical emergency officials, law enforcement officers, the U.S. Embassy/Consulate;
   4. As soon as feasible, contact the ATSU vice chancellor for student affairs or associate vice chancellor and appropriate dean's office (see "C" below).

C. Immediate responsibilities of the ATSU vice chancellor for student affairs or associate vice chancellor
   1. Upon receiving a call from the on-site ATSU coordinator concerning a crisis, will:
      a. Begin a log of all calls and activities pertaining to the incident
      b. Get the following information from the on-site personnel:
         - Name of caller
         - Identity of individual(s) involved, if applicable
         - Brief description of accident, illness, or crisis
         - Location of caller – address, city, country
         - Location of accident or crisis; proximity to ATSU students (if not directly affected)

- Phone and/or fax number where caller can be reached
- Verify calls have been placed to emergency response services and will be placed to U.S. Embassy/Consulate if situation warrants
- Information, if any, that has been released to the media

2. If the crisis is a natural disaster, an act of terrorism, or an act of war, ask the following:
   a. What was the target of unrest, if event was political?
   b. What is the intensity of the crisis or political unrest?
   c. Are there military or emergency personnel at the site of the crisis?
   d. What is the advice of the nearest U.S. Embassy/Consulate?
   e. What impact, if any, did crisis have on availability of food, water, and medical supplies?
   f. How able are ATSU students and staff to travel?
   g. Is continuation of experience feasible?
3. If appropriate, instruct caller to call again after crisis response team or law enforcement has arrived.
4. In event of crisis other than illness or isolated accident, call the U.S. Department of State Citizens' Emergency Center at 202/647-5225 for suggestions or assistance; and call U.S. offices of other educational institutions with students in the target location to compare information and to develop a common plan of action. Continue coordination throughout the crisis.
5. Call the ATSU chancellor who will assemble a task force if appropriate and coordinate contact with University Communication & Marketing, Chancellor's Cabinet, and Board of Trustees. See Part II below.

<u>Call from student or family</u>

If a student or student's family contact ATSU before the ATSU on-site coordinator is aware of the incident or is able to make contact, the call should be directed to the vice chancellor for student affairs or the associate vice chancellor - student affairs.

- Vice Chancellor/Associate Vice Chancellor (Student Affairs) will:
  - Take down details of incident as follows: (*see attached log forms*)
    - Student's academic program
    - Date/time/location of incident
    - Student's current location/contact information
    - Nature of incident (include as much detail as possible)
    - Type of follow-up care already received
    - Family or caller's contact information
  - Contact the appropriate dean and collaborate to:
    - Contact the ATSU on-site coordinator regarding the incident
    - Coordinate support with local and U.S.-based travel staff to provide additional resources
    - Liaise with family as needed (with student's consent)
    - Continue to follow up regularly with student and family
    - Assist student in making arrangements to return home if needed

PART II: TASK FORCE

If convened, once important facts have been collected, the task force (appointed by the chancellor) will be assembled. Members may include Chancellor's Cabinet and any other appointed university personnel. The task force should:

- Address immediate actions necessary to maintain security and health of program participants and staff.
- Address other issues of health, safety, academic concerns, financial aid, public relations, and legal liability.

- Identify appropriate steps to take abroad (addressing student reactions, creating written action plan, sending family members/ATSU staff/faculty/counselors to program site, etc.).
- Develop and help with an evacuation plan (should one become necessary).
- Designate an ATSU individual to assume responsibility for the situation.
- Develop a communication document to be utilized by all personnel involved.
- Prepare a list of persons to be alerted (to include Board of Trustees, parents/family of students abroad, legislators, media, etc.).
- Develop a daily communication plan.
- Assess the impact of the event once ended and document all actions taken in written report.

PART III: TASK FORCE FOLLOW-UP PROCEDURES, NOTIFICATION, AND MEDIA RELEASE

- Make certain written accounts of incident are obtained as soon as possible from all witnesses and affected students, faculty, and staff.
- Prepare a detailed factual report, including preliminary recommendations without judgments, analysis or conclusions.
- Submit the report to ATSU Chief Operating Officer & General Council.
- Convene follow-up meeting of task force to discuss:
    - Distribution and dissemination of the report.
    - The need, if any, for further in-house or external review or investigation.

PART IV: FOLLOW-UP PROCEDURES FOR ATSU ON-SITE COORDINATOR AND DEAN

Once all immediate life-threatening circumstances have been secured:

- Re-assess planned activities for the program and adjust, as deemed necessary, to avoid subjecting students, staff and faculty to additional stress.
    - Consult U.S. Department of State (DOS) Travel Warnings/Public Announcements (www.travel.state.gov).
    - Consult Centers for Disease Control (www.cdc.gov).
    - Communicate promptly with students and families.
    - Stay in close communication with the Task Force for follow-up and instructions.
    - Assess physical and emotional needs of students/staff/faculty.
    - Let the Task Force know if ATSU support staff are needed on-site to carry out needed arrangements or to provide counseling to students.
    - Make certain all affected local and U.S. authorities are consulted and kept informed.
    - In the event of a fatality, wait for legal authority (usually local) before moving the body.
    - Make sure photographs are taken before the body is moved.
    - Communicate any action or evacuation plans in writing to students and ask for written acknowledgment of receipt.
    - Document ALL activities.
    - Collect written statements from students, faculty, and staff as soon as possible following incident.

PART V: NOTIFICATION OF NEXT OF KIN IN CASE OF DEATH ABROAD

In the event of death of a student or accompanying university personnel participating in an international program administered by ATSU, it is the responsibility of a designated Task Force administrative official to ensure next of kin are appropriately and promptly notified.

The appropriate Embassy officials will take charge in the event of the death of a U.S. citizen abroad. In most cases, the next of kin are contacted directly by representatives of the U.S. Department of State or local authorities.

PART VI: RELEASING INFORMATION TO THE MEDIA

Statements to the press should be made exclusively through ATSU's Communication & Marketing department. All other ATSU personnel should not seek contact with the press, since many difficulties may arise when more than one source releases information to the media.

Equally important is all steps taken after the accident, death, or crisis be recorded for future reference. It is vital information is passed promptly, accurately and completely at each communication link.

No one, including the designated spokesperson, should release any of the following without first consulting legal counsel:

- Names of victims prior to notification of next of kin
- Information regarding nature of illness or injury prior to diagnosis by a physician
- Information assessing responsibility for an accident, or criticizing conduct, policy, or equipment
- Estimates of property damage

The ATSU Communication & Marketing department, chancellor, chief operating officer & general counsel, and the ATSU on-site coordinator (when possible), will prepare a statement for the press to be released to appropriate media services (depending upon scope of incident) and set up a system for responding to inquiries.

PART VII: COMMUNICATING WITH LAW ENFORCEMENT

Before speaking with law enforcement, employees should first consult with the ATSU Chief Operating Officer & General Counsel to ensure disclosure of only information allowable for disclosure under the law. ATSU stores certain student information protected by law from disclosure unless certain conditions are met.

Intake Log – Student Crisis: International Experience

Recorded by:_____

Involved Student Information: *(use separate sheets for multiple students)*

Date	
Name	
Program/Year	
Address	
Email	
Phone	
Emergency Contact	
Current location	
Current situation	
Notes	

Intake Log – Student Crisis: International Experience

Recorded by:_____

ATSU On-Site Coordinator Information:

Date	
Name	
ATSU Employee/Title	
Department	
Supervisor	
Address	
Email	
Phone	
Emergency Contact	
Current location	
Current situation	
Notes	

Intake Log – Student Crisis: International Experience

Recorded by:_____

Family or Friend Information:

Date	
Name(s)	
Relationship to Student	
Address	
Email	
Phone	
Notes	

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 95-115: PEACEFUL PROTEST POLICY

DATE APPROVED: SEPTEMBER 11, 2024 **SIGNATURE:** ***Signature on file with HR***

Purpose

The purpose of this policy is to provide guidance for peaceful protest for students and employees. A.T. Still University of Health Sciences (ATSU) respects the right of students and employees to freedom of expression and the right to assembly. Free and open dialogue and debate are a cornerstone of the ATSU community. As all members of ATSU's community have a right to express their viewpoints, they have a corresponding responsibility not to interfere with the rights of others to speak, study, learn, teach, and work. This policy ensures those expressing their viewpoints simultaneously respect the perspective and rights of other ATSU community members and guests.

Policy

A. Approval process
   1. A request form must be submitted with all approval signatures to Human Resources (employees) or Student Affairs (students).
   2. The request form must be submitted at least five business days in advance of the protest.
   3. The request is only approved when the assistant chief for human resources (for employees) or the vice chancellor for student affairs (students) has communicated approval in writing to the requesting party.

B. Protest requirements
   1. The protest cannot include anyone who is not an ATSU staff member, faculty member, or student. Only ATSU faculty, staff, and students are permitted to protest on ATSU property.
   2. Individuals involved in the protest must remain 100 feet from any ATSU building or vehicles.
   3. The protest activities may not interfere with educational activities, social activities, patient care, work activities, or movement of individuals or vehicles. Non-permitted interference includes but is not limited to:
      a. Obstructing access to facilities or vehicles.
      b. Entering, occupying, or otherwise obstructing ATSU facilities.
      c. Use of ATSU equipment.
   4. Any destruction or damage to property is not permitted.
   5. Any harassing or discriminatory behavior, including, verbal, written (signs, posters, etc.), or threats against groups or individuals is not permitted. All behavior should be consistent with ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation, ATSU Policy No. 10-220: ATSU Code of Ethical Standards, and the ATSU Code of Behavioral Standards within the ATSU Student Handbook.
   6. Tents or other structures are not permitted.
   7. Amplifying sound devices (including instruments) are not permitted.
   8. Organizers are expected to coordinate with ATSU Campus Safety after approval to ensure understanding related to:
      a. Date
      b. Time (including duration)
      c. Location
      d. Expected number of participants
      e. Security plan

f. First aid plan

C. ATSU reserves the right to cancel or halt protests in the event of evolving civil unrest or in the interest of safety and security. Any non-registered protests will be immediately disbanded.
D. Any violation of this policy may result in the denial of future requests to protest.
E. Any approved protest must comply with all federal, state, and local laws and ATSU policies, regulations, and expectations.

Responsibility

A. Assistant chief for human resources – The assistant chief for human resources or designee will review all requests for peaceful protest by employees. The assistant chief for human resources will also communicate all approved peaceful protests to Campus Safety, Chancellor's Office, regional president, and Communication & Marketing.
B. Vice chancellor for student affairs – The vice chancellor for student affairs or designee will review all requests for peaceful protest by students. The vice chancellor for student affairs will also communicate all approved peaceful protests to Campus Safety, Chancellor's Office, regional president, and Communication & Marketing.
C. Employees – All employees are responsible for compliance with this policy.
D. Students – All students are responsible for compliance with this policy.
E. Campus Safety – Campus Safety is responsible for monitoring approved peaceful protests for safety and security concerns and for ensuring continued operation of ATSU business.

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Faculty and Staff Request for Peaceful Protest

To ensure the safety of ATSU students, faculty, staff, patients, visitors, and vendors, all protest activities must be registered with and approved by ATSU Human Resources, Campus Security, campus president, and chancellor at least five days in advance of the event and comply with the following protocols.

- Participants are limited to ATSU students, faculty, and staff.
- Individuals must remain 100 feet away from any building or vehicles on campus or location.
- Individuals may not hinder education activities, social activities, patient care, or movement of individuals or vehicles.
- Harassment, including verbal, written, or physical threats, against groups or individuals is not permitted.
- Tents or other structures are not permitted.
- Amplifying devices/sounds are not permitted.
- ATSU reserves the right to cancel or halt protests in the event of evolving civil unrest in the interest of safety and security.
- Students, faculty, and staff must follow applicable handbook policies.

Name (must be a faculty or staff member): _____

Contact information: email _____ phone _____

Campus / location: ☐ Kirksville, Mo. ☐ St. Louis, Mo. ☐ Mesa, Ariz. ☐ Santa Maria, Calif.

Specific location on campus: _____

Date and time of event (limited to two hours between 8:00 a.m. - 5:00 p.m.): _____

Estimated number of participants: _____ Purpose of event: _____

I understand I may be responsible for any costs associated with increasing security, clean up, or damages to ATSU property. ☐

I have read and understand the requirements listed above. ☐

Signature: _____

After obtaining the following approvals, submit this form to Human Resources (hr@atsu.edu).

Approvals:

_____ Human Resources

_____ Director, Campus Safety

_____ Campus President

_____ Chancellor

07022024

Student Request for Peaceful Protest

To ensure the safety of ATSU students, faculty, staff, patients, visitors, and vendors, all protest activities must be registered with and approved by ATSU Student Affairs, Campus Security, campus president, and chancellor at least five days in advance of the event and comply with the following protocols.

- Participants are limited to ATSU students, faculty, and staff.
- Individuals must remain 100 feet away from any building or vehicles on campus or location.
- Individuals may not hinder education activities, social activities, patient care, or movement of individuals or vehicles.
- Harassment, including verbal, written, or physical threats, against groups or individuals is not permitted.
- Tents or other structures are not permitted.
- Amplifying devices/sounds are not permitted.
- ATSU reserves the right to cancel or halt protests in the event of evolving civil unrest in the interest of safety and security.
- Students, faculty, and staff must follow applicable handbook policies.

Name (must be a current student): _____

Contact information: email _____ phone _____

Is this event sponsored by: ☐ RSO ☐ Other ☐ None

Campus / location: ☐ Kirksville, Mo. ☐ St. Louis, Mo. ☐ Mesa, Ariz. ☐ Santa Maria, Calif.

Specific location on campus: _____

Date and time of event (limited to two hours between 8:00 a.m. – 5:00 p.m.): _____

Estimated number of participants: _____ Purpose of event: _____

I understand I may be responsible for any costs associated with increasing security, clean up, or damages to ATSU property. ☐

I have read and understand the requirements listed above. ☐

Signature: _____

After obtaining the following approvals, submit this form to Students Affairs (studentaffairs@atsu.edu).

Approvals:

_____ Vice Chancellor for Student Affairs

_____ Director, Campus Safety

_____ Campus President

_____ Chancellor

07022024

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FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 95-116: PARKING REGULATIONS

DATE APPROVED: JUNE 5, 2024 **SIGNATURE:** ***Signature on file with HR***

Purpose

This general order outlines A.T. Still University of Health Sciences (ATSU) policy regarding parking regulations for ATSU facilities. This general order does not apply to community health centers. This policy contains universal parking guidelines and facility-specific guidelines.

Policy

A. General
   1. ATSU parking lots have signs and pavement markings designating appropriate use by personnel, patients, and visitors.
   2. When required for their location, ATSU employees, students, and other personnel must register vehicles as described in the location-specific sections below.
   3. Vehicle registration is maintained by the Department of Campus Safety. The department issues parking violations as described in this general order.

B. Parking violations
   1. Citations for parking violations may be issued for, but not limited to, the following:
      a. Failure to register a vehicle.
      b. Failure to display parking permits properly.
      c. Parking in a lot or spot designated for patient or visitor parking.
      d. Parking in a no parking zone.
      e. Parking in a loading zone.
      f. Unauthorized parking in a reserved space.
      g. Any vehicle illegally parked in a handicapped parking space.
      h. Parking in an Electric Vehicle Charging space while not charging your vehicle.
      i. Parking in spaces designated for motorcycles/scooters.
   2. Habitual offenders – Individuals receiving three violations within a calendar year will be reported to their supervisor (employees) or dean (students) for appropriate disciplinary action.
   3. Towing may occur for any vehicle:
      a. Parked in a helipad area, fire lane, handicapped space, roadways, or any place other than a designated parking area.
      b. Left unattended in an ATSU parking for a period longer than 72 hours. If you plan on leaving your vehicle longer than 72 hours, notify the Department of Campus Safety.
      c. Whose owner does not comply with ATSU parking regulations.
   4. Appeals
      a. Individuals wishing to appeal a parking violation may do so in writing or in person with the Department of Campus Safety.
      b. The senior director of facilities and campus safety, or designee, will review and determine the outcome of all appeals.
   5. Temporary parking placards – ATSU recognizes under certain circumstances, individuals use a rental car while working or visiting campus. For example, staff from Mesa, Arizona, visiting the Kirksville, Missouri, campus or a remote worker traveling to work on campus may need a rental car. In situations like this, the individual should notify Campus Safety in advance, and the employee will be given a temporary placard to place on the dash of the rental vehicle. If the travel is more frequent, Campus Safety may issue the individual a placard to keep and place on the dash of the rental vehicle each time the employee travels to campus.

C. Campus and location-specific parking information
   1. Kirksville, Missouri, campus
      a. To register your vehicle for the Kirksville campus, click here. Once the form is complete, you may pick up your registration at the Department of Campus Safety located at 700 W. Jefferson St. (Still building above the Chancellor's Office).

   b. Campus parking permits are to be visibly displayed on the exterior upper right (passenger side) corner of the rear window.
   c. Faculty, medical staff, and exempt (salary) employees will be provided an assigned parking space based on availability. When making space assignments, proximity of the space to the employee's department will be considered.
   d. A campus parking map is available here.
   e. Campus Safety in Kirksville may be reached 24 hours a day from a campus phone at ext. 33 or by calling 660.349.9513.
2. Mesa, Arizona, campus
   a. To register your vehicle for the Mesa campus, click here. Once the form is complete, you can pick up your registration at the front desk in the main lobby of Building 5850.
   b. Campus parking permits are to be visibly displayed in the lower left corner of the front windshield.
   c. Parking spaces are not assigned.
   d. A campus parking map is available here.
   e. Campus Safety in Mesa may be reached 24 hours a day from a campus phone at ext. *7 or by calling 489.341.9075.
3. St. Louis Dental Center location
   a. Third- and fourth-year dental students must retain their parking registration when transitioning from Kirksville to the St. Louis Dental Center.
   b. Vehicle registration is managed by the director of clinical operations for ATSU's Missouri School of Dentistry & Oral Health.
   c. Campus parking permits are to be visibly displayed on the exterior upper right (passenger side) corner of the rear window.
   d. There are designated areas for student parking at the clinic. Employees and students are permitted to park in additional parking areas adjacent to 1634 Park Ave., 1821 Park Ave., 1300 Lafayette Ave., and 1500 Lafayette Ave.
   e. A site parking map is available here.
   f. Campus Safety at the St. Louis Dental Clinic may be reached from a campus phone at ext. 4444 or by calling 314.833.2744.
4. Santa Maria, California, campus
   a. No vehicle registration is required, and no parking permit decals are issued. Parking spaces are not assigned.
   b. ATSU employees and students are permitted to park in the northernmost four rows of the Coast Hills Credit Union parking lot north of the building.
   c. A site parking map is available here.
   d. Santa Maria's non-emergency phone number during working hours is 805.621.7651.

Responsibility

A. Employees and students – Responsible for complying with this general order.
B. Campus Safety – Campus Safety will monitor parking lot usage and enforce this general order. In addition to notifying the supervisor or dean as appropriate for employees or students, of habitual offenders, Campus Safety will notify the appropriate Chancellor's Cabinet member and the Chancellor's Office.
C. Deans and supervisors – Will conduct disciplinary actions as necessary.
D. Assistant chief for human resources – Assist supervisors with employee parking disciplinary matters.

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ATSU POLICY NO. 95-117: SECURITY ISSUES, LOSS OF PERSONAL PROPERTY, AND WEAPONS

DATE APPROVED: JUNE 15, 2017 **SIGNATURE:** ***Signature on file in HR***

Purpose

This general order outlines A.T. Still University of Health Sciences' (ATSU) policy regarding security issues, prohibition of weapons, and the loss of personal property.

Policy

ATSU desires to provide a safe environment for employees, students and the general public. This can be accomplished with employee assistance and with the assistance of the Campus Safety Department.

A. Suspicious persons or activities should be immediately reported to Campus Safety.
    1. Kirksville campus:
        a. To contact Campus Safety on campus: dial 33 from an on-campus landline.
        b. To contact Campus Safety off campus: call 660-349-9513.
    2. Mesa campus:
        a. To contact Campus Safety on campus: dial *7 from an on-campus landline.
        b. To contact Campus Safety off campus: call 480-341-9075.
B. Work areas must be secured at the end of each workday by locking doors and securing valuables in a safe place.
C. Employees are advised not to carry valuables or large amounts of money while on campus. ATSU does not assume responsibility for the loss or damage of personal property or valuables of employees, students, or others using the facility.
D. ATSU reserves the right to inspect any unauthorized packages entering or leaving the premises.
E. Weapons, concealed or otherwise, are prohibited on ATSU property.

Responsibility

A. ATSU, as well as its employees and students, have the responsibility to cooperate in an effort to ensure a safe working environment.
B. ATSU Campus Safety is responsible for enforcement of this policy.

ATSU | Kirksville College of Osteopathic Medicine

ATSU-KCOM Student Promotion Board Members

- Kristin Blunk, EdD, MBA - board chair
- Sara Funk, DPT - voting member
- Keith Elmslie, PhD - voting member
- Ronald Russ, DO - voting member
- Valena Fiscus, DO - voting member
- Kent Blanke, DO - voting member
- Joseph Novinger, DO - alternate
- Eric Snider, DO - alternate
- Robert Theobald, PhD - alternate
- Melissa Stuart, PhD - alternate
- Saroj Misra, DO, FACOFP - ex officio
- Patricia Sexton, DHEd - ex officio
- Deanna Hunsaker, DHEd - ex officio
- Jennifer McNeely, MA - ex officio
- Anna Lloyd, AA - support staff

Board meets each semester and as needed

updated 7.12.2022

ATSU | A.T. Still University

FIRST IN WHOLE PERSON HEALTHCARE

ATSU Standards and Ethics Board charge:

The University shall have a standing SEB charged with the responsibility of conducting a formal hearing when requested by a student in order to determine the merits of a Code of Behavioral Standard's charge and/or the appropriateness of a proposed sanction.

Board Membership. The President appoints the members of the SEB for each campus. The five (5) SEB members shall consist of:

Two (2) campus administrators;
One (1) faculty member from the accused's College/School;
One (1) staff member from student affairs; and
One (1) faculty member from any other School/College (not the accused student's).

Alternates. One (1) administrator or staff member and one (1) faculty member serve as alternates for the SEB. The alternate appointees shall serve on the SEB should a member of the SEB be ineligible to serve for a certain matter due to a conflict of interest or any other reason as determined by the President.

The President shall appoint one member of the SEB to serve as chairperson. The chairperson is a voting member of the SEB and is responsible for conducting the hearing. The chairperson has the responsibility and right to make final rulings pertaining to procedures and to keep and maintain order at hearings. All decisions require a simple majority vote of a quorum of the members.

Standards Ethics Board

Monday August 17, 2026 8:31 AM

Last Name	First Name	Department	Type	Owner	Updated	Membership
Allgood	Aaron	SOMA	Faculty	Chief Operating Officer & General Counsel	10/3 /2024	AZ Member
Barragan	Beatrice	ASHS	Faculty	Chief Operating Officer & General Counsel	10/3 /2024	AZ Member
Blunk	Kristin	KCOM	Staff	Chief Operating Officer & General Counsel	9 /9 /2013	MO Member
Bordenave	Lori	ASHS	Faculty	Chief Operating Officer & General Counsel	9 /9 /2013	AZ Member
El-Hefnawy	Talal	KCOM	Faculty	Chief Operating Officer & General Counsel	8/17 /2026	MO Member
Parise	Nicholas	SOMA	Faculty	Chief Operating Officer & General Counsel	9/3 /2025	AZ Member
Dancy	Jaqueline	CHC	Faculty	Chief Operating Officer & General Counsel	10/3 /2024	CA Member
Eagen	Travis	Student Affairs	Staff	Chief Operating Officer & General Counsel	10/3 /2024	MO Member
Chaffin	Jeff	CGHS	Faculty	Chief Operating Officer & General Counsel	7 /1 /2026	MO Member
Fitch	Tonya	Human Resources	Staff	Chief Operating Officer & General Counsel	10/3 /2024	AZ Member
Gardner	Jolynn	CGHS	Staff	Chief Operating Officer & General Counsel	6 /29/2023	MO Member
Haribabu	Prashanth	MOSDOH	Faculty	Chief Operating Officer & General Counsel	10/3 /2024	MO Member
Heeren	Matthew	General Counsel's Office	Staff	Chief Operating Officer & General Counsel	9 /9 /2013	Owner/Chair
Hunsaker	Deanna	Student Affairs	Staff	Chief Operating Officer & General Counsel	9 /9 /2013	MO Member

Last Name	First Name	Department	Type	Owner	Updated	Membership
Morgenstern	Kaylee	Student Affairs	Staff	Chief Operating Officer & General Counsel	8/17 /2026	MO Member
Kondrashov	Peter	KCOM	Faculty	Chief Operating Officer & General Counsel	10/3 /2024	MO Member
Keane	James	SOMA	Faculty	Chief Operating Officer & General Counsel	9 /17/2025	AZ Member
Musawi	Ammar	MOSDOH	Faculty	Chief Operating Officer & General Counsel	10/3 /2024	MO Member
Radziak	Jennifer	ASHS	Faculty	Chief Operating Officer & General Counsel	10/3 /2024	AZ Member
Samms	Tina	Student Affairs	Staff	Chief Operating Officer & General Counsel	10/3 /2024	AZ Member
Sexton	Patricia	KCOM	Faculty	Chief Operating Officer & General Counsel	9 /9 /2013	MO Member
Springer	Lindsay	ASDOH	Faculty	Chief Operating Officer & General Counsel	11/11/2021	AZ Member
White	Earla	SOMA	Faculty	Chief Operating Officer & General Counsel	11/11/2021	AZ Member
Woldt	Janet	ASDOH	Staff	Chief Operating Officer & General Counsel	3 /22/2024	AZ Member
Wolf	Rebecca	ASHS	Faculty	Chief Operating Officer & General Counsel	7 /17/2019	AZ Member

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ATSU POLICY NO. 90-215: RECRUITMENT AND PLACEMENT OF PERSONNEL

DATE APPROVED: OCTOBER 11, 2017 **SIGNATURE: *Signature on file in HR***

Purpose

This general order outlines ATSU policy concerning the consistent and equitable treatment of all applicants in recruitment, hiring, and placement of personnel at ATSU.

Policy

A. ATSU will recruit individuals for positions in full compliance with ATSU policies as well as applicable statutory laws and regulations.
B. Recruitment and placement of personnel should proceed as outlined in the *ATSU Recruitment and Hiring Handbook* (Attachment A).
C. The hiring process is overseen in its entirety by ATSU Human Resources.

Responsibility

A. The hiring supervisor and department chair/director is responsible for ensuring that qualified applicants are selected for available positions and that positions are filled promptly and in accordance with the ATSU Policy No. 90-101: Equal Employment Opportunity policy.
B. Hiring supervisors and department chairs/directors are responsible for following recruitment and placement procedures outlined in the *ATSU Recruitment and Hiring Handbook* (Attachment A), with assistance from the human resources department.
C. Hiring supervisors, department chairs/directors, and/or deans are responsible for verification that a selected candidate for hire has the appropriate credentials for the position as identified on the job description. This may include education, certification, licensure, or any other applicable credentials.

ATSU

A.T. STILL UNIVERSITY

Recruitment and Hiring Handbook

ATSU Human Resources

Arizona campus
480.245.6266
hraz@atsu.edu

Missouri campus
660.626.2790
hr@atsu.edu

Introduction

The hiring process offers A.T. Still University (ATSU) an opportunity to enhance its impact on communities and promote its institutional purpose and values. This Recruitment and Hiring Handbook (Handbook) presents an overview of ATSU's recruitment and hiring and is designed to ensure all prospective employees experience a fair, unbiased process conducted with professionalism, integrity, and cultural proficiency.

Objectives in the hiring process are to attract diverse pools of qualified applicants and hire individuals who will enrich the culture, mission, and vision of the University. A parallel goal is to provide to all applicants a positive and informative experience with ATSU.

Non-discrimination

Discrimination in hiring practices is prohibited under ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation and ATSU Policy No. 90-101: Equal Employment Opportunity. ATSU does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, or veteran status, or any other status protected by applicable law.

Hiring manager

The hiring manager is the department head or his/her designee in which the vacancy exists. The hiring process is overseen in its entirety by ATSU Human Resources (HR).

First steps

For **all** hourly and salaried positions, the hiring manager will deliver a Personnel Requisition and Job Description Worksheet to HR. The Personnel Requisition will include the appropriate President's Cabinet member signature and will identify the department with budgetary responsibility for the vacancy. The hiring manager will ensure the Job Description Worksheet accurately reflects the expectations and duties of the position.

HR will determine the appropriate job grade and/or salary range for the position. A formal candidate search utilizing a search committee should be performed for new faculty hires as outlined in the appropriate faculty handbook. The president may require a search committee for certain administrative hires, and such search should be performed as described in the "Search Committee Process" section of this Handbook. At the hiring manager's discretion, search committees may be used even when not required.

Advertisement

HR will post vacancies on ATSU's employment webpage for a minimum of three (3) calendar days. HR may also advertise in local, regional, and/or national publications. The Personnel Requisition should contain as much information regarding desired recruitment strategies as possible, including desired

advertising locations. Hiring managers are encouraged to work with HR to identify outlets most likely to generate qualified candidates from a diverse applicant pool.

Upon a written authorization from the appropriate vice president, assistant vice president for human resources, and president, a placement agency may be utilized.

Application materials

All application materials (e.g., application forms, resumes, cover letters, transcripts, letters of reference) are to be submitted to HR by the applicant directly; copies will be forwarded by email from HR to the hiring manager. Applicants receive an automated response from HR acknowledging receipt of submitted materials. Hiring managers who separately acknowledge receipt of materials should do so with utmost consistency among applicants, and all materials must be forwarded to HR for required document retention.

Pre-interview review

Hiring managers will conduct an initial review to eliminate applicants who do not meet minimum education and experience qualifications required for the position as stated in the job description.

Interviews

Interviews are scheduled by the hiring manager or his/her administrative designee. Prior to beginning interviews, the interview schedule should be submitted to HR. Interview questions must adhere to non-discrimination laws and regulations (see Attachment A). Further guidance about the legality and appropriateness of interview questions may be obtained from HR or the vice president & general counsel. Interviews must be conducted in a consistent manner for all interviewees. It should be a goal to make each applicant's interview experience as fair and positive as possible.

At the conclusion of the interview schedule, HR will facilitate a review of ATSU's fringe benefits package with interview finalists.

Travel expense

When appropriate, telephone/video interviews should be used for initial candidate's screening before travel and related expenses are incurred for in-person visits. The hiring manager may conduct in-person interviews for finalist candidates. Travel arrangements to consider include:

- travel, lodging, and meals;
- advance itinerary submitted to the candidate;
- transportation to and from campus; and
- campus and community tours.

The hiring manager must obtain prior approval for travel expenses reimbursement incurred by applicants.

The hiring manager should assist all applicants with reimbursement for ATSU-authorized travel expenses. Receipts must be provided for all expenses for which reimbursement is requested. A Travel Expense Report must be completed by the hiring manager or his/her administrative designee and submitted to the Finance Office. In most cases, the department is responsible to pay the travel expense from its budget.

Additional considerations for hiring managers

Applicant identities and interview details are confidential and may not be discussed, unless the hiring manager identifies someone with a need to know.

The hiring manager should avoid conflicts of interest. Questions about potential conflicts of interest should be referred to HR or the vice president & general counsel.

Timetable

The hiring manager should make reasonable efforts to conduct searches in an orderly, timely manner, including advising applicants during each stage of the process. This includes developing a realistic hiring timeline working backwards from a target start date for the employee.

Reference checks, background screenings, and employment offers

Once the hiring manager or search committee identifies a preferred candidate, the hiring manager should review the employment application to ensure the candidate has authorization to work in the United States. The hiring manager or search committee chair must contact HR if interested in hiring an employee needing a visa and to determine the cost to the department and timeline associated with hiring a non-U.S. citizen.

Before an offer of employment is made, all necessary background screenings and reference checks must be completed. Generally, the hiring manager will check two to three work references, record all questions and responses, and submit the completed reference check to HR. If the hiring manager is unable or unwilling to perform the appropriate reference checks, HR may consult or assist in this process.

As appropriate, background screenings may include verification of academic credentials, relevant licenses or certifications, work history, and job performance. Finalists for positions designated as "security sensitive" require a criminal background check, with identity verification required for the final candidate. If approved by HR, an initial offer may be made contingent upon successful completion of background screening requirements. Background screening is addressed further in ATSU Policy No. 90-103, Screening Policy for Employees and ATSU Policy No. 90-215, Recruitment and Placement of Personnel.

The hiring manager or search committee chair must obtain a completely signed and executed Employee Status Form prior to an offer of employment.

Approval by senior leadership may be required before an offer of employment is extended. Hiring managers should consult with HR before an offer is extended to a candidate. Approval is required under a variety of circumstances, including hiring of any faculty at a starting salary outside the established pay range and/or when the salary is not properly budgeted.

Records retention

HR is responsible for retention of all application materials. Upon completion of a search, the hiring manager should submit all records relating to the search process (application materials, resumes, notes, rubrics, etc.) to HR. HR will retain all records for two years from the date of hire, per ATSU Policy No. 10-209: Record Retention Policy.

Exceptions

The president may approve exceptions to the hiring procedures outlined in this Handbook.

Search committee process

The following search committee process is required, at the president's discretion, for filling administrative positions. For administrative hires, a hiring manager should verify with the Chancellor's Office whether a search committee is required prior to beginning the hiring process. While faculty searches should be performed as described in the appropriate faculty handbook, hiring managers for faculty are encouraged to implement the processes outlined herein. In the event a search committee is not required, the hiring manager may elect to utilize a search committee for other positions. Search committees should seek to recruit from diverse candidate pools and evaluate applicants from a variety of perspectives.

Hiring managers should advise HR when a search committee is formed. HR is available to provide assistance and answer questions at any time during the process.

Search committee chair

The hiring manager serves as search committee chair and has overall responsibility for managing a proactive, timely, fair, and legal search process in compliance with this Handbook. The search committee chair will appoint search committee members and assign an employee to support the search committee with administrative and logistical tasks (e.g., managing and sharing application materials, scheduling committee meetings and interviews, recording minutes).

Search committee chair responsibilities include:

1. Work with the search committee to establish procedures and ground rules before the process begins. Among items to consider:
    a. What are the discussion rules?
    b. How will the committee make decisions?
    c. How will the committee handle disagreements?

   d. How will committee discussion be recorded?
   e. How will the committee require statements made about candidates be backed up by fact.
2. Oversee administrative organization
   a. Share application materials with committee members. Google Drive is an easy, confidential data sharing tool.
   b. Keep good records.
3. Maintain consistency and fairness
   a. Develop a matrix or rubric to assist in evaluating the candidates (see Attachment B for samples).
   b. Develop a standard list of interview questions.
   c. Avoid changing procedures in the midst of the process.
   d. Provide consistent information to all candidates. If one candidate requests additional materials, consider providing the same materials to other candidates.
   e. Give all candidates a similar experience when visiting campus, including opportunities to interact with the same groups and individuals, and comparable transportation, lodging, and dining/hospitality events.
4. Ensure compliance with applicable laws
   a. Comply with ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation.
   b. Comply with laws concerning interview questions (see Attachment A. Also may be located at Interviewing Do's and Don'ts).
   c. Consult as needed with HR and/or vice president & general counsel for questions or legal guidance.
5. Communicate with candidates
   a. Maintain positive, timely communication with candidates by email, letter, or telephone.
   b. Written communications should be courteous, professional, and demonstrate ATSU values and mission.
   c. Assist candidates in every stage of the process (e.g., technical support for virtual interviews, logistics, travel arrangements and agendas for those who visit campus, answer questions, provide requested information and documents).
6. Interview experience
   a. Schedule a time for the candidate to discuss benefits with HR.
   b. Consider a campus and/or community tour.
7. Maintain confidentiality and ethical standards (see Confidentiality and Conflicts of Interest sections)

Search committee membership

Search committee composition is at the hiring manager's discretion. The search committee may include employees who will work with or be affected by the new hire.

The hiring manager should make a reasonable effort to include search committee members from historically underserved or underrepresented populations. Time permitting, the associate vice president for diversity & inclusion is available to serve as a search committee member.

Diversity education

Diversity is a priority of ATSU's community; the hiring process is an opportunity to increase workforce diversity and provide opportunities for search committee members to receive diversity education. The committee chair should notify the office for diversity & inclusion at the initiation of a search committee to facilitate the training listed below.

DiversityEdu

The hiring manager should ensure all search committee members complete the University's online diversity training (DiversityEdu), which specifically addresses search committee practices.

Unconscious bias

To avoid unconscious bias, each committee member should recognize the potential for positive and negative stereotyping. It is important to avoid prematurely ranking candidates. Unconscious bias is addressed in DiversityEdu training. The associate vice president for diversity & inclusion is available to share information with the committee about unconscious bias in the search process.

Search committee charge

Search committee members should understand the labor-intensive nature of a successful search and be willing and able to commit the necessary time and effort. Committee members must have a working understanding of the job description. They are responsible to carefully read application materials for each candidate and note observations and questions. Members must participate in all meetings and interviews to be able to fairly compare and assess all candidates. Committee members may be asked to assist in candidate recruitment.

Confidentiality

Candidates' identities and search process details are confidential and may not be discussed with anyone outside the search committee, unless the search committee chair identifies someone outside the committee with a need to know. This protects candidates and allows search committee members to discuss candidates during committee meetings without fear their comments will be repeated outside deliberations. A breach of confidentiality by a search committee member during or after the search process is considered a serious violation of professionalism and ATSU Policy No. 40-104: Code of Ethical Standards. Each committee member must have a signed confidentiality agreement on file with the search committee chair for each search committee in which he or she participates (see Attachment C).

Conflicts of interest

Search committee members should take appropriate steps to report conflicts of interest. A conflict of interest may make it necessary for a committee member to recuse him/herself from all or parts of the selection process. A conflict of interest is defined by ATSU Policy No. 10-212: Conflict of Interest.

Whether a conflict exists making recusal appropriate requires a case-by-case evaluation by the search committee chair. Questions should be referred to the search committee chair, HR, or the vice president & general counsel.

Final steps

Once the search committee and hiring manager select the preferred candidate, the processes described in "Reference checks, background screenings, and employment offers," must be followed.

Attachment A
Interviewing do's and don'ts

AREA OF INQUIRY	ACCEPTABLE AREAS OF INQUIRY	UNACCEPTABLE AREAS OF INQUIRY	REASON WHY
Name	For access purposes, inquiry into whether the applicant's work records are under another name	•To ask if a woman is a Miss, Mrs. or Ms. •To request applicant to give maiden name or any pervious name he or she has used	•Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972 •Title IX
Age	Require proof of age by birth certificate after hiring	•To ask age or age group of applicant •To request birth certificate or baptismal record before hiring	Age Discrimination in Employment Act of 1967
Birthplace/ National origin/ Citizenship	•Ask for birth certificate or other proof of U.S. citizenship before hiring •Whether U.S. citizen •If not, whether intends to become one •If U.S. residence is legal •If spouse is a citizen •Whether candidate is legally eligible to work in the U.S.	•To inquire into national origin or birthplace of applicant or applicant's family •Date of citizenship	•Title VII •Note: It is not illegal to hire a citizen or national of the U.S. over an alien if they are equally qualified for the job. 8 USC 1324B
Race/color	•To indicate the institution is an equal opportunity employer	Any inquiry that would indicate race or color	Title VII
Sex	Indicate the institution is an equal opportunity employer	To ask applicant any inquiry that would indicate sex, unless job related	Title VII and Title IX
Sexual orientation	To indicate the institution prohibits discrimination on the basis of sexual orientation	To ask an applicant any question that would indicate the applicant's sexual or affectional orientation	•Prohibited by some local governments in Missouri and, in some cases, institution policy.
Religion	•To state normal hours and days of work required by the job to avoid possible conflict with religious convictions •Religious institutions may ask for certain positions.	•To ask an applicant's religion or religious customs or holidays •To request recommendations from church officials	Title VII
Marital/ Parental status	•Whether applicant can meet work schedules or has activities, commitments or responsibilities that may hinder meeting work attendance requirements. •Inquiries, made to males and females alike, as to duration of stay on job or anticipated absences.	•To ask marital status before hiring •To ask about the number and age of children, child care arrangements, and plans to have more children before hiring for insurance purposes	Title VII and Title IX

Disability	• If candidate is able to carry out the essential functions of the job • After a conditional offer of employment, may inquire whether person has a disability to determine whether person needs a "reasonable accommodation."	To ask job applicants general questions about whether they have a disability or about the nature and severity of their disability	Rehabilitation Act of 1973 Americans with Disabilities Act of 1990
Military service	Inquiry into services in the U.S. armed forces, including rank attained, branch of service, or any job-related experience	• To ask type of discharge • To request service records before hiring • To ask about service in the military of any other country besides the U.S.	Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 (PL 93-508)
Conviction, arrest, and court record	• Inquire into actual convictions that relate reasonably to performing a particular job • Consider both nature and number of convictions, facts surrounding each offense, the job-relatedness of each conviction, and the length of time since conviction, plus applicant's employment history since conviction.	Any inquiry relating to arrests and court or conviction records not substantially related to job in question	Title VII
Credit rating	Inquiry about credit history that relates to job	Inquiries not related to job	Title VII
Union affiliation	Inform applicant if position requires Union affiliation	Inquiry about union affiliation	LMRA
Height or weight	Inquiry when necessary for job.	Inquiry when unrelated to job	Relevance

Note: Chart adapted from materials provided by the National Association of College and University Attorneys (NACUA) and Dartmouth College.

Attachment B-1
Sample Assessment Rubric
(Click here to download a customizable Word® version of this document)

Candidate evaluation tool
Adapted from NSF Advance at the University of Michigan—STRIDE sitemaker.umiche.edu/advance/stride

The following offers a method for hiring managers to provide evaluations of job candidates and is intended to be a template for hiring managers to modify as necessary for their own uses. The proposed questions are designed for faculty candidates and may require modification for administrative or staff candidates.

Candidate's name: _____
Please indicate which of the following are true for you (check all that apply):

□ Read candidate's CV
□ Read candidate's scholarship
□ Read candidate's letters of recommendation
□ Attended candidate's presentation/open forum
□ Met with candidate
□ Attended lunch or dinner with candidate
□ Other (please explain)

Please comment on the candidate's scholarship as reflected in the presentation/open forum:

Please comment on the candidate's teaching ability as reflected in the presentation/open forum:

Please rate the candidate on each of the following:	**Excellent**	**Good**	**Neutral**	**Fair**	**Poor**	**Unable to judge**
Potential for (evidence of) scholarly impact						
Potential for (evidence of) research productivity						
Potential for (evidence of) research funding						
Potential for (evidence of) collaboration						
Potential for (evidence of) outreach efforts to diverse groups						
Fit with department's priorities						
Ability to make positive contribution to department's climate						
Potential (demonstrated ability) to mentor and supervise others						
Potential (demonstrated ability) to teach and mentor students						
Potential (demonstrated ability) to be a conscientious university community member						

Evaluator name: _____

Attachment B-2
Sample Assessment Rubric
(Click here to download a customizable Word® version of this document)
Interview criteria

Name: **Telephone:**
Previous employer: **Email:**
Previous position: **Requested salary:**
Race/Ethnicity: **Out of state:** Yes/No
Interview date: **Degree:**

Cover letter **1 2 3 4 5**
(Content, clarity, structure)

Ability to communicate and articulate ideas **1 2 3 4 5**
(Verbal and non-verbal communication, used common courtesies, presented a professional image)

Activity/Volume of service to communities **1 2 3 4 5**
(Ability to describe and define)

Question #1 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Question #2 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Question #3 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Question #4 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Question #5 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Question #6 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Total _____

Avg. total scores _____

Attachment C
Confidentiality Agreement
(Click here to access a downloadable, fillable PDF version)

I, the undersigned, understand I will have access to confidential information concerning the selection of candidates for _____. Such confidential information includes, but is not limited to, the following information: candidate names and other identifying information; candidate addresses; candidate titles; present and past employers of candidates; candidate salaries; the number of candidates; any and all other information contained in or relating to candidates' applications, the application process, or the selection process (the "confidential information").

During or subsequent to my committee membership, I agree not to discuss, disclose, or otherwise reveal the confidential information mentioned above to any person, verbally or in writing, implicitly or explicitly, whether or not such person is associated with the University, except I may disclose the confidential information to such persons as may be designated by the search committee chair.

I agree to use the confidential information solely for the purpose of carrying out my work for the University as directed by the chair. I acknowledge disclosure of the confidential information could cause the University immediate and irreparable injury.

I understand the University authorizes my access to the confidential information in reliance on my promise not to disclose such confidential information. I acknowledge that but for this Agreement, I would not be granted access to the confidential information.

Signature: _____ Date: _____

Print or type name: _____

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 90-220: TIMEKEEPING

DATE APPROVED: MAY 11, 2023 **SIGNATURE: *Signature on file in HR***

Purpose

The purpose of this policy is to outline time clock and timekeeping rules for hourly employees of A.T. Still University of Health Sciences (ATSU). Accurately reporting time worked is the responsibility of every employee. ATSU must keep an accurate record of time worked to calculate employee pay and benefits. All hourly employees are required to use the time clock system to record their hours worked and paid time off. The time clock system will be used to track paid time off for salaried employees.

Policy

A. Time worked
   1. Time worked includes all time an employee is required or allowed to perform duties. Time worked is used to determine overtime pay required for hourly employees. The following provisions are included as time worked:
      a. All work performed on ATSU premises.
         1. Hourly employees should not perform any duties unless it is recorded as work time
         2. Hourly employees should leave the work area when not working in order to alleviate the possibility of inadvertent work being performed (e.g., greeting customers or answering the phone during off-duty time).
      b. Work away from premises or at home.
         1. Hourly employees will not be permitted to perform work away from the premises, job site, or at home unless approved in advance by their supervisor. This includes checking email or taking work phone calls. Hourly employees who wish to consistently work away from ATSU facilities should submit a request via ATSU Policy No. 90-106: Employee Work Location Policy.
         2. All work performed should be counted as time worked.
         3. Hourly employees who perform work away from the work premises without permission from a supervisor may result in disciplinary action, up to and including termination of employment.
   2. Hourly employees are allowed a grace period of two minutes before and after an employee's scheduled start and end time.
      a. A "grace period" is the period of time an employee may arrive early or late and leave early or late and be paid as if the employee arrived (or left) at the scheduled time. A grace period is expressed as the number of minutes before and after an employee's scheduled start time or end time (except in California where state law doesn't allow grace periods).
      b. For example, many hourly employees start work at 8:00 a.m. The grace period allows the employee to record a start time between 7:58 a.m. and 8:02 a.m. and be paid starting at 8:00 a.m.

B. Break time
   1. Employees are permitted at least a 10-minute rest break for every four hours worked.
   2. Employees who need a break to express breast milk for an infant child are provided a reasonable break time to do so, which may or may not run concurrently with their other breaks.
   3. Rest periods of 15 or fewer minutes are counted as time worked.
   4. Employees, consistent with state law, may be provided a meal break of 30-60 minutes uninterrupted for the first five hours worked unless the employee works fewer than six hours and waives the meal break.
   5. An employee, consistent with state law, who works more than 10 hours may be provided a second 30-60 minute uninterrupted meal break unless the employee works fewer than 12 hours and waives the second meal. An employee cannot waive both the first and second meal breaks.

C. Time not counted as time worked
   In accordance with the Fair Labor Standards Act, ATSU does not count the following provisions as time worked:
   1. Approved paid absences, including sick leave, vacation leave, holiday leave, Family and Medical Leave Act leave, military leave, some court proceedings, Still Healthy fitness allowance, bereavement leave, California-specific leave for California employees, and voting time off are not counted as time worked.
   2. Uninterrupted time off for meals is not counted as time worked.

D. Recording time
   1. Hourly employees must accurately record the time they begin and end their work, as well as the beginning and ending time of each meal period. They must also record the beginning and ending time of any split shift or departure from work for personal reasons.
   2. Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.
   3. Hourly employees are required to use the time clock system to record hours worked. Time will be tracked on one of ATSU's time clocks or from a workstation or mobile app computer depending on the direction of their supervisors.
   4. All employees are required to use the time clock system to request and report usage of paid time off.
   5. Full-time employees must work normally scheduled hours each pay period as benefits are determined based on these hours. If an employee does not work normally scheduled hours, time will be completed with any available personal days, vacation, and/or medical time if applicable. If an employee works less than normal scheduled hours and does not have paid time off available, normal scheduled hours may be reduced to reflect actual time worked.

E. Time clock stations
   1. Time clocks are located throughout the Kirksville, Missouri, and Mesa, Arizona, campuses, and a time clock is located at the St. Louis Dental Center. The Santa Maria, California, campus does not have any physical time clocks.
   2. Time clocks only use the ID number and not the fingerprint. When an employee clocks in for the first time, employee will be required to enter employee's ID number.

F. Overtime
   1. Hourly employees are permitted to work overtime only with prior authorization from their supervisor, unless the situation is deemed an emergency.
   2. Overtime includes clocking in early or clocking out late or working through the scheduled lunch period.
   3. An hourly employee who works overtime in a nonemergency situation without prior authorization may be subject to disciplinary action, up to and including termination.
   4. Overtime pay is provided consistent with state and federal guidelines.

G. Flextime
   1. Supervisors may allow employees to flex schedules during a work week, Sunday through Saturday, as a way to manage employee time.
   2. ATSU does not allow compensatory time or banking hours for later use.

H. Travel
   1. Salaried employees will be paid their regular salary while traveling on ATSU business.
   2. Hourly employees who are required to attend work-related meetings will be paid for the actual length of the meeting or for their regularly scheduled work hours.
   3. The time spent in traveling to and from out-of-town meetings will be paid in accordance with the Wage and Hour Division, Department of Labor regulations Part 785, hours worked, and state guidelines for overtime.
   4. The number of hours to be compensated should be reported through the employee time management software for the pay period in which the travel occurred.
   5. Hourly employees are advised to contact Human Resources prior to work-related travel.
   6. Supervisors are authorized to flex time for hourly employees to account for work-related travel and avoid overtime.

Responsibility

A. Employee
   1. It is the employee's responsibility to accurately record and submit all time worked.
   2. Employees must immediately report problems with clocking in and out to their supervisor for correction.
B. Supervisor
   1. The supervisor or designee for the department will review and approve the time record before submitting it for payroll processing.
   2. It is the supervisor's responsibility to assure all time submitted for employees reporting to them is accurate.
C. Payroll - The Payroll department is responsible for the timely payment of all worked hours, paid time off hours, and payroll taxes.

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 95-105: INCIDENT REPORTING POLICY

DATE APPROVED: JANUARY 23, 2025 **SIGNATURE: *Signature on file in HR***

Purpose

This policy ensures adequate and accurate documentation is provided for events and circumstances not consistent with routine care of a patient or routine events of a student, visitor, employee, or volunteer.

Policy

A. An incident is any occurrence not part of the routine care of a patient or routine operation of the University when it involves a student, employee, visitor, volunteer, or any other person causing potential injury or property damage. Such an incident indicates a potential wrong, which may be a prelude to more serious problems that would become apparent at a later date.
   1. An incident report should be completed when any unusual occurrence or event occurs within the University or on University property.
   2. Campus Safety will submit incident reports for workplace violence incidents at the Santa Maria, California, campus. Refer to Attachment A for additional instructions/information regarding the ATSU California Workplace Violence Prevention Plan and the Violent Incident Log.
   3. In addition to submitting an incident report form, incidents involving employee injuries will also be handled according to ATSU Policy No. 323: Worker's Compensation Insurance.

B. The person who discovers, observes, or is part of the incident must report the incident to Campus Safety by calling Campus Safety for the appropriate location's specific emergency number. Campus Safety will complete the incident report form.
   1. Campus Safety shall notify the supervisor of the area involved as soon as possible.
   2. Campus Safety shall email incident reports as follows:
      a. Kirksville, Missouri, campus incident reports go to ATSU's Chancellor's Office, chief operating officer & general counsel, Missouri campus president, chief financial officer, senior director of facilities & campus safety, university compliance manager, and Missouri campus director of facilities.
      b. Mesa, Arizona, campus incident reports go to ATSU's Chancellor's Office, chief operating officer & general counsel, Arizona & California campuses president, chief financial officer, senior director of facilities & campus safety, and university compliance manager.
      c. California campus incident reports go to ATSU's Chancellor's Office, chief operating officer & general counsel, Arizona & California campuses president, chief financial officer, senior director of facilities & campus safety, university compliance manager, and College for Healthy Communities dean. California campus incidents must also be recorded using the Violent Incident Log within the ATSU California Workplace Violence Prevention Plan.
      d. St. Louis Dental Clinic incident reports go to ATSU's Chancellor's Office, chief operating officer & general counsel, Missouri campus president, chief financial officer, senior director of facilities & campus safety, Missouri School of Dentistry & Oral Health dean, and university compliance manager.
      e. When students are involved, Campus Safety shall email the incident report to ATSU's vice chancellor for student affairs and the appropriate dean.
      f. If employees are involved, in addition to those listed above, Campus Safety shall email the incident report to ATSU's assistant chief for human resources.
   3. The incident report form is a confidential document maintained for University use only, unless requested by law enforcement for criminal investigation or as part of a request for disclosure by an attorney. Any requests to share an incident report outside of the University should be directed to ATSU's chief operating officer & general counsel.
   4. The confidential incident report is not retained with a patient's regular clinic chart or a student's educational record.
   5. Only ATSU's chief operating officer & general counsel may comment on ATSU liability regarding an incident. ATSU employees should not discuss liability through acts or statements made in the presence of patients, visitors, volunteers, or students.

C. Injured individuals should seek appropriate medical care for their injuries. Financial responsibility for medical expenses will vary, depending on the circumstances.
    1. ATSU's chief operating officer & general counsel shall communicate with the University's insurance company to determine financial responsibility for incidents involving patients, visitors, or volunteers.
    2. All ATSU student incidents shall be processed through the individual's student health insurance plans.
D. If the individual refuses medical attention, a statement to this effect shall be made on the incident report form.
E. In the case of a life-threatening emergency, the injured individual shall be transported according to ATSU Policy No. 90-325: Emergency Medical Response Policy.
F. All completed incident report forms shall be maintained by Campus Safety and retained in accordance with ATSU Policy No. 10-209: ATSU Record Retention Policy.

Responsibility

A. Employees and students – It is the responsibility of any witness to an incident to report the incident to Campus Safety.
B. Campus Safety
    1. Provide assistance, as needed, in keeping with the incident scenario, notify the supervisor over the area where the incident occurred, and complete or maintain accurate incident reports.
    2. On the California campus, Campus Safety must ensure the Violent Incident Log within the ATSU California Workplace Violence Prevention Plan is utilized for an incident involving workplace violence.
C. ATSU chief operating officer & general counsel – Determine if the University has financial responsibility for medical services rendered and make decisions regarding the disclosure of incident report forms to entities outside of ATSU

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 95-107: DISEASE EXPOSURE PREVENTION AND CONTROL PLAN

DATE APPROVED: JULY 6, 2025 **SIGNATURE:** ***Signature on file with HR***

Purpose

This general order outlines preventive and control measures regarding infectious disease exposure at A.T. Still University of Health Sciences (ATSU). These measures include provisions required by the Occupational Safety and Health Administration (OSHA) for bloodborne disease as well as statutory tuberculosis screening and treatment.

Policy

A. All employees will observe universal precautions to prevent contact with blood or other potentially infectious material. Universal precautions include treating all human blood and certain human body fluids as infectious, evaluating engineering and work practice controls to eliminate or minimize employee exposure, mandating use of personal protective equipment (PPE), and ensuring availability of hand-washing stations or acceptable alternatives.
B. Copies of this plan are available in Human Resources, online on the employee intranet portal, and in Facilities.
C. Each component of this plan will be reviewed annually and revised as necessary.
D. Attachment 1 contains a list of job titles whose job descriptions constitute reasonable expectation of occupational exposure to blood or other infectious materials as defined by OSHA.
E. Attachment 2 contains a list of tasks and procedures that could potentially cause an occupational exposure by employees to human blood or other potentially infectious materials.
F. PPE
    1. All employees who may have occupational exposure are required to use PPE whenever there is reasonable anticipation of exposure. These materials are available at no charge to employees and are readily accessible in various sizes at convenient locations.
    2. The only acceptable exception is when, in the employee's professional judgment in a specific instance, the use of PPE would prevent delivery of care or pose an increased hazard to the employee or others. In such instances, circumstances will be investigated and documented to inform changes to prevent future exposures.
    3. Any garments contaminated with blood or other potentially infectious materials will be removed as soon as possible. All PPE must be removed prior to leaving the work area and placed in a designated area or container for storage, washing, decontamination, or disposal.
    4. All PPE is provided, maintained, and disposed of by ATSU at no expense to the employee.
    5. Gloves will be worn when contact with blood, mucous membranes, non-intact skin, or other potentially infectious materials is likely. Gloves must be removed and replaced as soon as practical when contaminated or as soon as feasible if torn, punctured, or when barrier properties are compromised. Except for reusable utility gloves, gloves should never be washed or decontaminated for reuse. Gloves must be worn when performing vascular access procedures and when handling or touching contaminated items or surfaces. For employees with allergies, hypoallergenic gloves, powder-free gloves, synthetic and vinyl gloves, and glove liners are available. Individuals with such allergies should be evaluated to determine the most suitable solution.
    6. Masks, eye, and face protection, e.g., goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, sprays, splatter, or droplets of blood, etc., may be generated, and eye, nose, or mouth contamination may be reasonably anticipated. For individuals who prefer to wear their own prescription glasses in such situations, slip-on side shields must be worn. These shields must be solid, containing no ventilation holes.
    7. Gowns, aprons, and other protective body clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. In all circumstances, the garment chosen will not allow blood or other potentially infectious materials to pass through to the person's clothing, skin, or mucous membrane.
    8. Surgical caps or hoods and shoe covers or boots will be worn when gross contamination of the head or feet is reasonably anticipated (e.g., anatomical pathology and anatomy prep room).

G. Hand-washing stations
Hand-washing facilities are in various locations throughout ATSU's campuses. Most of these facilities are readily accessible to employees. In areas where access to convenient hand-washing facilities is limited, rinseless hand-washing agents/towelettes have been supplied. Hands must be washed as soon as possible after using these items. Hand-washing agents/towelettes are not an adequate substitute for hand washing.
   1. Hands must be washed under the following conditions:
      a. At start and completion of each patient care session.
      b. Immediately or as soon as feasible after removal of PPE.
      c. Following contact with blood or other potentially infectious materials. Any other skin or mucous membranes that come into contact with these materials will be washed or flushed as soon as possible.

H. Needle puncture prevention
   1. Contaminated sharps will not be bent, recapped, or removed by hand. When recapping or needle removal is required, it will be performed using a mechanical device (e.g., forceps and recapping device) or a one-handed "scoop" technique. Recapping or removing contaminated needles should only be performed when there is no feasible alternative or when a specific medical procedure requires it.
   2. Contaminated sharps will be disposed of immediately or as soon as feasible, as described in the regulated waste disposal section below.
   3. Contaminated sharps shall not be stored or processed in a manner that requires employees to reach into the containers with their hands.

I. Laboratory procedures
   1. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.
   2. All containers used to contain specimens of blood or other potentially infectious materials must prevent leakage during collection, handling, storage, transport, or shipping. This includes placing the primary container in a secondary, puncture-resistant container if the specimen could potentially puncture the primary container. Since universal precautions are in place in this facility, there is no need to label each specimen with a biohazard symbol. However, containers must be recognizable as specimen containers. Biohazard labels must be attached to carriers designed to transport multiple specimens. If the outside of a specimen container is soiled with blood or other potentially infectious materials, the primary container must be placed in a secondary container, which prevents leakage during all phases of handling.

J. Contaminated medical or dental equipment
   1. Instruments and equipment shall be sterilized and sanitized in accordance with standard operating procedures and to the extent possible by the means available on the campus in question.
   2. All equipment that may become contaminated during use will be examined prior to servicing or shipping and will be decontaminated as necessary and when possible. When it is not possible or feasible to decontaminate the equipment, contaminated parts must be labeled with a biohazard symbol or other appropriate label stating which portions may be contaminated.
   3. All ATSU employees must observe universal precautions and wear appropriate PPE when handling contaminated equipment.
   4. If it is necessary to ship equipment that has not been decontaminated to a manufacturer, the company representative or the manufacturer must be notified of the biohazard or other contamination prior to shipping, and appropriate labels must be affixed to the equipment.

K. Hepatitis B vaccination
   1. The hepatitis B vaccine is available, free of charge, to all employees who have occupational exposure to blood or other potentially infectious materials, including employees with patient contact or who clean patient rooms. This vaccine is made available at the time of initial hiring and can be requested at any time.
   2. Employees who wish to be vaccinated should contact Human Resources to schedule an appointment.
   3. Employees who decline to accept hepatitis B vaccination will be asked to sign a declination statement (Attachment 3).
   4. Routine booster doses are not currently recommended. However, if routine boosters are required at a later date, such booster doses will be made available.
   5. Hepatitis B postexposure protocols are located in ATSU Policy No. 30-100: Needlestick/Bloodborne Pathogens.

L. Tuberculosis (TB) screening and testing
   1. All new employees will complete and return the TB Risk Assessment Tool (Attachment 4) as a part of the hiring process. Failure to complete the TB Risk Assessment Tool may result in suspension of employment without pay.

2. All new employees at ATSU patient care centers will receive a tuberculin skin test (TST) or interferon gamma release assay test at no charge to the employee. If the screening test is positive, appropriate evaluation and follow-up will be done in accordance with Centers for Disease Control and Prevention (CDC) guidelines at the employee's expense.
3. ATSU schools require TB screening as a student matriculation requirement in accordance with applicable state and federal law. Individual schools track verification of student compliance.
4. All students on the Kirksville, Missouri, campus and St. Louis patient care center are required by state law to undergo TB screening within their matriculation year. Failure to do so will result in loss of enrollment status in the subsequent semester.
5. The CDC recommends, and this policy suggests, ATSU international travelers who anticipate potential exposure to persons with TB should have a TST or TB blood test before leaving the U.S. and a repeat test eight to 10 weeks after returning to the U.S.

M. ATSU patient care center employee immunizations
1. Employees at all ATSU patient care centers must be immunized against the following transmittable diseases: measles, mumps, rubella, hepatitis B, varicella, influenza, diphtheria, tetanus, and pertussis (see Attachment 6).
2. For medical conditions or religious beliefs, a request for immunization exemption will be considered. Employees seeking exemptions should contact Human Resources.
3. Immunizations must be recorded and maintained by patient care center administration.
4. Employees requiring immunizations or who are unable to document prior immunizations sufficiently will be provided immunizations at no cost to the employee.
5. Failure to complete required immunizations or refusal to do so will result in action designed to safeguard patient care center employees and patients, up to and including termination.

N. Postexposure prophylaxis management
Medical evaluation is required after any exposure. See Attachment 5 for procedures.

O. General precautions
Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. This includes laboratory work areas and other patient care areas. Employees are to eat, drink, or smoke in areas designated for this purpose. In addition, food and drink shall not be kept in refrigerators, freezers, shelves, or bench tops where blood or other potentially infectious materials are kept.

P. Regulated waste disposal
1. Materials saturated with bodily fluids including blood, saliva, semen, or vaginal secretions, or which would readily release such fluids if compressed, must be managed as regulated waste. Other examples of regulated waste are extracted teeth, surgically removed hard and soft tissues, and contaminated sharp items, including needles or wires.
2. Regulated waste (other than sharps) must be contained in sturdy, leak-resistant, color-coded, and/or labeled biohazard bags. Exterior contamination or puncturing of the bag requires placement in a second biohazard bag.
3. Needles, syringes, and unused sterile sharps must be contained in labeled (including start date), puncture-resistant containers, leakproof on sides and bottom, with "living hinge" covers placed as close as feasible to the point of use (e.g., sharps containers). The containers must not be filled to more than three-quarters full. They must be kept upright and closed immediately after use or prior to removal or replacement to prevent spillage.
4. Biohazard bags and containers are to be collected for transportation to a designated area for pickup by a qualified vendor.
5. Gloves must be worn when handling regulated waste.
6. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry bags will be placed in bags or containers with an appropriate biohazard label.

Q. Non-regulated waste disposal
Materials, including gauze, napkins, gloves, and gowns, which may have come into contact with small amounts of bodily fluid but pose a low potential risk of release, are nonregulated waste and may be disposed of with other nonregulated wastes. Alternatively, nonregulated waste may be disposed of with regulated waste.

R. Housekeeping
1. Work sites must be maintained in a clean and sanitary condition.

2. Equipment and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures, as soon as feasible when surfaces are overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.
3. Bins, pails, and cans intended for reuse that have a reasonable likelihood of becoming contaminated shall be inspected and decontaminated regularly and upon visible contamination.
4. Broken glassware that may be contaminated shall not be picked up directly with the hands. It should be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

S. Education
   1. Upon hire, new ATSU patient care center employees receive education for preventive and control measures regarding infectious disease exposure in accordance with this policy through Required Employee Education (REE).
   2. Annually, all employees receive education on disease exposure and prevention through REE, which is administered and monitored by Human Resources.

Responsibility

A. Deans, or their designees, will monitor compliance with this policy, conduct annual reviews to ensure practices are consistent with this policy, solicit and document input from nonmanagerial employees in the identification, evaluation and selection of effective engineering and work practice controls, and revise this policy and/or practices to include any new or revised employee positions with occupational exposure as necessary.
B. Deans, or their designees, will ensure education of new patient care center employees consistent with this policy.
C. Human Resources is responsible for annual education on disease exposure and prevention through REE.
D. Human Resources is responsible for ensuring the hepatitis B vaccine form (Attachment 3) is received and on file for all appropriate employees.
E. Human Resources is responsible for ensuring the TB Risk Assessment Tool (Attachment 4) is received and on file for all new employees.
F. All supervisors in areas where occupational exposure is a regular possibility, who supervise employees classified as such by Attachment 1, or who supervise employees engaged in tasks and procedures described in Attachment 2, are responsible for ensuring universal precautions are observed, PPE is available and used appropriately, and the postexposure prophylaxis management plan (Attachment 5) is followed.
G. All supervisors are responsible for monitoring employee adherence to this policy and reflecting appropriate compliance on annual personnel evaluations.
H. All patient care center administrators are responsible for ensuring all employees have required immunizations and TB screenings and for maintaining employee immunization records.

Relevant federal and/or state law(s): Mo. Rev. Stat. § 199.290; Ariz.Admin.Code-Title9; OSHA Standard 1910.1030(c)(1)

Attachment 1

Exposure Determination

The following is a list of ATSU job titles that constitute the job descriptions of those personnel who may have occupational exposure to blood or other infectious materials as defined by OSHA.

Titles that always have exposure:

All ATSU Clinic Staff
LPN I (Grad)
LPN or Services Coordinator
Fire, Safety, Disaster Committee Chairperson
Research Coordinator
Non-Certified Medical Assistant
Nurse Practitioner
Pathology Assistant
Physician
Physician's Assistant - LPN
Resident
Clinical Assistant
Office Nurse/Educator
Office Supervisor
Security Officer
Counselor

Some employees with these titles may have exposure:

Academic Assistant
Assistant Coordinator
Assistant Dean
Assistant Director
Assistant Professor
Associate Professor
Building Attendant
Chairperson
Director
Electrician
Executive Secretary II
Fellow
Fire, Safety, and Disaster Committee Members
General Maintenance Assistant
Environmental Services Technician
Instructor
Insurance Specialist
Lab Technician
Maintenance Assistant
Maintenance Coordinator
Manager
Professor
Receptionist I
Receptionist/Drs. Assistant
Research Associate
Research Technician
Secretary II
Secretarial Services Supervisor
Technician
Work study

Attachment 2

Hepatitis B Vaccine Acceptance/Declination Form

Due to your occupational exposure to blood or other potentially infectious material, you may be at risk of acquiring Hepatitis B virus (HBV) infection. You may obtain the Hepatitis B vaccination series and Post-Exposure Evaluation at no cost to you.

Hepatitis B vaccination is recommended unless:

1) documentation of prior vaccination and post-vaccination titer is provided toATSU
2) medical evaluation identifies that vaccination is contraindicated.

SELECT ONE OF THE OPTIONS BELOW AT THE END OF THE TRAINING CLASS:
Note: you can change your decision at any time and discuss questions by contacting ATSU Human Resources

Mesa, Arizona campus:
Director of Human Resources
5850 East Still Circle
Mesa, AZ 85206-3618
(480) 219-6007

Kirksville, Missouri campus:
Assistant Chief of Human Resources 800
West Jefferson Street
Kirksville, MO 63501
(660) 626-2790

Check option #1 to request vaccination at this time.

#1. ☐ I certify that I have been offered and will participate in the Hepatitis B Vaccine Program which includes serological testing at 1-2 months post-vaccination.

Read option #2 and select a declination reason if you do not want or need to receive Hepatitis B vaccination at this time.
#2. I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

☐ I decline because I have received the 3-dose Hepatitis B vaccination in the past.
List dates:_____, _____, _____and send a copy of the vaccination record and post-vaccine titer*.

☐ I decline because I have evidence of immunity (send a copy of the antibody titer record*).

☐ I decline because I will not be working with human blood, tissues, cells, or cell lines.

☐ Other reason for declination; explain: _____

*Send prior vaccination records and/or immunity records to ATSU Human Resources.

_____ _____ _____
Signature of Employee Printed Name Date

Return to:

Kirksville, Missouri campus:
ATSU Human Resources
800 West Jefferson Street
Kirksville, MO 63501

Mesa, Arizona campus:
ATSU Human Resources
5850 East Still Circle
Mesa, AZ 85206

Attachment 3

TB Risk Assessment Tool*

Persons with any of the following risk factors should be tested for TB infection unless there is written documentation of a previous positive TST or IGRA result.

Students should return this completed form to student affairs.
Employees should return this completed form to human resources.

Risk Factor	Yes	No
Recent close or prolonged contact with someone with infectious TB disease		
Foreign born person from or recent traveler to high-prevalence area**		
Chest radiographs with fibrotic changes suggesting inactive or past TB		
HIV infection		
Organ transplant recipient		
Immunosuppression secondary to use of prednisone (equivalent of ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication such as TNF-α antagonists		
Injection drug user		
Resident or employee of high-risk congregate setting (e.g., prison, long term care facility, hospital, homeless shelter)		
Medical conditions associated with risk of progressing to TB disease if infected (e.g., diabetes mellitus, silicosis, cancer of head or neck, Hodgkin's disease, leukemia, and end-stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight [10% or more below ideal for given population])		
Signs and symptoms of TB		

**this tool is provided by the Centers for Disease Control and Prevention at http://www.cdc.gov/tb/publications/LTBI/appendixA.htm.*

***the Stop TB Partnership aggregates TB profiles by country using data from the World Health Organization. To identify high-prevalence areas, visit http://www.stoptb.org/countries/tbdata.asp.*

Signature of Employee _____ Printed Name _____ Date _____

Attachment 4

Post Exposure Prophylaxis Management

PURPOSE: To confidentially evaluate, prophylaxis/treat, and immediately follow-up all occupational exposures to blood and body fluids via needle sticks, other sharps injury, mucous membrane, or cutaneous contact.

DEFINITION: Occupational exposure--skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials.

Personnel (physicians, staff) who have exposure to blood or body fluids or another person (patient, staff) via "sharps" injury, mucous membrane or percutaneous route must follow these steps:

a. Thoroughly wash wound or exposed area with soap and water. If splashed in the eyes, flush with copious amounts of water or saline.
   Comment: This process will help to physically remove contaminants and thus reduce the bioburden.
b. Identify source patient when possible (write down name, location). Provide this informationto healthcare personnel.
   Comment: This will assist healthcare personnel to perform an accurate risk assessment and to obtain consent for HIV/HBV testing of the source patient.
c. Notify supervisor.
   Comment: Your supervisor can investigate the incident in a timely manner and evaluate immediate steps to prevent further incidents, where possible.
d. Fill out ATSU worker's compensation incident form.
   Comment: This step is absolutely essential for Worker's Compensation coverage. The information gathered will be used to determine effective strategies for preventing future exposures. This form is available in Human Resources.
e. Exposure to a source patient UNKNOWN to be infected with HIV or HBV: If needle puncture/mucous membrane exposure is to a patient that is unknown to be HIV antibody or hepatitis B surface antigen positive, the healthcare provider should see the exposed staff member immediately. If the incident occurs after normal hours, report to the closest emergency room.
f. Exposure to a source patient KNOWN to be infected with HIV or HBV: Exposure to a patient known to be infected with HIV is a complex, labor intensive and emotionally draining experience for the employee. However, recent data and research has shown that the risk of contracting the disease can be reduced by 70 percent if specific drugs (AZT, 3TC) can be administered in one to two (1-2) hours after exposure. Obviously, time is of the essence and may be dependent on whether the drugs are available locally.
g. If such an incident occurs, follow steps a. to d. above and do so immediately. Healthcare personnel will provide post exposure prophylaxis counseling, particularly in regard to possible side effects from the drugs. The employee will be encouraged to notify healthcare personnel if they are experiencing any type of fever or other problems.

h. For exposure to patients known to be infected with hepatitis B, it is important to evaluate the hepatitis B immune status of those who have been vaccinated. For staff members who have not been vaccinated or who do not have hepatitis B surface antibody titers sufficient for protection, hepatitis B immune globulin and vaccine should be administered as soon as possible after exposure.

HEALTHCARE PROVIDER'S PROCEDURE

a. Will provide counseling prior to testing for HIV or HBV after obtaining informed consent from the source patient.
b. Will provide counseling prior to testing for HIV and HBV after obtaining written informed consent from the employee.
c. Results of the source patient's testing will be made available to the exposed employee and appropriate treatment/prophylaxis will be provided. A written opinion from the health care worker evaluating the exposure will be provided to the exposed employee. The content of this evaluation will be limited to the information required by OSHA and as mandated by state and federal regulations pertaining to positive test results.
d. All medical records shall be confidential and shall be kept for the duration of employmentplus 30 years.

Attachment 5

ATSU Clinic Employee Immunization

Healthcare professionals are at risk for exposure to and possible transmission of vaccine-preventable communicable diseases because of their contact with patients or infectious material from patients. Maintenance of immunity to vaccine-preventable diseases is therefore an essential part of prevention and infection control. ATSU follows recommendations for health care workers from the Centers for Disease Control and Prevention (CDC) and OSHA/DOSH occupational health mandates. All faculty and staff who are in ATSU clinics with patient contact and who thereby may be at risk of exposure to blood borne pathogens must demonstrate compliance with requirements for the following: measles (rubella), mumps, rubella, Hepatitis B, tetanus-diphtheria-pertussis (Tdap), varicella (chicken pox), and tuberculosis (TB) screening. Patient contact may not begin until documentation of compliance with these requirements takes place.

Measles: Two vaccine doses of measles containing vaccine or a positive antibody titer. The doses must have been received after 12 months of age and at least one month apart.

Mumps: Two immunizations (regardless of birth year), or a positive antibody titer.

Rubella: One immunization or a positive antibody titer.

Hepatitis B: Evidence of immunity is required. The immunization series consists of three doses of vaccine. *The first injection must be administered before staff or faculty enter the clinic.* In addition, an antibody titer is required after completion of the series to prove immunity.

Td or *Tdap:* If no documentation of Tdap then a single Tdap booster.

Varicella (Chicken Pox): Serologic evidence of immunity or two immunizations given at least one month apart.

TB: Evidence of two PPD tests within the year prior to employment is required; otherwise a 2-step PPD will be done. History of BCG is *not* a contraindication to PPD testing. If you have had a *documented* positive TB skin test in the past, records specifying the test, a chest x-ray report, and details of prescribed medication are needed. Annual PPD skin testing (or symptom review for those not being tested) is required. Patient contact is not allowed unless documentation of this annual TB screening takes place.

Influenza (self-pay): Recommended not required Annual flu shots are recommended for health care workers who have contact with patients at high risk for influenza or its complications, those who work in chronic care facilities, and those with high risk medical conditions.

ATSU | A.T. Still University
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ATSU POLICY NO. 90-308: PAID HOLIDAYS AND PAID PERSONAL DAYS

DATE APPROVED: JANUARY 10, 2022 **Signature:** ***Signature on file with HR***

Purpose

This general order states A.T. Still University of Health Sciences (ATSU) policy concerning paid holidays and personal days for employees. ATSU appreciates the diversity and unique background of each member of the ATSU community. This general order provides an opportunity for employees to celebrate religious or cultural holidays, which are not already recognized by the University.

Policy

A. Regular holidays
    1. Full-time employees, regular or temporary, regardless of length of employment, are eligible for the following paid holidays:
    a. New Year's Day
    b. Martin Luther King Jr. Day
    c. Memorial Day
    d. Juneteenth
    e. Independence Day
    f. Labor Day
    g. Thanksgiving Day
    h. Friday after Thanksgiving
    i. Christmas Eve
    j. Christmas Day
    k. Winter break days as determined by the president (generally observed from the day after Christmas through New Year's Eve)
    2. If a regular holiday falls on Saturday, the preceding Friday will be the paid day off, or if the holiday falls on Sunday, the following Monday will be the paid day off. If Christmas Eve day falls on Friday, Saturday, or Sunday, Friday and Monday will be observed for the Christmas Eve and Christmas Day holidays.
    3. The president may allow employees partial day early release time or extended holiday break days. Consideration will be given to business continuity, including student class schedules, clinic patient schedules, etc.
    a. Partial day early release time may be granted on the day before an ATSU-recognized holiday. This release time may be observed only by employees already working that day, up to the time of release, and is not guaranteed if the employee is required to work based on business necessity.
    b. Extended holiday break days may be added before or after an official holiday. For payroll purposes, these days are treated as regular holidays and all standard conditions apply.
    c. Extended holiday break days and partial day early release time may be approved only by the president.
    4. An employee must work or use available paid time off for the previous scheduled day before the observed holiday in order to be paid for the holiday.
    5. In continuous operation departments, department heads and supervisors are responsible for scheduling employees on holidays as equitably as possible to ensure necessary coverage.
    a. Hourly employees required by their supervisor to work on a holiday observed by the University, as defined in this general order and for which they are eligible, will be paid holiday pay and their regular rate of pay (up to eight hours) for hours they are required to work on that day, i.e., eight hours worked on a holiday equals eight hours of regular pay plus eight hours of holiday pay.
    b. Full-time, reduced schedule, hourly employees not scheduled on days observed by ATSU as paid holidays may take eight hours of paid holiday leave.
        1. Paid holiday leave must be used in one eight-hour block.
        2. Paid holiday leave must be used on the next scheduled workday following a paid holiday observed by ATSU, unless paid holiday observed by ATSU falls on a Friday, in which case paid holiday leave must be used on scheduled workday immediately prior to the paid holiday observed by ATSU.

   c. Holiday pay for regular holidays will be calculated on the basis of the normal work schedule for the individual employee. Time off for a paid holiday is not included as part of total hours in overtime calculations for a work week.

B. Personal days
   1. Regular hourly and salaried employees with one year or more of continuous full-time service are eligible for three personal days with pay beginning each year after their anniversary date.
   2. Personal days may be used by eligible employees for holidays not observed by the University or for any other personal or business purpose. This could include religious holidays, cultural holidays, or no defined holiday.
   3. Paid personal days should be requested at least two weeks in advance to allow supervisors to ensure appropriate departmental coverage.
   4. Personal days cannot be accrued from year to year and in no case will an employee be paid for a personal day in lieu of time off or will unused personal days be paid upon termination of employment. Personal days' pay will be calculated on the basis of normal work schedule for the individual employee.
   5. Time off for paid personal days is not included as part of the total hours in overtime calculations for a work week.

Responsibility

A. Employee - Responsible to request personal days in advance, through the employee time management software, to ensure continuity of business operations.
B. Supervisors - Responsible to fairly schedule employees for departments requiring continuous operations.
C. Payroll - Responsible to track availability and usage of personal days, through the employee time management software.
D. Human Resources - Responsible, in conjunction with each supervisor or department head, to assure compliance with this policy.

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ATSU POLICY NO. 90-309: VACATION BENEFITS

DATE APPROVED: FEBRUARY 21, 2024 **SIGNATURE: *Signature on file in HR***

Purpose

This general order outlines provisions of paid vacation benefits for full-time employees of A.T. Still University of Health Sciences (ATSU).

Policy

A. Accrual
   1. Salaried, non-contractual employees accrue paid vacation benefits at a rate of 13.33 hours per month or 20 working days per year. Accrual rate of employees working a reduced schedule will be prorated accordingly.
   2. Contracted employees
      a. Contracted, benefit-eligible, non-faculty employees accrue vacation benefits consistent with other salaried employees as outlined in section A.1 of this policy.
      b. Contracted faculty
         1. At the beginning of each new contract, benefit-eligible faculty members will receive vacation hours based on their FTE. In states requiring a payout of more than one year of accrued vacation benefits, faculty members may choose to receive six months of accrual each July 1 and January 1 or prorated as appropriate. Faculty members in full payout states will be defaulted to receive all vacation benefits July 1 (or at the beginning of their contract, whichever is sooner). Faculty members in full payout states will be contacted by Payroll to determine whether they would like to opt into the six-month and six-month vacation accrual distribution option.
            a. For example, in states not requiring a full payout of vacation, a 1.0 FTE will receive 160 hours of accrued vacation at the beginning of the contract year. If the faculty member is hired after July 1 or separates from ATSU during the contract year, their vacation accrual will be prorated.
            b. For example, in states requiring a full payout of vacation, a 1.0 FTE faculty member may choose to receive 80 hours of accrued vacation on July 1 and 80 hours January 1 of the contract year.
         2. Contract ATSU employees, like all other employees, are capped at two years of vacation accrual except in instances where state law requires a payout of more than one year of accrued vacation benefit. In instances where state law requires a payout of more than one year of accrued vacation benefits at separation, ATSU will cap vacation accrual at one year.
   3. Full-time hourly employees accrue vacation benefits based on length of continuous full-time service.
      a. During the first two years of continuous full-time employment, the accrual rate is .038462 per hour. (An employee normally scheduled 80 hours per pay period would earn 80 hours or 10 days of vacation per year or 3.08 hours per pay period. An employee normally scheduled 64 hours per pay period would earn 64 hours or eight days of vacation per year or 2.46 hours per pay period.)
      b. During years three through five of continuous full-time employment, the accrual rate is .057692 per hour. (An employee normally scheduled 80 hours per pay period would earn 120 hours or 15 days of vacation per year or 4.62 hours per pay period.)
      c. During year six and beyond of continuous full-time employment, the accrual rate is .076923 per hour. (An employee normally scheduled 80 hours per pay period would earn 160 hours or 20 days of vacation per year or 6.15 hours per pay period.)
   4. Where applicable, paid vacation benefits will not accrue during periods of unpaid leave.
   5. ATSU employees are capped at two years of vacation accrual except when state law requires a payout of more than one year of accrued vacation benefits. When state law requires a payout of more than one year of accrued vacation benefits at separation, ATSU will cap vacation accrual at one year.
   6. Accrued balances are available at any time through the employee time management software.
B. Usage

1. To schedule vacation time, employees should submit a request through the employee time management software at least two weeks before the requested leave. Supervisor approval is required to ensure adequate service of the department is maintained.
    a. Employees must ensure they have enough accrued leave available to cover the dates requested.
    b. Requests will be approved based on several factors, including department operations and staffing requirements.
    c. If the request is denied, the supervisor should provide an appropriate reason to the employee.
2. Full-time hourly and salaried, non-contractual employees are not eligible to use paid vacation benefits within the first 90 days of full-time employment.
3. Employees may not use more paid vacation leave than they have accrued.
4. Vacation will be paid at the employee's base rate at the time the leave is taken. Vacation pay does not include overtime or any special forms of compensation, including incentives, shift differentials, or extra pay of any type.
5. Paid vacation benefits will be used automatically in circumstances of employee absence after available paid medical leave is exhausted, or if actual hours worked are less than hours scheduled for full-time hourly employees.

C. Employee reclassification
    1. Any employee reclassified from hourly to salaried, or from salaried to hourly, will retain paid vacation accrued under the applicable subsection of section A of this policy and begin accruing paid vacation under the applicable subsection of section A of this policy upon reclassification.
    2. Any employee reclassified from full-time status to part-time status will be paid for the remaining paid vacation balance up to one year's accrual. This paid vacation balance may also be used before the effective date of reclassification with supervisor approval.
D. Employee separation
    1. Upon termination of employment, ATSU will pay out up to one year's accrual for accrued, unused paid vacation. See ATSU Policy No. 90-333: Employment Separation or Transfer Process.
    2. In the event of an employee's death, accrued, unused paid vacation will be paid to the employee's estate.
E. Employees are defined by the physical location where their work is performed as it relates to rights, taxation, and other location-specific employee information.
    1. For example, an employee who has worked the prescribed number of days in another state under state law (which may be as few as one day in a calendar year) would be afforded employee protections according to the other state's laws and have responsibilities as a state taxpayer in the other state. Protections and taxation would only apply to time spent working in the other state.
    2. In another example, an employee who goes to another state to perform work, but does not spend the requisite days in the other state (which may be as few as one day) in a calendar year, will be protected as an employee and taxed as an employee based on the employee's primary work state.

Responsibility

A. Employee – Responsible for planning paid vacation leave in advance and requesting paid vacation leave through the employee time management software.
B. Human Resources – Responsible for:
    1. Tracking each employee's paid vacation balance.
    2. Ensuring education for proper usage of employee time management software, including requests for leave, is available through the ATSU Human Resources website.
C. Payroll – Responsible for contacting new faculty members who are in full payout states regarding how the faculty members wish to receive their vacation accrual.

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ATSU POLICY NO. 90-312: PAID MEDICAL LEAVE BENEFITS

DATE APPROVED: OCTOBER 8, 2025 **SIGNATURE: *Signature on file in HR***

Purpose

This policy outlines A.T. Still University of Health Sciences' (ATSU) procedure for accrual and usage of paid medical leave for hourly and salaried employees, full-time faculty, and paid fellows. Some states have paid medical leave laws that differ from the benefits outlined in this policy. For employees working in those states, state-specific requirements will govern. For specific state requirements, contact Human Resources. This policy does not supersede federal, state, or local laws related to paid medical leave.

Policy

A. Hourly and salaried employees, full-time faculty, and paid fellows (hereafter referred to as "employees" unless otherwise specified) will accrue paid medical leave based on job status.
   1. Hourly employees earn 3.08 hours per pay period, based on a standard 40-hour workweek. Payroll will monitor overtime hours for compliance with state laws regarding medical leave accrual.
   2. Salaried employees and full-time faculty are allocated 240 hours each Jan. 1. Partial years and reduced schedules will be prorated accordingly.
   3. Paid fellows receive paid medical leave benefits per their contract.
   4. There is no carryover of hours from year to year for full-time faculty and salaried employees.

B. Hourly and salaried employees may not use paid medical leave during their first 90 days of employment. In states not permitting a probationary period for use of medical leave benefits, ATSU will follow state law and permit use of accrued medical leave benefits as the benefits are accrued.

C. The maximum hours of paid medical leave per day will not be more than the employee's regularly scheduled workday.

D. Paid medical leave may not be taken before it is accrued.
   1. Employees who need to take leave for medical reasons and do not have any paid medical leave will be required to take available vacation and/or personal days.
   2. If all available paid leave is taken, employees may request unpaid time.

E. Paid medical leave may be used for:
   1. An employee's personal illness or injury, or the need to attend well-care, medical, and dental appointments, includes caring for the employee's immediate family in case of illness or injury and attending their well-care, medical, and dental appointments. The term "immediate family" refers to an employee's spouse, child, or parent as defined by the Family and Medical Leave Act (FMLA). In states where "immediate family" is defined more broadly, ATSU will follow the applicable state laws. (See Fact Sheet #28F: Reasons that Workers May Take Leave under the Family and Medical Leave Act.)
   2. An employee to bond with a new child consistent with ATSU Policy No. 90-319: New Parent Leave.

F. Employees should schedule planned medical appointments to minimize workflow disruption. Whenever possible, employees should give two weeks' notice for such appointments. It is understood that some medical time off may need to be unplanned.

G. If an employee's leave qualifies under FMLA, then accrued paid medical leave, accrued paid vacation leave, and paid new parent leave for full-time, hourly employees must be used first as part of approved FMLA leave. Human Resources must be notified so proper FMLA notification can be given to the employee, if applicable. See ATSU Policy No. 90-319: New Parent Leave, ATSU Policy No. 90-317: Family Medical Leave Act (FMLA), and ATSU Policy No. 90-309: Vacation Benefits.

H. In the event an employee must use paid medical leave under conditions of part E.1 for five consecutive working days or more, a provider's medical verification will be required prior to return.
   1. ATSU employees are to submit medical verification to benefits@atsu.edu.
   2. ATSU reserves the right to require additional medical verification for any injury, illness, or disability, and to require the employee to report for an examination by a physician designated by ATSU.

3. Exams requested to be conducted by an ATSU-designated physician will be paid by ATSU.

I. Hourly employees may accrue up to 320 hours of paid medical leave. Upon an hourly employee's employment anniversary month, the employee will be paid at the current hourly base rate for one-half of all hours accrued in excess of 240 hours, and the balance will be reduced to 240 hours.
J. An employee changing from full-time status of 30 hours or more per week to part-time status will forfeit the balance of accrued paid medical leave. If the employee returns to full-time status, the accrual will begin at zero hours.
K. Employees must use paid medical leave for its intended purpose.
    1. Supervisors will oversee employee utilization of paid medical leave to detect signs of misuse.
    2. Abusing paid medical leave may lead to disciplinary action, including termination of employment.
    3. Supervisors should not ask for or require provider's notes or other proof of medical need for medical leave. If a supervisor suspects abuse of medical leave or has other concerns about its use, the supervisor should contact Human Resources to determine the proper course of action.
L. Paid medical leave will not be paid out upon termination of employment

Responsibility

A. Employees:
    1. Eligible for this benefit are responsible for its proper utilization.
    2. Are to provide appropriate medical verification to benefits@atsu.edu for any medical leave lasting five or more workdays.
B. Supervisors and administration:
    1. Must provide continuous and adequate coverage for their areas of responsibility.
    2. Are responsible for enforcing and monitoring compliance with this and all other ATSU policies, especially by employees within their areas of responsibility, and must perform any tracking and reporting required under this policy.
    3. Must contact Human Resources if there is suspected abuse of medical leave.
    4. Should not request or require medical documentation.
C. Human Resources will:
    1. Track and interpret this policy.
    2. Track medical verification for leave of five or more days and provide a referral to ATSU Policy No. 90-317: Family Medical Leave Act when appropriate.
    3. Investigate suspected cases of abuse of medical leave in accordance with federal, state, and local laws.

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 90-314: BEREAVEMENT LEAVE AND NOTIFICATION

DATE APPROVED: AUGUST 18, 2022 **SIGNATURE:** ***Signature on file in HR***

Purpose

This general order outlines A.T. Still University (ATSU) policy regarding paid time off for employees requesting leave due to the death of an immediate family member.

Policy

A. Full-time employees will be approved for up to five days of paid leave when an immediate family member passes away.
   1. Examples of family members considered to be immediate for this benefit purpose include spouse, child, parent, grandparent, brother, sister, or in-laws.
   2. Other family members may be considered "immediate" in the interpretation of this policy at the discretion of the employee's immediate supervisor.

B. Bereavement leave does not reduce available balances of paid medical leave or paid vacation.

C. Employees are not required to have accrued paid medical or vacation leave or to have worked for ATSU for any prerequisite period of time.

D. For leave requests of more than five days, vacation leave may be requested, or medical leave if applicable. If the employee has no available paid medical or vacation leave accrued, the extended leave may be granted in an unpaid status.

E. Notification to the ATSU community
   1. Human Resources may provide death notification for a family member of an active ATSU employee if requested by the employee.
   2. The Chancellor's Office, or office designated by the Chancellor's Office, may provide death notification of the following ATSU community members:
      a. An active ATSU employee
      b. An active ATSU student
      c. A member of the Board of Trustees
      d. ATSU alumni
   3. The college, school, or administrative area will determine whether to provide a past employee's (emeritus or otherwise) death notification. If notification of the past employee's death is approved, the college, school, or administrative area will send out the notification.

Responsibility

A. ATSU employees are responsible for requesting bereavement leave using the Bereavement Leave Form. See Attachment A.

B. The completed Bereavement Leave Form should be submitted to Human Resources upon approval.

C. ATSU supervisors are responsible for granting bereavement leave in accordance with this policy.

D. ATSU supervisors, in cooperation with University Payroll, are responsible for ensuring appropriate compensation of employees for leave taken in accordance with this policy.

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 90-328: CHILDREN AND CHILDCARE IN THE WORKPLACE

DATE APPROVED: FEBRUARY 25, 2015 **SIGNATURE:** ***Signature on file in HR***

Purpose

This general order states A.T. Still University of Health Sciences' (ATSU) policy regarding children and childcare-related activities in the workplace.

Policy

A. **Children in the workplace**
In order to maintain an appropriate and safe work environment, employees are prohibited from providing childcare in the workplace during their normal working hours.

B. **Exceptions due to emergency**
The University recognizes emergency situations may arise during the work day requiring the employee to devote personal time and attention to their children. Supervisors are responsible for monitoring and approving actual hours worked in such an emergency situation.

C. **Nursing mothers**
Supervisors will provide reasonable break time for employees to express breast milk for a nursing child for up to one year after the child's birth each time the employee has need.

D. **Nursing mothers' space**
Each ATSU primary facility location will provide a private location, separate from a bathroom and free from intrusion by coworkers and the public, which may be used by employees to express breast milk.

Responsibility

Supervisors are responsible for:
A. Monitoring work areas in light of this policy in order to eliminate the substantial potential liability for ATSU that is present if children are allowed to be cared for in the workplace.
B. Providing reasonable break time for an employee to express breast milk.
C. Human resources is responsible for ensuring an adequate nursing mothers' space is available to employees at each ATSU primary facility location.

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 90-330: TIME OFF TO ATTEND COURSES

DATE APPROVED: APRIL 26, 2021 **SIGNATURE:** ***Signature on file in HR***

Purpose

This general order outlines A.T. Still University of Health Sciences' (ATSU) policy regarding time off to attend college, vocational, or business school courses for employees. This policy applies to in-person courses and synchronous online courses. Employees are not granted time off on this policy to attend an asynchronous course. Employees who take asynchronous courses may utilize flextime, in agreement with their supervisor, per ATSU Policy No. 90-220: Timekeeping. This policy does not apply to professional development opportunities provided by ATSU for employees.

Policy

A. Definitions
   1. Synchronous course – Course offerings, or any part of a hybrid course, in which the instructor and student are in the physical or virtual space at the same time. Examples include in-person classes or virtual class sections set at a particular time and place.
   2. Asynchronous course – Course offerings in which the instructor and student do not need to be in the same physical or virtual space at the same time.

B. After one year of employment, ATSU full-time employees may be allowed up to four hours per week to attend college or vocational courses during normal working hours.

C. Time off must be approved by the employee's supervisor, department head, and appropriate President's Cabinet member. A written plan must be completed by the employee and the supervisor regarding the class schedule and work schedule, so office productivity is not adversely affected.
   1. Non-exempt full-time employees must make up lost work time each week or take the time off without pay.
   2. Exempt employees are expected to complete all assignments that would normally be completed during the work week.

Responsibility

A. ATSU supervisors are responsible for approving and monitoring employees' time off to attend college or vocational courses.

B. ATSU supervisors must ensure any time off granted to employees per this policy does not interrupt business continuity.

C. Employees are responsible for coordinating time off with their supervisors to ensure business continuity is not negatively impacted.

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 30-100: NEEDLESTICK/BLOODBORNE PATHOGENS

DATE APPROVED: MARCH 31, 2020 **SIGNATURE: *Signature on file in HR***

Purpose

This general order outlines A.T. Still University of Health Sciences' (ATSU) policy and procedures regarding needlestick/bloodborne pathogens. Appropriate procedure for use with needles and bloodborne pathogens reduces risk and increases safety.

Policy

A. All employees should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or exposure to bloodborne pathogens.
B. Recapping of needles is not permitted (with the exception of ATSU-ASDOH and ATSU-MOSDOH dental patient care centers), all sharp injuries shall be reported both verbally and in writing, and investigating circumstances surrounding the exposure incident shall occur immediately.
C. The procedures below establish management guidelines to ensure employees receive treatment, post-exposure medical evaluation, and counseling following a needlestick/sharps injury resulting in exposure to bloodborne pathogens or other potentially infectious material.
    1. Employee responsibility
        a. At the time of the exposure, the employee should immediately or as soon as feasible, clean exposed areas as follows:
            1. Intact skin or non-intact skin (cuts, abrasions), or percutaneous (needlesticks) – wash site well with soap and water.
            2. Mucous membrane exposure such as eyes, nose, mouth (splash/splatter) – flush site thoroughly with sterile saline, sterile water, or tap water. If eye exposure, remove contact lenses (if applicable) and do not replace until ophthalmologist/optometrist is consulted. If mouth exposure, remove dentures, etc. (if applicable) and thoroughly clean before replacing.
            3. Remove any blood-soiled clothing as soon as feasible and replace with clean uniform or scrubs.
    2. All employees who may have occupational exposure to blood or other potentially infectious material are required to wear personal protective equipment (PPE) per ATSU Policy No. 95-107: Disease Exposure and Control Plan.
        a. Employees who are not wearing PPE because their roles do not have reasonable expectation of occupational exposure may request to have ATSU launder their clothing.
        b. Report exposure to Human Resources immediately. Note source patient, if possible.
        c. The employee will then follow policies and procedures as set forth by the institution.
    3. Occupational health patient care centers have been designated for the Mesa, Arizona, campus; Kirksville, Missouri, campus; and St. Louis Dental Center. Employees should contact Human Resources to determine the occupational health patient care center for their campus or site. Designated occupational health patient care centers have been provided the ATSU protocol for responding to needlesticks. If an employee is at a site without a designated occupational health patient care center, the employee or a designee should contact Human Resources to receive clearance to seek assistance at a provider of the employee's choice.
D. Protocol for accidental needlestick: The following protocol is to be followed in the case of an accidental needle puncture of a used needle to the employee at patient care centers.
    1. Appropriate first aid to cleanse the wound should be taken.
    2. An incident report form should be completed and returned to Human Resources or the appropriate patient care center director(s).
    3. Post exposure Hepatitis prophylaxis will be administered, as recommended by the Centers for Disease Control (CDC).
E. HIV antibody testing may be recommended and followed as outlined by the CDC. First responder responsibility:
    1. **Initiate post-exposure checklist.**
    2. **Determine if exposure to a potential source of transmission occurred.**
        a. Percutaneous exposure: Determine if sharp was "clean" or "dirty."

1. Clean: No blood/body fluid contact. Examples: sharp that had not yet been used on patient, IVPB or IVP needle connected to injection port and no visible blood has backed up to that port.
2. Dirty: Sharp had been exposed to patient blood/body fluid. Example: any sharp that had IVP needle connected directly into central line catheter lumen or heparin lock, or into IV tubing injection port where visible blood has backed up to that port.

b. Non-intact skin or mucous membrane exposure: Determine if splash/splatter contained fluid known/believed to transmit bloodborne pathogens.

3. If NO EXPOSURE to blood/body fluids occurred, initiate the following:
   a. Clean/flush site.
   b. Instruct the employee to observe exposure site for signs and symptoms of infection and to report to the medical director if infection occurs.
   c. Offer diphtheria/tetanus vaccine if not vaccinated within last five to 10 years. Use diphtheria/tetanus consent form to document consent/refusal.
   d. Educate employee regarding injury prevention strategies.
   e. Offer hepatitis B vaccine.
4. If EXPOSURE to blood/body fluids occurred, initiate the following (utilizing the post-exposure checklist)
   a. Clean/flush site.
   b. Determine type of exposure.
   c. Instruct the employee to observe exposure site for signs and symptoms of infection and to report to medical director if infection occurs.
   d. Offer diphtheria/tetanus vaccine if not vaccinated within last five to 10 years. Use diphtheria/tetanus consent form to document consent/refusal strategies.
   e. Offer serum hepatitis B antibody (Anti-HBs) testing.
      1. Order Anti-HBs on all employees who have been exposed to potentially contaminated blood/body fluids to determine immune status.
      2. Document consent/refusal on post-exposure consent form.
   f. Offer hepatitis B vaccine.
      1. Natural immunity
         a. Antibody to hepatitis B (Anti-HBs) develops after a resolved infection and is responsible for long-term immunity.
         b. Hepatitis B vaccine not necessary.
      2. Previously vaccinated employee: Converter or conversion unknown
         a. If Anti-HB is reactive, no further treatment is necessary.
         b. If Anti-HB is non-reactive, repeat the three-dose series of hepatitis B vaccine.
      3. Previously vaccinated employee: Non-converter
         a. If the employee is a known non-converter (at least four doses of vaccine without developing immunity), do not administer booster.
         b. No further treatment is necessary unless the source patient is not tested and is known high risk; may then administer HBIG x 2, one month apart.
      4. Unvaccinated employee
         a. Use hepatitis B consent form to document consent/refusal.
         b. If consent obtained, initiate hepatitis B vaccine.
   g. Offer employee hepatitis C antibody testing.
   h. Offer employee HIV serum antibody testing.
      1. If source HIV negative, order baseline HIV serum antibody testing on the employee.
      2. No further follow-up is necessary unless epidemiologic evidence suggests source is high risk and is in the window period. If retesting is recommended or desired by the employee, retest at three or six months.
      3. If source patient is HIV positive, unknown, or refuses testing, order baseline, 12-week, and six-month HIV serum antibody testing on the employee.
      4. Use form for anti-HIV blood testing consent: Copy to the employee and original to patient care center medical director to document consent/refusal. If the employee consents to baseline blood collection, but does not give consent for HIV testing, the blood sample shall be preserved for at least 90 days. If, within 90 days of exposure incident, the employee elects to have the baseline sample testing, such testing shall be done as soon as feasible.

5. Use the employee Social Security number on lab requisition: Not name.

i. Use employee HIV counseling form to counsel the employee regarding HIV, transmission, prevention, and implications of HIV testing. The employee and counseling clinician should sign and date counseling form.

j. Use of post-exposure chemoprophylaxis (PEP)
NOTE: Post-exposure treatment with Combivir (zidovudine/lamivudine) and Viracept (nelfinavir) has been determined to be most beneficial if begun promptly, preferably within 12 hours post-exposure and not later than 24 hours.
   1. The first responder will counsel the employee regarding whether PEP is indicated based on type of exposure, amount of exposure, source patient risk factors, and employee concerns.
   2. If source patient is high risk for HIV or employee exposure “massive” or “definite,” order HIV STAT. Results must be obtained within 24 hours to allow for initiation, if recommended. If 24-hour time period cannot be met, no more than two days of PEP medication may be allocated to the employee to take as prescribed until results are known. If source patient is found to be HIV positive, PEP may be continued. If source patient is found to be HIV negative, PEP is discontinued (unless source patient felt to be a high risk and in window phase).
   3. If source patient is known to be HIV positive, PEP may be initiated immediately.
   4. If source patient refuses HIV testing or is unknown, recommendations for PEP use are individualized, depending on type and amount of exposure and source patient risk factors.
   5. The employee will be immediately referred to a local hospital emergency department or designated physician for initiation of treatment if PEP is recommended and referred to a designated worker's compensation physician for follow-up care if applicable.
   6. If PEP medication is recommended:
      a. Use consent for post-exposure chemoprophylaxis form to document consent/refusal to take medications.
      b. If the employee consent is obtained, the following lab work should be ordered: STAT CBC, Neph panel, and liver panel, STAT HCG (serum pregnancy test) if female of childbearing age.

Note: Do not administer PEP medications to female until pregnancy test results are known.

k. Healthcare professional's written opinion
   1. The patient care center medical director will complete a healthcare professional's written opinion for post-exposure.
   2. The written opinion shall be limited to the following information:
      a. The employee has been informed of results of the evaluation; and
      b. The employee has been told about any medical conditions resulting from exposure that require further evaluation/treatment.
   3. The employee will be provided with a copy of the written opinion within 15 business days of evaluation.

l. Record keeping
   1. First responder will complete, sign, date, and time the post-exposure checklist.
   2. All original consents and forms will be sent to the medical director for filing in the medical file.
   3. All results of follow-up procedures, examinations, and medical testing will be placed in the medical file.

Source Patient

F. If the source patient is known, every effort will be made to contact the patient and ask for their permission to test for HIV and hepatitis B as soon as feasible after the exposure. Although physician approval is not required to ask the source patient for consent, the attending physician will be notified the incident occurred and the patient is being approached. If the source patient is unable to give consent, next of kin will be contacted for consent.

G. Use consent for Anti-HIV blood testing form to document source patient consent/refusal for testing. Pre-test counseling will be provided by the first responder.

H. Use lab requisition to order HIV, hepatitis B surface antigen (HbsAg), and hepatitis C antibody screening on source patient. If source patient is high risk for HIV or hepatitis C, or if employee exposure is "massive" or "definite," order HIV HbsAg and hepatitis C AB screen STAT.

I. Test results will only be shared with the source patient, exposed employees, and treating clinicians. If results are positive, the attending physician will be notified and will inform the exposed employees of the results and initiate appropriate follow-up.
J. No cost of testing will be incurred by the source patient.
K. The source patient will be informed there is mandatory reporting of a positive test to the appropriate statewide health agency. This information will be given during pre-test counseling.

Responsibility

A. Medical directors – The medical director at patient care centers will monitor and evaluate all exposures on a monthly basis.

Student Needlestick and Bloodborne Pathogen Exposure Protocol

A. Prevention

All students should use precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or exposure to bloodborne pathogens. The use of needle and scalpel safety devices, when supplied, is encouraged. Students should:

- Wash hands frequently and thoroughly before and after patient care.
- Use appropriate Personal Protective Equipment (PPE).
- Use sharps with caution in a safe environment, dispose of properly, do not recap needles.

B. When an exposure occurs, students are required to follow the steps outlined below unless additional evaluation is required by a clinical rotation site. The following steps are the minimum required by ATSU-KCOM:

Step 1 – Treat Exposure Site

- Use soap and water to wash areas exposed to fluids as soon as possible after exposure.
- Flush exposed mucous membranes with water.
- Flush exposed eyes with water or saline solution.
- Do NOT apply caustic agents, inject antiseptics or disinfectants into the wound.

Step 2 – Report and seek treatment for occupational exposures immediately

- The circumstances surrounding the incident shall be investigated immediately.
- OMS I and OMS II Students: All sharp injuries shall be reported to the Associate Dean of Clinical Affairs. An incident report form should be completed and submitted to the main campus; in the absence of the incident report form a written explanation should accompany the notification. The Clinical Affairs office will follow-up with the student to ensure the policy has been followed correctly.
- OMS III and IV Students: The protocol stated by the clinical site must be followed and all sharp injuries shall be reported immediately to the student's RAD/DSME and region site coordinator. The region site coordinator will notify the office of Clinical Affairs. An incident report form should be completed and submitted to the main campus; in the absence of an incident report form a written explanation should accompany the notification. The Clinical Affairs office will follow-up with the student to ensure the policy has been followed correctly.

Step 3 – The following baseline labs should be drawn as soon as possible following potential exposure. Forward results to the Clinical Affairs office.

- HIV antibody screen
- Hepatitis C antibody

Step 4 – Repeat HIV antibody screen and Hepatitis C antibody titers 12 weeks (90 days) post exposure and report results to the Clinical Affairs office.

C. Insurance

The insurance is supplemental accident insurance and does not apply to sickness or illness. It does not substitute health insurance coverage required for enrollment.

The supplemental insurance provides coverage after primary health insurance claim has been filed. Coverage applies while the student is enrolled in 'active status' and:

- Is participating in college courses, labs, and clinical training that is sponsored by ATSU;
- Is on premises designated and supervised by KCOM;
- Is on premises used for classes, labs or clinical training (clinical rotations); or
- While traveling with a group in connection with the activities under the direct supervision of ATSU.

Travel to and from a curriculum activity is not covered.

Steps for filing a claim:

1. The student **will** file a claim to their personal health insurance (primary coverage)**.**
2. Student will complete a claim with the accident insurance coverage and return it to the Associate Dean of Clinical Affairs for verification of enrollment.
3. The Clinical Affairs office will forward the completed claim form to the student.
4. The student will forward the accident coverage claim form along with primary health insurance explanation of benefits (EOB), if available, billing statements, and supporting documents to the accident insurance provider.

ATSU-KCOM Excused Absences and Personal Days
Excerpt from the intranet KCOMStudentManual.atsu.edu>Excused Absences

In addition to the **ATSU Absence Policy**, KCOM offers excused absences, including the following categories:

- Personal days (3 days/academic year)
- Conference presentation days (3 days/academic year)
- Medical:
    - Includes medical emergencies, urgent medical issues, and scheduled care for the student.
    - Requires the signature of a licensed healthcare provider (e.g., DO, MD, dentist, etc.)
    - Other (e.g., military training, funeral, etc.)

All planned absences should be submitted at least 2 business days prior to the absence. Absences not submitted within this timeframe will be reviewed on a case-by-case basis for approval or denial.

- Personal days may not be used for high-stakes assessments (e.g., section exams, practicals, finals).
- Not all required activities can be reproduced (e.g., planned group activities).
- Each student is responsible for their own academic progress.

All absence requests should be submitted as follows:

First and second year students via:

- ATSU-GO/KCOM app *(see attendance icon upper right corner)*
- **KCOM Excused Absence Request Form**

For more information on Year 1 and 2 student absences, **click here**
or email: **kcomabsences@atsu.edu**.

Third and fourth year students:

- Are required to make appropriate and timely notification if they will be absent.

- Must submit the **Third & Fourth Year Absence Request Form** to the DSME.
- Must immediately notify their clinical preceptor(s), DSME, and Rotation Site Coordinator in writing if they will be away for any reason (anticipated or unexpected).

Cumulative Absence for Years 3 & 4

- The College expects the student will be absent no more than 2 days for any 2-week period.
- Absences beyond the 2 days will be evaluated with potential make-up time scheduled as appropriate.
- Students do not have to use personal days for board exams or postgraduate interviews.

  A personal day is required only if an extra travel day is planned. Students are encouraged to schedule interviews for postgraduate programs during the flex/vacation week(s) or GME Prep Elective week(s) and to limit time off during clinical rotations.

COMAT Exam Wellness Day

Students often have multiple responsibilities during clinical rotations creating new challenges in terms of wellness. This challenge is increased during clinical rotations, which culminate in a required COMAT exam (Emergency Medicine, Internal Medicine, Family Medicine, Surgery, OB/GYN, Psychiatry, OPP, and Pediatrics). The College wishes to ensure students feel mentally and physically ready to take these COMAT exams.

All students will have the last Thursday (the day immediately prior to their COMAT exam) off from rotations. This time is meant to allow the student to engage in activities designed to improve their wellness and help them be in a better mental, physical, and emotional state when taking COMATs. Examples of wellness activities students may consider include (but are not limited to): exercising, sports, reading, sleeping, meditation, yoga, etc.

The COMAT Exam Wellness Day

- Is available for each required rotation COMAT test date (except OPP).
- Available on 1st attempt only.
- may not be stacked with any other personal days

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ATSU-KCOM Supervision and Clinic Hours
Excerpt from the intranet KCOMStudentManual.atsu.edu>Curriculum>Rotation Information>Expectations in Clinic

An important aspect of the KCOM DO program is the development of professional behaviors and role identity. Students are expected to conduct themselves in a professional and ethical manner **at all times**.

Students on clinical rotations and in other professional settings are expected to dress professionally and appropriately for the environment. Honesty, compassion, integrity, confidentiality, accountability, respectfulness, altruism, and excellence are expected in all situations. In addition, students are expected to comply with institutional policies and procedures as well as city, county, state, and federal laws and regulations.

ATSU-KCOM considers breaches of professional conduct as academic deficiencies. Specifically, breaches in professionalism may demonstrate lack of progress toward and attainment of osteopathic core competencies (e.g., professionalism, interpersonal and communication skills).

Supervision

Students must be supervised in all situations involving patient care!

While in clinical learning situations involving patient care, medical students must have direct, on-premises supervision by a licensed healthcare professional. Direct supervision includes:

- **Physically present** – licensed healthcare professional is located in the same room as the student when patient care is rendered.
- **Immediately available** – licensed healthcare professional is located in the facility and immediately available to be physically present.

There are three types of supervisors including Preceptors of Record, Licensed Physicians, and Licensed Healthcare Professionals.

More Information: ATSU-KCOM Catalog

Clinical Hours

Although a regional coordinator may provide a tentative daily schedule for a clinical rotation, the student is responsible to their assigned preceptor during clinical duty hours on each rotation. The student is required to keep the hours expected by the preceptor. A 'typical' student clinical day begins at 7 a.m. and ends at 7 p.m. but will be confirmed by the preceptor or designee.

The student should not be involved in patient care for greater than 24 continuous hours or required to attend patient hand-offs or didactic sessions for more than an additional 6 continuous hours (30 hours total). A student may be required to work weekends, however should have two weekends per month free. Students may also be required to work overnights and be 'on call.' It is expected that students will work no more than 60 hours per week, on average.

Examples of Still Well Student Team Activities

Environmental

- Coordinate recycling partners
- Nature trail maintenance and development
- Annual campus clean-up
- Street clean up (Jefferson & Walnut)

Emotional

- Depression screening
- Kite making and flying
- Emotional wellness week
- Lego competition
- Water play day
- Couples panel (students/residents/attending)

Vocational

- Careers in medicine
- On call tutors
- Resume writing seminar

Physical

- Bi-annual fitness assessment
- Couch to 5k
- Triathlon training group
- Swim lessons and swim training
- Fitness tutors
- Recreational outings (canoe/kayak, golf lessons)
- Annual Current River float trip
- Bike tune-up

Intellectual

- College bowl
- Art show
- Creative writing contest
- Healthy cooking/eating
- Let's go shopping
- Meal of the Week

Social

- Wine tasting
- Roller skating party
- Bowling night
- BBQ picnic at state park
- Open Mic at Winery
- Movie night
- Parent's Night Out

Spiritual

- Church fair
- Spiritual health care plans
- Spiritual labyrinth
- Reflective thought at parks & trail
- Spiritual wellness week/exploring faith

Shared Team Activities

- Signs reminding people to use the stairs is environmental & physical
- Movies can be social & emotional etc…
- "Take a hike" environmental & physical
- Student Health 101
- Testwell for all first year students

All teams Wellness Fair

- In the spring, 8-10 wellness activities conducted by the teams with soft tissue massage and a fun nutrition quiz. Ten $25.00 gift cards awarded at stations with a grand prize drawing.

Popcorn, lemonade and wellness handouts and activity signups.

Strategies to boost well-being on campus

- Assess student strengths and look for opportunities to put them into action.
- Spend social time with individuals and teams that promote enjoyment & fun activities
- Dare to measure well-being.

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ATSU-KCOM Curriculum Years 3 & 4
Excerpt from the intranet
KCOMStudentManual.atsu.edu>Curriculum>Rotation Information>Expectations in Clinic>Chaperoning Patients

Chaperoning Patients

To assure a safe environment for patients, staff and students, patients are entitled to have their medical interactions conducted with appropriate privacy and confidentiality protections.

- Informed consent must be obtained for all treatments and sensitive examinations performed.
- Patients are entitled to have a chaperone (informal or formal) present for any consultation, examination, treatment, or procedure where the patient considers it necessary.
- All providers are entitled to have a formal chaperone present at their discretion.

Chaperones are required for sensitive exams, treatments and procedures. Chaperones can include a parent, guardian, other caretaker, adult significant other, or a staff member. Whenever possible, clinical staff members should serve as chaperones rather than office staff or family members.
Sensitive situations include those that occur with the patient disrobed, partially disrobed or in street clothing involving breasts, genitalia or rectum (e.g., breast exams, procedures of the pelvic floor or urogenital diaphragm, and vaginal or rectal exams).

Expectations:

- KCOM students are not to serve as formal or informal chaperones.
- Informed consent shall be obtained before medical students are allowed to observe sensitive examinations, treatments or procedures.
- Students shall employ appropriate disrobing and draping practices to respect patient privacy.
- Patients should be notified of availability of chaperones. Chaperones are recommended for all sensitive examinations, treatments and procedures. A parent, guardian, or approved alternative should always be present during physical examinations of minors. If unavailable or other concerns exist, a formal chaperone is required. Sensitive examinations of patients 11 years of age or older should include a formal chaperone.
- If a patient declines/refuses a chaperone for patient care where one is required, the provider should document it in the record that the offer was made and declined. The provider retains the final decision whether to proceed without a chaperone.
- KCOM students shall comply with clinical site policies regarding chaperoning patients and sensitive exams, treatments and procedures.

Adapted from AACOM Task Force on Ethics and Professionalism.

ATSU-KCOM Curriculum Years 3 & 4

Excerpt from the intranet KCOMStudentManual.atsu.edu>Curriculum>Curriculum Years 3 & 4

Clinical Curriculum Overview & Philosophy

The academic program for Years 3 and 4 of the osteopathic medicine (DO) program is designed to reflect the College's strong commitment to primary care and includes both hospital and ambulatory-based rotations. In the last two years of the program, students are based in regional clinical sites and participate in a total of 88 weeks of rotations plus 6 additional weeks of vacation and commencement preparation. Students also complete online coursework and clinically-related didactic coursework. The first day of the first clinical rotation begins on the fifth Monday following June 30th.

All Year 3 and 4 courses are approved by the KCOM Curriculum Committee. Each didactic and clinical course has a syllabus with related goals and objectives. Students are strongly encouraged to review each syllabus in advance of each course/ rotation in order to gain an overview of learning expectations.

Key documents contain the rotation requirements, methods of assessment, grading elements, scoring ranges, and instructions for scheduling clinical rotations. You will find the documents below in the Forms & Documents section:

Class of 2027

- Clinical Rotation Requirements and Rotations List
- Class of 2027 Year 3 & 4 Assessment Outline
- Class of 2027 Years 3 & 4 Timeline

Class of 2026

- Clinical Rotation Requirements and Rotations List
- Class of 2026 Year 3 & 4 Assessment Outline
- Class of 2026 Years 3 & 4 Timeline

Click here for **Syllabi for Years 3 & 4**.

Assessment of Clinical Rotations

All clinical rotations utilize the Clinical Performance Evaluation to assess student learning. For CORE rotations, COMATs and Procedure Logs are also used for assessment of student learning and grade calculation.

Successful completion of each assessment must be obtained to ensure clinical curriculum requirements are satisfied. If academic difficulty occurs, each student is counseled by the DSME and the Associate Dean, Academic Affairs, as appropriate.

Clinical Performance Evaluations, COMATs, and Procedure Logs

Clinical Performance Evaluation Forms must be completed by the attending physician (not a resident) at the conclusion of each rotation and signed by the student, DSME, and coordinator. Evaluation forms are completed in the online tracking system.

Clinical Performance Evaluation forms are class-specific and can be found in the Forms section here.

- On day one of a rotation, student should discuss preceptor expectations of medical student and review exit objectives. In addition, students should ask for verbal feedback on his/her performance weekly. A minimum of three days prior to the end of the rotation, student should schedule a time when the evaluation can be completed.
- It is the responsibility of the student and coordinator to work together in obtaining the electronic evaluation form. For information on delinquent evaluations, see the Collecting Delinquent Evaluations section.

Failed Clinical Performance Evaluations:

- A failed Clinical Performance Evaluation will be immediately reported electronically to the DSME and Coordinator. The DSME will review the situation with the student and/or preceptor.
- When a failed rotation is repeated, both the failed and the repeat rotations will appear on the student's transcript and MSPE.
- During the repeated rotation, the student will earn the full points awarded on the repeat evaluation. When applied to CORE rotations, the student is eligible to achieve an overall grade of honors.
- For CORE rotations, the original COMAT and Procedure Log scores will be used to calculate the new rotation grade.

COMATs Comprehensive Osteopathic Medical Achievement Tests (also called post-rotation or shelf exams) are designed to assess the basic knowledge acquired during each of the six CORE rotations: family medicine, internal medicine, surgery, pediatrics, OB/GYN, and psychiatry. Students will also complete the OPP COMAT (Feb/Mar).

- COMAT exams are proctored, 2.5-hour computer-based exams (120 questions) completed at the region site.
- COMAT exams are scheduled by the KCOM Rotation Site Coordinator - typically during the last week of each CORE rotation. FM and IM exams are each taken at the conclusion of the second 4-week rotation.
- The student is notified when the score is available via the NBOME website.
- COMATs are REQUIRED preparatory assessments for COMLEX Level 2, i.e., to be eligible to sit for COMLEX Level 2 and progress in the KCOM program, all 7 COMATs in Year 3 must be passed.
- The surgery COMAT may be delayed until after completion of an in-patient IM

rotation if approved by the region.

- Obtain more information on COMAT exams here.
- NBOME System Check Guide
- NBOME Minimum System Requirements for Online Testing

Students need a study plan for ***each*** COMAT.

- Read the syllabus for each CORE rotation/course. KCOM clinical rotation syllabi are designed to help you prepare for COMATs.
- Some syllabi include links to study materials (e.g., OB/GYN).
- Rotations will **NOT** provide all the information you need to pass the COMAT. You must study during each rotation. Each syllabus includes an outline of what you need to study. **Most students study 1-3 hours each evening while on rotations.**
- Also, review **Exam Prep/Case Files** via ATSU Memorial Library.
- As you study content, apply knowledge through practice questions and review answers in the Truelearn question bank. This is an important part of preparing for COMATs and COMLEX Level 2-CE.
- **1/2 day COMAT Exam Wellness Opportunity** information

COMAT Failure

- Content typically remediated via independent study.
- Allow at least two weeks before a retake. Retakes are scheduled by the KCOM rotation site coordinator with consideration given to the rotation schedule and other COMAT test dates.
- Upon successful remediation, the lowest passing score is issued for the COMAT.
- Upon successful COMAT remediation, the highest achievable grade for the CORE rotation is high pass.
- Exam failures are reported to the KCOM Academic Affairs office and the KCOM Student Promotion Board. Failure of the same exam twice requires the student to work with the clerkship director prior to retesting. The Academic Affairs office will notify the student and clerkship director. Failure of three COMATs (same discipline or different disciplines) is reviewed by the KCOM Student Promotion Board.

Procedure Logs are completed by students during each CORE rotation using the online tracking system.

Students must log participation or observation of the listed procedures. Ideally, procedures are logged for each morning and each afternoon of each CORE rotation. The logs should be completed as soon as practical after the patient encounter. Logs are due the last Friday of each rotation. The DSME grades the logs. **Procedure Logs Instructions; Procedure Logs List**

- Failure of the Procedure Logs requires remediation. After successful remediation, a score of 0 is assigned. Students who fail Procedure Logs are not eligible to attain honors in a CORE rotation. The highest achievable score will be a high pass for the overall rotation grade.

- Students can continue logging procedures after the CORE rotations are complete, if desired.

Preceptor & Rotation Evaluation
In addition to Clinical Performance Evaluations, COMATs, and Procedure Logs, students must complete the Preceptor and Rotation Evaluation (not part of the grade calculation but is required) after each CORE and REQUIRED rotation. The Class of 2027 completes the Preceptor and Rotation Evaluation after each clinical rotation (CORE, REQUIRED, and ELECTIVE).

- Students will complete the Preceptor & Rotation Evaluation in the online tracking system.
- This evaluation is created by the rotation site coordinator immediately following completion of the rotation.
- Students have up to two weeks to complete the evaluation.

In-Person Didactic Learning

Orientation to Clinical Region - Scheduled by region: An on-site orientation is provided in each region at which time students will be informed of the academic and clinical responsibilities within the region. All orientations are arranged by the Director of Student Medical Education (DSME) and rotation site coordinator. Orientation is required prior to commencing rotations.
Orientation Schedule.

Education Days are a scheduled series of region-specific teaching sessions. Attendance is mandatory. The rotation site coordinator will notify you of the Education Day schedule. You are responsible for notifying your preceptor of the Education Day schedule at the beginning of each rotation. It is your responsibility to be aware of this schedule and attend all required sessions. The site may also have didactic sessions with required student attendance. Details about schedules for these activities are found in the hospital Director of Medical Education (DME) office. Responsibilities to the preceptor do not take precedence over required didactics.

Performance Assessment (PA-III) Testing (C3DO) - PAIII testing is a summative evaluation of the student's patient assessment skills, including, but not limited to, physical examination (including appropriate osteopathic structural exam and treatment), history-taking, communication, critical thinking, and medical documentation. It is a preparatory and diagnostic experience for future clinical experience. Students will return to Kirksville in the fall of Year 3 for PAIII testing. Students will participate in a brief orientation session and then complete 8 standardized patient encounters. The results will be shared with students and DSMEs.
Note: PAIII testing is an assessment tool used to evaluate students' clinical skills for the attestation.

Students must successfully complete PAIII. Students who do not successfully complete PAIII must successfully remediate PAIII. Some students may require additional preparation time, including remediation strategies. Students requiring remediation will typically remediate in their region and submit appropriate documentation to the PAIII course director in Kirksville.

PAIII testing dates for the KCOM Class of 2027 were as follows:
October 6, 10, 13, 20 and November 7 and 10, 2025

Important Resources for Years 3 & 4

Resources for Year 3

More information about the assessments below can be found in the class-specific Years 3 & 4 Assessment Outline documents located in the Forms & Documents section.

Canvas: Students will find the following courses in Canvas *(when available)*.

Foundations of Community Health - Online course designed to prepare physicians who are well-prepared to practice in and lead transforming health systems and hold a rich awareness of patient-centered care planning, demonstrable primary care workforce competencies, and leadership capacity to educate future health care team members in conversion to the medical home model of care.

Introduction to Healthcare Financing - This module will provide a brief overview of health care finance and economic considerations as they apply to patient care and medical education. Topics include: the basics of Medicare and Medicaid, an overview of the Affordable Care Act, an introduction to payor models for physicians and health care systems, and the essentials of reimbursement of residency training. Students will be required to complete a series of learning activities, after which they will take and pass a practice exam and final exam to demonstrate successful knowledge acquisition.

Documentation for Inpatient Settings Module Syllabus
This module requires the students to review example case narratives and then prepare and submit one "Daily Progress Note" and one "Discharge Summary" to the DSME who will provide formative feedback. This process will be completed one time during the first inpatient rotation for family medicine or internal medicine (whichever rotation occurs first).

Ambulatory Clinic Modules - Prior to the first inpatient rotation (or as directed by regional representatives) students complete three Student Onboarding Modules from Society of Teachers of Family Medicine. Students will complete the modules in Step 2 and submit the certificates of completion to their KCOM rotation site coordinator. NOTE: You must complete the survey at the end of ***each*** module in order to receive a link to download the certificate of completion. This is the only opportunity to download the certificates.

Modules:

- How to Write a High-Quality Note in the Electronic Medical Record
- How to Perform Medication Reconciliation
- Motivational Interviewing: a Structured Approach to Behavior Change
- *Optional Module:* Step 1: Read These Tips on Being Awesome in an Ambulatory Clinical Rotation

Oral Case Presentation - Requirements
Oral Case Presentation forms are class-specific and can be found in the **Forms & Documents** section.

Journal Club Presentation - Requirements
Journal Club Presentation forms are class-specific and can be found in the **Forms & Documents** section.

Patient Safety Modules - NextGenU.org - ATSU-KCOM utilizes the NextGenU.org program as we strive to promote and support exemplary teaching, training, and learning as we introduce the culture of quality improvement and patient safety. Follow the instructions **here** in order to properly register with NextGenU, complete the correct modules, and obtain the certificate of completion which should be submitted to your KCOM rotation site coordinator.

Resources for Years 3 & 4

More information about the assessments below can be found in the class-specific Assessment Outline documents located in the Forms & Documents section.

- **Clinical & Board Preparation Resources:** A.T Still Memorial Library Clinical Rotation Support - **Rotation Resources**
    - A.T Still Memorial Library Clinical Rotation Support - **Exam Preparation** materials (Boards and COMATs)
    - **Preparing for Licensing Examinations *Helping Physicians-in-Training Learn using MCQs*** *by Donald Sefcik, DO, MBA*
    - ***How to Study for Standardized Tests*** by Sefcik, Donald J., et al.
    - **OMM Resources**
- **Advanced OPP Courses** (links to syllabus section) **-** Three online courses (2 in Year 3 and 1 in Year 4) completed in Canvas. Includes OMM Review, OPP Modules, online assessments, literature search, OTM Practice Logs. See Canvas for syllabi. NBOME OPP COMAT is a proctored exam completed online at the regional site and scheduled by the region for February-March.
- **Scholarly Report 1 and Scholarly Report 2 Toolkit**
    - **Copyright Guide** - Guidelines for using resource material to ensure best practices.
    - Manuscript Guidelines for **JAOA**
    - **12 Tips for Students Who Wish to Write and Publish** *(by Rajaei K. Sharma & Harriet L. Ogle)*
    - Published case reports and quality improvement projects for written case can be found online. For your convenience, examples are posted below.
        - **Case Report #1**
        - **Case Report #2**
        - **Quality Improvement case #1**
        - **Quality Improvement case #2**

Student Success Update Assessments:
Students receive individual feedback from DSMEs via Student Success Update Assessments. The standardized formats are designed as progress reports completed by both the DSME and the student and should include an individual conversation face-to-face, via phone or through video. Student Success Updates will be completed within New Innovations. They are not scored; however, they are used as an assessment tool.

The Student Success Updates process will occur three times in Year 3: October, February, and April, and twice in Year 4: September and January. The KCOM Rotation Site Coordinator will notify the student of the specific due dates for the SSU evaluation. The process for Student Success Updates is as follows:

- Students will receive an email notification of an evaluation to complete - just like the notification they receive for the Preceptor and Rotation Evaluation process.

- The student will complete the SSU evaluation.
- The DSME will meet with the student (in-person) to review and discuss the SSU.
- After the student meeting, the DSME will add comments and sign/submit.
- Coordinator will review, sign, and mark complete on the Student's Clinical Years Audit document.

ATSU-KCOM Curriculum Years 3 & 4

Excerpt from the intranet KCOMStudentManual.atsu.edu>Curriculum>Rotation Information>Affiliation Agreement Database

Affiliation Agreement Database

All hospitals/facilities/preceptors providing rotations for ATSU-KCOM students will have a formal affiliation agreement (or contract) with ATSU-KCOM describing that affiliation including but not limited to liability issues, training and evaluation, educational responsibilities of each institution, and, as appropriate, maximum number of students who can be trained.

Click here to access the **Affiliation Agreement Database*. Please pay close attention to agreements highlighted. Highlighted agreements indicate special requirements (i.e., student paid fees, immunization requirements, VSLO Host Institutions, etc.)***

If an agreement is not in place, students should allow 90+ days for completion. Work with your coordinator to pursue an affiliation agreement for a new site. Failure to have a signed affiliation agreement will eliminate the opportunity for the clinical experience participation at the site. If the rotation paperwork, including the affiliation agreement, cannot be completed a backup rotation plan will be necessary.

ATSU-KCOM Curriculum Years 3 & 4

Excerpt from the intranet KCOMStudentManual.atsu.edu>Curriculum>Rotation Information

Overview of Clinical Rotations

Definition of Clinical Rotation: A clinical rotation is a curricular-based experience in a clinical setting involving in-person, live patient care. A clinical rotation requires an ATSU-KCOM faculty-appointed preceptor of record and direct, on-premises supervision by a licensed healthcare professional in all patient care situations.

There are three categories of clinical rotations: CORE, REQUIRED, and ELECTIVES.

1. CORE rotations are scheduled by the regional coordinators with approval by the DSME and typically occur in the assigned region.
    - In the event a CORE rotation cannot be completed during the first eight blocks of Year 3 (i.e., CORE Pediatrics rotation must be completed in May to meet the COCA GME requirement), the empty block created should be filled with an in-region elective rotation.
    - CORE rotations are 4 weeks in duration and may not be divided into fewer weeks unless approved by the Associate Dean of Academic Affairs.
    - A minimum of one 4-week rotation must include a strong OMM component.
2. Students and coordinators work together in the scheduling of REQUIRED rotations.

3. Scheduling of Elective Rotations is the responsibility of students allowing for tailoring of learning to individual interests and positioning to match to residency.

Clinical Rotations must:

- Meet our definition of a clinical rotation.
- Fall within a rotation name found on the Clinical Rotation Requirements and Rotations List.
- Be a Clinical Rotation (not a hybrid, virtual, online, etc.).

See the **Forms & Documents** section for class-specific Clinical Rotation Requirements and Rotations Lists.

See the **Elective Rotations Overview** section for specific details on elective rotations.

DSMEs are responsible for approving/denying elective rotation plans, and regional coordinators work with students to meet the administrative requirements of each rotation.

Collection of Delinquent Evaluations

Clinical Performance Evaluation Forms must be completed by the preceptor of record (not a resident) upon completion of each rotation. The student is encouraged to review the evaluation with the preceptor.

The student is responsible for ensuring the Clinical Performance Evaluation is completed/submitted. Student should check with the assigned preceptor prior to the end of the rotation to confirm preceptor has received their New Innovations login information and/or the link to complete the online evaluation. The regional coordinator should be contacted if the preceptor has not received this information.

When the Clinical Performance Evaluation is not received within **30 days** of the completed rotation, the regional coordinator and student will work together to communicate with the preceptor.

If the evaluation is not received within **45 days** of the completed rotation, the regional coordinator involves the DSME to secure the evaluation.

If the evaluation is not received within **60 days** of the completed rotation, the region site involves Academic Affairs to assist in securing the evaluation.

Housing & Transportation

Housing

Students are responsible for making arrangements for and payment of their housing needs. In very select cases some rotation locations may include student housing with the rotation. However, housing costs remain the ultimate responsibility of the student. Students are encouraged to investigate housing costs prior to the clinical rotation match.

Transportation

Travel is an important part of clinical rotations. Unless otherwise published, travel is at the student's expense and not paid for by ATSU-KCOM or regional sites. Students are encouraged to consider the

travel requirements prior to the Clinical Region Match.

At each site the weather conditions may make travel hazardous. Students should take their cue on travel from the DSME or Rotation Site Coordinator and follow local policy that may dictate procedures. Ultimately the decision to travel or not travel should be made using the individual's best judgment based on the available information.

Not-for-Credit Additional Experience

While a student is on a clinical rotation for credit, s/he may explore another clinical discipline as a not-for-credit additional experience with approval by the regional representative, preceptor of record, and additional experience preceptor. To apply for this option, submit a completed **Not for Credit Additional Experience Rotation Report Form**.

Criteria:

- Student must be in good academic standing.
- Student must have passed all clinical assessments.
- Student must have actively participated in at least 80% of the didactic educational sessions.
- Student must be supervised by a responsible, licensed physician who is immediately and directly present with the student.

Student will not receive credit for the experience nor will it show on the student's transcript. The additional experience preceptor will not receive compensation or CME credit for this experience. All documents must be returned to the regional coordinator (and approved) prior to the start of the additional experience.

KCOM students are covered by the University's professional liability insurance during a not-for-credit additional experience upon completion of all required paperwork and appropriate administrative approval. An affiliation agreement must be already in place or obtained if the experience will be completed in a facility or location other than the current assigned rotation.

While other experiences may be considered, the not-for-credit additional experience was designed to allow students to participate in other rotation opportunities within the hospital. Example: work in the ER on evenings/weekends while officially on a pediatrics rotation in the same hospital.

Rotations with Relatives

Students may complete rotations with physician relative(s) for up to 4 weeks for non-elective rotations and up to 4 weeks for elective rotations if the following criteria are met:

- Physician relative(s) must have a current KCOM faculty appointment
- RRF and all other rotation documentation must be completed
- DSME must approve all rotations with physician relative(s)

ABG interpretation
ACLS/Cardiopulmonary Arrest
Arterial line placement
Arthroscopic procedure
BLS/CPR
Central Venous Access/Placement
Cesarean Section
Circumcision
Colonoscopy
Cornea/optic fundus evaluation
CXR interpretation
Depression screening
Dermatologic exam
Diabetic foot exam
EGD
EKG interpretation
Evidence Based Medicine proficiency
FAST exam:
(Focused Assessment with Sonography in Trauma)
Meetings Fetal Heart Tone Evaluation
Huddles
ICU/CCU Management
Immunization Schedules
Informed Consent
Injections SQ, IM
Interprofessional Education:
(learning from, with, or about other health professionals)
placement Intubation
Joint aspiration and/or injection
Laparoscopic Abdominal procedure
Lumbar puncture
Medical Ethics
Nasogastric tube placement
Newborn Care
OMM - Abdomen
OMM - Cervical
OMM - Cranial
OMM – Lower extremity
OMM - Lumbar
OMM - Pelvis
OMM - Sacral
OMM - Thoracic
OMM – Thoracic cage
OMM – Upper extremity
Open Abdominal Procedure
Open orthopedic procedure
Paracentesis
Patient counseling
Pelvic exam/pap smear
Preanesthesia Evaluation
Prescription Writing
Prostate exam
Quality/Safety
Rectal exam
Scrub, gown & glove
SOAP Note Writing
Spirometry/PFT interpretation
Sterile procedure
Suturing
Thoracentesis
Thoracostomy
Total joint replacement
Ultrasound identification of key anatomy
Urethral catheter placement (female)
Urethral catheter placement (male)
Vaginal Delivery
Vein Puncture/IV Access
Wound care

OPERATING PROTOCOLS OF THE CURRICULUM COMMITTEE
KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE

Adopted July 8, 2003
Last revised: July 9, 2013; July 14, 2020; August 13, 2024

I. Committee Charge

The charge of the Curriculum Committee is to strive for excellence in the dynamic evolution of an integrated osteopathic curriculum that promotes lifelong learning.

II. Roles of the Curriculum Committee ("the Committee")

1. Evaluate current curriculum.
2. Assess and evaluate evidence of learning in the curriculum.
3. Evaluate all proposed changes to curriculum.
4. Evaluate alternative models to support curricular evolution.
5. Identify methods that promote lifelong learning.
6. Interact with faculty
    a. Promote faculty development with respect to curricular issues.
    b. Promote faculty-driven curricular development.
7. Serve as an advisory body to the Dean.

III. Membership of the Committee

A. Members of the Committee shall be appointed by the Dean in consultation with Chairs of the College's Departments.

B. Voting members shall be at least one representative from each of the basic science and clinical departments, a representative from the Graduate Program Committee, and three representatives from the Regional Faculty. A student from the first and a student from the second year medical school classes shall be appointed by the Dean annually in consultation with the Student Government Association and will have voting privileges.

C. Consultants to the Committee without voting privileges shall be the Registrar, the Vice Chancellor for Student Affairs, and the Supervisor of Curriculum.

D. The Dean, the Associate Dean for Clinical Affairs, the Associate Dean for Medical Education, the Associate Dean for Graduate Medical Education and DIO, and the Associate Dean for Academic Affairs are *ex-officio* members of the Committee. The immediate past Chair and Vice-Chair of the Committee, if not reappointed to the Committee, shall serve as *ex-officio* members for one year.

E. The designated Curriculum Coordinator will support the Committee; maintain records for the Committee and any subcommittees that are appointed; and at the direction of the Chair, will keep members informed of new curriculum initiatives and directions in medical education. The Curriculum Coordinator will also maintain the Committee's website on the ATSU portal (KCOM/Committees/Curriculum).

IV. Chair and Vice-Chair of the Curriculum Committee

A. The Chair of the Curriculum Committee will appoint members to serve on an ad hoc Curriculum Nomination Subcommittee from voting members of the Curriculum Committee. Nominations of regular full-time faculty members for vacating Chair or Vice-Chair positions of the Curriculum Committee will be solicited from the faculty at large and sent to the Curriculum Nomination Subcommittee two months in advance of the term expiration. The Chair of the Curriculum Nomination Subcommittee will contact each nominee to verify willingness to serve. The Subcommittee Chair will present the nominees to the Curriculum Committee for closed vote. The Curriculum Committee will send the name of the newly elected Chair to the Dean. The elected Chair and Vice-Chair automatically become members of the Committee if not previously serving as members.

B. Chair elections will occur in even years after 2012 and Vice-Chair elections will take place in odd years after 2013. The Chair and Vice-Chair take leadership on July 1.

V. Subcommittees of the Committee

A. The Assessment Subcommittee is a standing subcommittee. This subcommittee will have a student member appointed by the Dean in consultation with the Student Government Association.

B. *Ad-hoc* subcommittees (which may include members of the Committee and non-members) may be appointed by the Chair as needed with a limited term to complete specific tasks.

VI. Responsibilities of Membership

A. Members of the Committee are expected to communicate information regarding actions of the Committee to their respective departments. Feedback should be brought to the Committee at its next meeting.

B. Student representatives to the Committee are expected to communicate information from the Committee's meetings to their peers. Student input should be brought to the Committee at its next meeting.

VII. Attendance at meetings

A. Attendance at all regular meetings of the Committee is required.

B. Three absences during an academic year (excluding medical emergencies) will be considered reason for replacing a member on the Committee. At the request of the Committee Chair, the Dean, in consultation with the Department Chair, may name a replacement member to serve on the Committee.

C. Visitors are welcome at any regular meetings of the Committee and may address the Committee when recognized by the Chair.

VIII. Conduct of Business

A. Bringing business to the Committee

1. Agenda items and the order of their consideration will be set by the Chair and announced to members by email prior to each scheduled meeting.

2. Faculty wishing to present proposals (e.g., for curricular change, review, etc.) shall follow guidelines developed by the Committee and work with the representatives of all involved departments to have the proposal considered by the Committee or the Chair, as needed.

3. Study materials for Committee members for items on the agenda will be distributed as soon as possible after the agenda is posted. Members are asked to bring these materials to the meeting.

4. Items may be added to the agenda by the Chair after it is posted.

B. Voting

1. Votes are not transferable to non-Committee members.

2. Votes specific to any pending business may be made by proxy. Proxies must be received by the Chair in writing (email or fax acceptable) at least 24 hours in advance of the meeting.

C. Meetings

1. Conduct of business shall follow the most current edition of *Robert's Rules of Order*.

2. Regular meetings of the Committee will be scheduled monthly. Additional meetings may be called by the Chair.

3. A simple majority of the voting members shall constitute a quorum. A quorum must be present for voting on any curricular issues. Proxies shall not count towards the quorum.

4. Executive Session

   a. The Chair may call the Committee into Executive Session.
   b. Any voting member of the Committee may bring a motion to go into Executive Session and, upon approval of the majority of the voting members present, the Chair shall call the Committee into Executive Session.
   c. Attendance by non-voting consultants shall be by specific invitation only.

d. Minutes will not be kept, and there will be no binding votes taken in Executive Session with the exception of voting for election of the Chair and Vice-Chair of the Curriculum Committee.

5. No binding action may be taken on any business requiring study brought to the Committee at its first presentation. At the first reading, a proposal may be endorsed in principle. Following endorsement, said proposal shall remain an agenda item until final resolution.

6. For business requiring immediate action, the Committee, by majority vote, may suspend the "two reading" rule for a specific action only.

IX. Functions of the Committee

A. The Committee recognizes the Dean as the Chief Academic Officer of the College.

B. The Dean shall inform the Committee of curricular/educational directions, and the Committee will work to implement the Dean's charges to the Committee.

C. The Committee is advisory to the Dean in the development and implementation of new curricular matters based on the receipt and review of proposals for curricular change generated by Faculty. Whereas the Curriculum Committee is advisory to the Dean, all curricular approved recommendations for years one through four arising from the Curriculum Committee and the Assessment Subcommittee (or any subcommittees thereof) are forwarded to the Dean for review and approval. Only after the Dean has made a decision on a specific recommendation can any action be taken. If approved, the Dean's decision will be communicated to the Curriculum Committee, all Faculty, and students, as appropriate.

D. The Associate Dean for Medical Education will oversee the movement of course content, provided that the proposed move does not change total hours or involve a substantial impact on the smooth delivery of content in other courses. All such changes should be brought to the Associate Dean for Medical Education by the course director. The Associate Dean will approve such moves, as appropriate, and will report back to the Curriculum Committee on these changes. In the event a proposed change has substantial impact on the whole curriculum, or might adversely impact the delivery of other courses, the Associate Dean for Medical Education will be charged with bringing the consideration before the whole Curriculum Committee at the next meeting.

E. The committee shall develop and implement a process for curricular review. A review of the entire curriculum will be completed yearly and as appropriate.

F. A member of the Committee, following the Post-Semester Course Evaluation Process, shall function as convener for the pre-semester planning meetings and the post-semester interdepartmental assessment sessions. The designated Curriculum Coordinator shall prepare reports from the post-semester assessment sessions for the Assessment Subcommittee.

X. Records of the Committee

A. After approval by the Chair, draft minutes of each meeting will be distributed by email to all members as soon as possible. Committee members are expected to report the general content of the minutes and the meeting to their Departments.

B. After approval by the Committee, the minutes will be posted on the Curriculum Committee website on the ATSU Portal.

C. An Annual Report shall be prepared by the Chair and the Curriculum Coordinator in July of each year to summarize the activity of the Committee during the previous academic year. Following approval by the Committee, the Annual Report will be submitted to the Dean in September.

XI. Changes to the Operating Protocols of the Committee

A. Changes to the Operating Protocols of the Committee may be of two types:

1. Minor (isolated) changes constitute revisions that clarify the intent and/or purpose of the protocols, but do not constitute substantive change. Minor changes require approval by simple majority of voting members present.

2. Major (substantive) changes constitute significant revisions that affect the intent and/or implementation of the protocols. Major changes require approval by two-thirds majority of all voting members.

B. Changes in the operating protocols may be proposed by any voting member of the Committee.

C. A recommendation for protocol change must be minuted at least one regular meeting before its first reading.

Routine actions of Curriculum Committee and Assessment Subcommittee

Last Updated and Approved: February 26, 2025

Month	Assessment Subcommittee Activities (denotes responsible parties – see list at end of document)	Curriculum Committee Activities
July	● Release COMLEX survey (OMS-3) (ME) ● Resident Readiness Survey Summary (AC/CA) ● Hold Post-Semester 2 Course Evaluation meeting (ME/AC) [*Post-Semester 4 Course Evaluation meeting is in May*] ● Announce Assessment Plan Summary document and NBOME Competencies document during new student orientation (ME) ● Notify OMS-2, OMS-3 and OMS-4 of any changes in Assessment Plan Summaries and/or NBOME Competencies document (ME) ● Review summary report of Performance Assessment Testing I and II (ME) ● Site visit reports (CA) ● Remind Dean's office to identify student representative to the Assessment Subcommittee (ME) ● Matriculation Survey to go online (ME)	● Remind Dean's office to identify first year student for leadership training to be Curriculum Committee representative (ME) ● Prepare Annual Report of Curriculum Committee (ME) ● Motion of support for KCOM Mission Statement ● Semester planning schedule for upcoming year distributed (ME)
August	● Prepare summary report for Senior survey (AC) ● Summary reports for Post-Semester 2 and 4 Course Evaluation meetings and integrated Course Quality Improvement Process (ME/AC)	● Review Annual Report of CC and send to Dean (ME) ● Summary report of Performance Assessment testing I and II (ME) ● Summary reports for Resident Readiness Survey Summary (AC) ● Site visit reports (CA)
September	● Review Senior Survey report with reference to the AACOM Survey of Graduating Seniors (AC) ● Prepare summary report for COMLEX Survey (AC) ● Review Surveys (AC - Survey Team) o Graduate Location o Senior Survey o Matriculation Survey	● Begin curriculum review and any proposed changes for the upcoming year (ME) ● COMLEX Level I results to CC (AC) ● Update course descriptions for catalog (including electives) (ME) ● Summary reports for Post-Semester 2 and 4 Course Evaluation meetings and integrated Course Quality Improvement Process (ME/AC)

Routine actions of Curriculum Committee and Assessment Subcommittee

Last Updated and Approved: February 26, 2025

Month	Assessment Subcommittee Activities (denotes responsible parties – see list at end of document)	Curriculum Committee Activities
October	• Review report for COMLEX Survey (AC) • Prepare report for COMLEX Level 2CE ~~and 2PE (or equivalent exam)~~ performance-(AC)	• Curriculum review, continued • Annual supplemental survey for AOA/COCA (AC) • Summary report for Senior Survey (AC) • After approval, upload changes in electives to online catalog (AA)
November	• Summary report on COMLEX Level 1 and Level 2CE and 2PE (or equivalent exam) results for previous year (AC) [*Send annual report to Dean for Academic Council and CC.*] • COMAT and Overall Clerkship Grades Report (ME)	• Summary report for the COMLEX Survey (AC) • Semester 2 and 4 schedules submitted to CC (ME) • Curriculum Plan for incoming class submitted to CC (ME)
December	• Post-Semester 1 and 3 Course Evaluations go online (ME) • No meeting	• Summary report on COMLEX Level 1 and Level 2CE and 2PE (or equivalent exam) results for previous year (AC) [*Send annual report to Dean for Academic Council and CC.*] • Prepare AACOM survey (curriculum) (ME/CA) • COMAT and Overall Clerkship Grades Report (ME)
January	• Hold Post-Semester 1 and 3 Course Evaluation meetings (ME) • Clinical Evaluation Form (ME) • Student Evaluation of Preceptor or Clerkship Form (ME) • Third and Fourth Year Grade Scales (ME) • Summary report for Performance Assessment Testing III results (ME) • Review COMLEX Survey	• Curriculum review, continued
February	• Review the Routine Actions of the Assessment Subcommittee and Curriculum Committee document (AC) • Review and update the Assessment Plan Summaries (AC) o	• After approval, upload curriculum to online catalog (ME) • Curriculum review, continued • Distribute copies of AACOM curriculum survey to CC members (ME) • Clinical Evaluation Form (ME) • Third and Fourth Year Grade Scales (ME) • Appoint nominating committee for Chair/Vice Chair election on even/odd years (CC) • Summary of Performance Assessment III results (ME)

Routine actions of Curriculum Committee and Assessment Subcommittee

Last Updated and Approved: February 26, 2025

Month	Assessment Subcommittee Activities (denotes responsible parties – see list at end of document)	Curriculum Committee Activities
March	• Review and upload new NBOME Competencies document (if available) (ME) • Graduate Location survey to go online (ME) • Summary reports for Semester 1 and 3 Post-Semester Course Evaluations and integrated Course Quality Improvement Process (ME/AC)	• Curriculum review, continued • Review the Routine Actions of the Curriculum Committee and Assessment Subcommittee (AC/CC) • Assessment plan summaries to the CC (AC) • Student Evaluation of Preceptor or Clerkship Form (CA)
April	• Senior Survey to go online (ME) • Report on match statistics (AA) • After CC and Dean approval, upload Assessment Plan Summaries (ME/AA) • Review KCOM Matriculation data from AACOM Applicant Profile Report (ME)	• Curriculum review, continued • Election of new Chair/Vice Chair in even/odd years (CC) • Summary reports for Semester 1 and 3 Post-Semester Course Evaluations and integrated Course Quality Improvement Process (ME/AC)
May	• Semester 2 and 4 course evaluations go online (ME) • Hold Post-Semester 4 Course Evaluation Meeting (ME/AC)	• After approval by Dean, upload calendar for two years hence to online catalog (ME) • Curriculum review, continued • Report on Match Statistics (AA) • Semester 1 and 3 schedules submitted to CC (ME) • Review KCOM Matriculation data from AACOM Applicant Profile Report (ME)
June	• Prepare summary report of Performance Assessment Testing I and II (ME)	• Curriculum review, continued

Routine actions of Curriculum Committee and Assessment Subcommittee

Last Updated and Approved: February 26, 2025

Month	Assessment Subcommittee Activities (denotes responsible parties – see list at end of document)	Curriculum Committee Activities

RESPONSIBLE PARTY: ME = Medical Education AC = Assessment Subcommittee AA = Academic Affairs CA = Clinical Affairs AHEC = Area Health Education Center	**ASSESSMENT PROCESS:** 1 Prepare and/or review survey 2 Release survey to appropriate target group 3 Analyze and prepare summary report 4 AC reviews summary report 5 Submit summary report to Curriculum Committee 6 Submit summary report to Dean 7 Summary report to stakeholders per Dean

Board Examinations

Excerpt from the intranet KCOMStudentManual.atsu.edu>Curriculum>Board

Examinations **COMLEX-USA & USMLE**

ATSU-KCOM COMLEX-USA Policy:

Prior to graduation,students are required to pass:

- COMLEX-USA Level 1
- COMLEX-USA Level 2CE
- Clinical Skills Performance Evaluation (PA-III)

Details about each exam, practice assessments and timelines are on this page.

See the ATSU-KCOM COMLEX-USA Policy (linked above) for more information on deadlines to complete the examination, board failures, etc.

The NBOME's COMLEX-USA examination series provides your pathway to licensure as an osteopathic physician. In addition, the NBOME offers a number of assessment tools that help you as you prepare for COMLEX-USA examinations, and beyond, into your career as a DO.

USMLE: Although not required, students may elect to take Step 1 and/or Step 2CK of USMLE.

A growing number of KCOM students have opted to take Step 1 and/or Step 2CK in recent years. The primary guiding factor related to testing should be the student's risk for failure of the examination. If the student is at elevated risk for failure (based on numeric indicators), the student should not take the examination. Guidance in this matter is available from the Office of Learning Resources and Disability Services and the KCOM Academic Affairs office. Students who opt to take USMLE Step 1 should consider scheduling the examination during July of the third year.

USMLE Verification Instructions

Students:

1. Login to the My USMLE Portal. Via the portal, you will use an external online system (ID.me) to verify your identity as part of the exam registration process. (***NOTE:*** *Step 1 and Step 2 can be taken in any order.)*
    - When applying, you must select a three-month period during which you would like to take the exam.
    - When applying, please refer to the **MyUSMLE Application Guide**, which includes helpful screenshots to guide you through the application process on the portal.
2. Once you have verified your identity via ID.me, your registration request will be automatically forwarded to ATSU Enrollment Services for eligibility confirmation. Enrollment Services will confirm your eligibility to the NBME weekly on Thursdays.
3. Please allow 2-3 weeks for the entire process to be completed, and then you should receive a scheduling permit via the My USMLE portal.

For more information, please contact the USMLE at webmail@nbme.org or call (215) 590-9700.

Please contact Academic Affairs at (kcomacademicaffairs@atsu.edu) or 660.626.2187 should you have any questions or need assistance.

Preparing for Licensing Examinations

- **Preparing for Licensing Examinations: HELPING Physicians-in-Training LEARN using MCQs**

COMLEX Level 1 and CMLX6500 Prep Course

Exam:

COMLEX LEVEL 1 assesses the competent application of foundational and basic biomedical and osteopathic science knowledge relevant to clinical presentations as defined by the COMLEX-USA blueprint, emphasizing the scientific concepts and principles necessary for understanding the mechanisms of health, clinical problems and disease processes. Review of NBOME resources early in the board preparation phase is strongly encouraged. Check out the **Blueprint, videos and more**.

Format:

Per the NBOME website, the exam format is computer-based and administered at Pearson VUE Test Centers with a total of 352 test questions divided into two four-hour sessions.

CMLX6500 Level 1 Prep Course:

All KCOM DO students are enrolled in CMLX6500. The primary purpose of the course is to facilitate student preparation for successful completion of COMLEX Level 1. Read more about the course in the CMLX6500 syllabus.

COMLEX Level 1 Board Prep Resources Provided to Students:

1. **KAPLAN:** Students gain access to Kaplan board Preparation resources in Semester 1. The Kaplan Live Review is scheduled on campus for one week in Semester 4.
2. **TrueLearn/COMBANK**: Students gain access to TrueLearn/COMBANK board preparation question bank during Semester 3. There are 2 additional practice examinations in COMBANK for Level 1 and Level 2CE (one required and one optional for each level).

Additional Board Prep Resources:

About half of KCOM students have used only Kaplan and COMBANK. There are also valuable Additional Board Exam Prep Resources from the A.T. Still Memorial Library. The other half of the students purchase additional board preparation resources as follows:

- Question banks most subscribed to: UWorld (cited most often) and COMQUEST
- Other board review resources commonly reported: USMLE First Aid, Pathoma, AMBOSS, Dirty Medicine, and Anki Cards.

Expectations:

Students must take specific preparatory assessments and meet the minimum threshold within the timeframe outlined in the syllabus prior to taking COMLEX Level 1, or gain approval from the Associate Dean for Academic Affairs or designee prior to testing. Students may also benefit from additional preparatory assessments based on performance indicators.

Click here to learn more about COMSAE Phase 1

COMLEX-USA FAQs page.

Find more information about registration and scheduling for COMLEX exams on the NBOME website **Timeframes and Benchmarks for REQUIRED Preparatory Assessments and COMLEX Level 1**

Class of 2028
CMLX6500 Syllabus Class of '28

Assessments	Timeframes	Benchmarks	Notes
TrueLearn/COMBANK Level 1 Assessment A	**March 1 – 31, 2026**	Completion	
COMSAE Phase 1 ASA 113	**April 1 – 30, 2026** **(Proctored Exam - more information to follow when NBOME releases guidelines)**	Minimum target: 400	Students must have completed TrueLearn/COMBANK Level 1 Assessment A.
COMSAE Phase 1 ASA 114	**April 25 – June 13, 2026** Must be completed at least 14 days before taking COMLEX Level 1 **(Proctored Exam - more information to follow when NBOME releases guidelines)**	Minimum target: 450	Students must have passed COMSAE Phase 1 ASA 113.
COMLEX Level 1	**May 9, 2026 – June 27, 2026***	Pass	

COMLEX Level 1 Preparation Presentation Slides

COMLEX Level 2 and CMLX7500 Prep Course

Exam:

COMLEX-USA Level 2-Cognitive Evaluation (CE) - The examination consists of two computer-based test sessions of four hours each taken on one day in a secure, time-measured environment. It contains 352 test questions related to **diverse clinical and patient presentations and seven defined competency domains** for osteopathic medical practice.

Format:

Test questions are single-best-answer multiple-choice format with some novel test items involving audio-visual components designed to assess an expanded physician competency subset. Competency domains assessed include application of osteopathic medical knowledge, osteopathic patient care and osteopathic principles and practice, communication, professionalism and ethics. Blueprint for COMLEX-USA Level 2CE

CMLX7500 Level 2 Prep Course:

All KCOM DO students are enrolled in CMLX7500. The primary goal of this required course is to facilitate student preparation for successful completion of Level 2CE. For more information read more about the course in the CMLX7500 syllabus.

Prerequisite:

Passing score on COMLEX Level 1 and passing/satisfactory performance on Performance Assessment III (PA-III).

Preparing for COMLEX Level 2CE:

Most students prepare for COMLEX Level 2CE through independent study while on clinical rotations. Some students use two weeks of dedicated board preparation prior to testing. A few students attend a residential board preparation program in advance of COMLEX Level 2CE (see below). Check out the A.T. Still Memorial Library for board preparation resources.

Expectations:

Students must take specific preparatory assessments and meet the minimum threshold within the timeframe outlined in the syllabus prior to taking COMLEX Level 2CE, or gain approval from the Associate Dean for Academic Affairs or designee prior to testing. Students may also benefit from additional preparatory assessments based on performance indicators.

Click here to learn more about COMSAE Phase 2

Timeframes and Benchmarks for REQUIRED Preparatory Assessments and COMLEX Level 2CE Class of 2027

CMLX7500 Syllabus Class'27
Class of 2027 PAIII Syllabus

Assessments	Timeframes	Benchmarks	Notes
COMBANK Level 2CE Assessment A	**March 1 – May 31, 2026** *(Must be completed at least 30 days before taking COMLEX Level 2CE)*	Completion	
COMSAE Phase 2 BSA 109b	**March 20 – July 6, 2026** *(Must be completed at least 14 days before taking COMLEX Level 2CE)* **(Proctored Exam - more information to follow when NBOME releases guidelines)**	Minimum target: 450	Students must have passed all 7 COMATs and complete the COMBANK Level 2CE Assessment A before taking this assessment.
COMLEX Level 2CE*	**April 1, 2026 – July 16, 2026****	Passing score: 400	

***Per the NBOME, testing will not occur between April 25, 2026, and June 3, 2026.*

Note: COMLEX Level 2PE

The NBOME has discontinued COMLEX Level 2PE. The COM must attest students have demonstrated the fundamental osteopathic clinical skills necessary for graduation. KCOM is participating in NBOME's C3DO.

COMLEX Practice Assessment Timing Accommodations

Extended time to take required COMLEX practice assessments for students with disabilities will be provided only if the NBOME has approved extended time for a student's COMLEX exam. Proof of the NBOME's approval must be submitted to **ATSU Learning Resources & Accommodation Services** by May 1st of the COMLEX testing year. Otherwise, all required COMLEX practice assessments will be taken with standard timing.

COMLEX Residential Board Programs

For COMLEX Level 1 and Level 2CE:

A residential board preparation program will likely benefit many students, including those with a previous board failure, those with lower board scores, and those who struggle with standardized tests or testing in general. Students who perform well on boards may be more likely to match to their preferred specialty when applying to residency.

Students who want to participate in a residential board preparation program must obtain approval from the Associate Dean of Academic Affairs and enroll in the appropriate elective. Residential board preparation programs will only be approved for in-person or online programs. Board prep electives cannot be used for on-demand programs.

- Residential Board Preparation programs students have enrolled in:
  - Institute of Medical Boards (IOMB)
  - PASS Program
  - WolfPacc

(For board preparation programs not listed above, contact the KCOM Academic Affairs office.)

- Once approved, the student will coordinate a plan with their Rotation Site Coordinator. As with all rotations, the process to request the appropriate elective to attend a residential board preparation program begins with the student completing the Rotation Report Form and approval of the DSME.
  - Select General Elective and enter rotation name as ELEC7000-Independent Studies (Level 1); ELEC8000-Independent Studies (Level 2CE)

- The student should schedule a residential board preparation program as early as possible in the late Spring/Summer between years 2 and 3 for Level 1 and years 3 and 4 for Level 2CE. May and June are the preferred months as long as the program is completed by the required test date.
- The student must register and pay for the residential board preparation program.
- The student will receive a maximum of 4 weeks of credit as a general elective titled Independent Studies for attending an approved residential board preparation program.
- If an additional week(s) is required to complete the program, the student must use flex time/vacation or Board Prep elective week(s), if available.

Coordinator: when recording the Independent Studies Elective in the NI/Block Schedule notes section include:

- Residential Board Prep Program – name of program, enter dates of program
- Academic purposes other than a residential board preparation program – enter date approved

Questions: Please contact Dr. **Kristin Blunk** 660.626.2641

Deadlines to Complete COMLEX Examinations

Students must have successfully completed all COMLEX examinations listed herein by December 31 of their graduation year. Students who do not have passing scores on COMLEX Level 2CE by this date may not be eligible to participate in the Commencement ceremony in May.

Release of Board Scores for Application to Residency:

Of note, applicants to residency programs are less competitive if they have either failing board scores or a student has one or more failed board examinations in their application (e.g., passed Level 1 but has

not yet passed Level 2CE). Therefore, to be best positioned to match to residency, all students should strive to have passing scores on both exams before September of their fourth year.

All board scores (COMLEX and USMLE) must be released to all programs through the NRMP - The Match. **Board Failures-For all COMLEX Levels Failures**

If a student fails a board examination, the student must:

- Inform the Associate Dean for Academic Affairs of the failure within 48 hours of notification. • Inform their regional representatives (DSME and Coordinator) within 3 days following notification of the failing board score.

The Associate Dean for Academic Affairs will work with students following a single board failure. Students with multiple board failures (same or different levels) will be reviewed by the KCOM Student Promotion Board and will work with the Associate Dean for Academic Affairs to implement a testing plan approved by the Student Promotion Board.

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 20-100: FACULTY CREDENTIALS

DATE APPROVED: FEBRUARY 11, 2020 **SIGNATURE:** ***Signature on file in HR***

Purpose

A.T. Still University of Health Sciences (ATSU) employs competent faculty members qualified to accomplish the mission of the University. When determining acceptable qualifications of faculty, ATSU gives primary consideration to the highest degree earned in a discipline. ATSU also considers competence and effectiveness, including, as appropriate: undergraduate, graduate, and/or professional degrees; work-related experiences in the field; professional licensure, certifications, and continuing education documentation; honors, awards, continuous documented excellence in teaching; and other demonstrated competencies and achievements contributing to effective teaching and student learning outcomes.

Policy

A. The University is responsible for verifying and documenting qualifications of ATSU employed faculty members. ATSU uses the following as credentialing guidelines:
   1. ATSU only employs faculty members holding a degree(s) from an accredited institution appropriate to the level of instruction as defined by the accrediting agency for each school.
   2. Official transcripts (no copies) must be obtained by the respective dean and placed in the faculty member's personnel file in Human Resources prior to the faculty member's start date.
   3. A current CV must be obtained by the respective dean and placed in the faculty member's personnel file in Human Resources prior to the faculty member's start date. CV must be updated on an annual basis and provided to Human Resources.
   4. Human Resources must complete an initial verification and an annual audit of each clinical faculty member to verify his/her licensure is in good standing.
   5. Human Resources must complete a comprehensive background screening on any individual receiving an offer of employment as a faculty member.

B. For faculty members not employed by ATSU (e.g., preceptors), verification and documentation of qualifications will be made by the respective school/college or employer (e.g., hospital, clinic, etc.).

Responsibility

A. Faculty members are responsible for providing their respective dean:
   1. Official transcripts (no copies) for each degree earned qualifying the faculty member in the relevant discipline or subfield in which the faculty member teaches.
   2. Current CV or resume upon hire and an updated copy annually.
   3. ATSU application upon hire for ATSU employed faculty.
   4. Written documentation of any change of status from the respective licensing agency and/or criminal charges, if applicable.

B. The dean of each school is responsible for providing to Human Resources for all ATSU employed faculty:
   1. Official transcripts (no copies).
   2. Current CV or resume.
   3. ATSU application.
   4. Any change of status from a licensing agency and/or criminal charges against faculty members.

C. Human Resources is responsible for:
   1. Completing a comprehensive background screening on any individual receiving an offer of employment as a faculty member.
   2. Verifying all new ATSU employed faculty members have an official transcript (no copies), current CV, and ATSU application in their Human Resources personnel file.

3. Completing, upon hire and annually thereafter, license verification for ATSU employed clinical faculty. Any adverse actions will be reported to the respective dean.

ATSU | Kirksville College of Osteopathic Medicine

CITI Training

The following is the weblink to the CITI training under ATSU. Please read the **entire** email prior to starting. Please follow the instructions on how to register under ATSU and complete the training as well as processing your completion certificate:

To register:

Go to https://about.citiprogram.org/en/homepage/.
Click on the **Register** button at the top of the page.
In the **Select Your Organization Affiliation**, choose A.T. Still University-Kirksville, Missouri.
Check the box to agree to the Terms of Service and Privacy Policy.
Check the box to affirm that you are an affiliate of A.T. Still University-Kirksville, Missouri.
Click on **Continue to Create Your CITI Program Username/Password**.
Enter your information. **Click on Continue to Step 3**.
Create your User Name, password, and security information. **Click on Continue to Step 4**.
Select your Country of Residence. **Click on Continue to Step 5**.
Answer all questions on page. CE credits/units is **NOT** required for course training completion; so **select No**, **Click on Continue to Step 6**.
Enter all information about A.T. Still University. For department, enter **Kirksville College of Osteopathic Medicine**. For **Role in Research**, choose **Principal Investigator** or **Student Researcher-Graduate level**.
Enter any other information you choose. **Click on Continue to Step 7**.
Choose the level of Human Subjects Research.
In Question 1, choose **Biomedical Research Investigators**.
In Question 2, choose **Not at this time**.
In Question 3, choose **Not at this time**.
In Question 4, choose **I am not required to complete the IPS course at this time**.
In Question 5, choose **Not at this time**. (If you get any other questions, just respond with Not at this time.)
Click on Complete Registration.
Click on Finalize Registration.

Once you have registered, you should have in your **Main/Menu/My Courses** the **Biomedical Research Basic/Refresher** course listed. Select this course and complete the training (which should be 17 modules). (May have to click on View Courses Button.)

Instructions for processing the Certificate of Completion: Once you have completed the training, please **save your training certificate** as a PDF or an Image (making sure that your name and date is on the certificate), and then **email** the PDF/Image to **Dylan Cass** (dylancass@atsu.edu) for posting to the ATSU centralized repository.

The Complete Doctor I
Class of 2030, Semester 1
CODO5251
3 Credit hours

I Introduction to the Course

This course is taught by the Department of Family Medicine, Preventive Medicine, and Community Health. The course introduces the student to skills used in clinical practice including professionalism, medical ethics, communication skills, and all aspects of the physical examination. Also included in the course are preventive medicine topics, public and community health curriculum, and human sexuality from a life cycle model. Topics on behavioral sciences, death and dying, and substance abuse are included. Small groups are sometimes used for the unique and effective means of delivery of this curriculum.

II Course Goal

To develop the clinical skills needed for patient care and to help to form compassionate future physicians.

III Course Objectives

Professionalism: (ATSU CPAs: Interpersonal Skills, Social Responsibility)

1. Demonstrate competency with the HIPAA statute
2. Protect patients by becoming vaccinated against flu
3. Demonstrate respect for self and others at all times

Clinical Skills Component: **(ATSU CPAs: Interpersonal Skills, Cultural Proficiency)**

By the end of the semester the student will be able to:

1. Demonstrate competence in basic communication skills involved in medical interviewing.
2. Begin to develop and understand the clinical thought process.
3. Understand and be able to demonstrate proficiency in documentation of a medical encounter.
4. Be able to demonstrate proficiency at performing a medical interview with a standardized patient.
5. Understand the biopsychosocial approach to patient care.

Lab Experiences: (ATSU CPAs: Interpersonal Skills)

1. A schedule of room assignments will be distributed prior to labs through e-mail.
2. Assigned readings and vocabulary terms are to be completed prior to labs
4. Take your medical equipment to each lab as pertinent. Also take your required textbook.
5. Professional dress (including short white lab coat and KCOM name tag) will be required for communication lab and any clinical experiences where students are involved with patients.

Vulnerable Populations / Health Disparities/Health Literacy (Including Clinical Experiences): (ATSU CPAs: Interpersonal Skills, Social Responsibility)

By the end of the semester, the student will:

1. Recognize health disparities that exist in the US and ways to avoid prejudice / unequal care in patient encounters.
2. Identify barriers that exist for vulnerable patients accessing health care.
3. Identify community resources to aid vulnerable patients live healthy lives.
4. Describe the issues involved with health literacy and how this impacts patient care.
5. List the risk factors for limited patient literacy.
6. Demonstrate the steps to improve interpersonal communication with patients.

Ethics: (ATSU CPAs: Social Responsibility)

1. Define with the major principals of bioethics.
2. Apply a decision making tool to form sound ethical judgments.

EBM Objectives: (ATSU CPAs: Critical Thinking)

Goal. At the end of this module series, the students should be able to understand and engage in a discussion of medical issues with a solid foundation in the vocabulary and nuances necessary to engage in high quality evidence-based practice. This series is directly aimed at providing a solid foundation for NBOME Core Competency IV.

Module 1: Asking Clinical Questions At the end of this module the student should be able to:

- define evidence-based medicine
- define the difference between background and foreground questions
- formulate a background question and seek an answer each time their own knowledge limits are challenged.
- write a clinical (foreground) question in PICO format, providing a valid explanation of why they made good choices for each of their elements.
- interpret a p-value and a confidence interval

Module 2: Defining Best Evidence

At the end of this module the student should be able to:

- recognize and define four study designs: randomized-controlled trials, cohort studies, case-control studies, and cross-section (ecological) studies
- draw a 2 x 2 table and generically label the rows and columns
- state the importance of randomization in clinical studies
- list some forms of bias and connect them to study design
- use the *Centre for Evidence-based Medicine* criteria to roughly categorize the level of evidence based on a study description.

Module 3: Clinical Epidemiology of Treatment

At the end of this module the student should be able to:

- Extract information from an abstract or study description and populate a 2 x 2 table for treatment
- define and calculate from a 2 x 2 table: control event rate (**CER**) and experimental event rate (**EER**)

- define and calculate from a 2 x 2 table: relative risk (**RR**) and odds ratio (**OR**)
- define and calculate from a 2 x2 table: absolute risk reduction (**ARR**) and relative risk reduction (**RRR**)
- define and calculate from a 2 x2 table: number needed to treat (**NNT**)

Module 4: Clinical Epidemiology of Diagnosis

At the end of this module the student should be able to: Extract information from an abstract or study description and populate a 2 x 2 table for diagnosis

- define and calculate from a 2 x 2 table: **sensitivity** and **specificity** of a diagnostic test
- define and calculate from a 2 x 2 table: positive predictive value (**PPV**) and negative predictive value (**NPV**) of a diagnostic test
- define and calculate from a 2 x 2 table: positive likelihood ratio (**LR+**) and negative likelihood ratio (**LR-**)
- define **prevalence** and the related peer-expected event rate (PEER) for a given clinical practice and use these to guess pre-test probability.
- use a Fagan diagram to take a pre-test probability for a diagnosis, the results of the diagnostic test, and the appropriate likelihood ratio to interpret the post-test probability.

EBM Small Groups: Students will be able to:

- Explain the importance of Evidence-Based Medicine (EBM) in clinical practice.
- List the 5 steps of the EBM process.
- Differentiate between background and foreground clinical questions.
- Understand the purpose and components of the PICO format (Patient, Intervention, Comparison, Outcome).
- Formulate a basic PICO question based on a clinical scenario.
- Pull out relevant search terms & alternative search terms.
- Recognize how the PICO format guides the search for evidence (setting the stage for Step 2).

SP Encounters: (ATSU CPAs: Critical Thinking, Interpersonal Skills, & Cultural Proficiency)

1. Attendance/participation at all SP encounters is mandatory.
2. Information pertaining to SP encounters, including grading standards, can be found in Canvas under “The Complete DOctor” course.
3. A schedule of times will be distributed via e-mail prior to the date of each encounter.
4. Professional dress, short white lab coat, and KCOM nametag are required for each encounter.
5. Any encounters not satisfactorily completed will be remediated as necessary.

Full completion of each standardized patient experience requires students to:

- Write SOAP note and compare with provided SOAP note
- View video, SP checklist, and score
- Compete a self-assessment of your performance
- Participate in group review, if scheduled

Clinical Experiences: (ATSU CPAs: Critical Thinking, Cultural Proficiency, Interpersonal Skills, Interprofessional Collaboration)
(All scheduling is done through the AHEC Office.)

1. Present yourself and conduct yourself as a medical professional.
2. Identify principles of confidentiality, respect, dedication, and rapport in the patient setting.
3. Begin to utilize communication skills techniques and medical interviewing.

Exam Skills Component:

1. Understand the components of each regional physical exam and be able to correctly recognize medical terminology.
2. Be able to demonstrate proficiency at the physical exam region using basic diagnostic tools.

Lower Extremity Musculoskeletal:

1. Be able to perform a thorough evaluation of joints using the following Format:
    - H History
    - I Inspection
    - P Palpation
    - R Range of Motion
    - O Other
    - T Tests
2. Be able to perform examination of the hip and spine including gait and postural inspections.
3. Be able to perform strength testing, sensory testing and deep tendon reflexes on lower extremities.
4. Be able to palpate bony landmarks, muscle groups and joint lines of the lower extremities.
5. Be able to perform other special tests of the hip, knee and ankle.
6. Be able to perform active and passive range of motion testing on all joints of the lower extremities.
7. Be familiar with vocabulary describing pathology of the musculoskeletal system.

Upper Extremity Musculoskeletal:

1. Be able to perform a thorough evaluation of joints using the following format.
    - H History
    - I Inspection
    - P Palpation
    - R Range of Motion
    - O Other
    - T Tests
2. Be able to perform a complete examination of the upper extremities in a concise an orderly fashion comparing each side.
3. Be able to perform strength testing, sensory testing and deep tendon reflexes on upper extremities.
4. Be able to palpate bony landmarks, muscle groups and joint lines of the upper extremities.
5. Be able to perform other special tests of the shoulder, elbow, wrist, thumb and fingers.
6. Be able to perform active and passive range of motion testing on all joints of the upper extremities.

7. Be familiar with vocabulary describing pathology of the musculoskeletal system.

CITI Training:
The course highlights important concepts from the Human Subjects Research – Biomedical (Biomed) basic course. It covers historical and current information on regulatory and ethical issues important to the conduct of research involving human subjects

IV Course Content Outline

Lectures will be held in the Couts classroom. Labs will be held in Blumenthal unless otherwise noted on the calendar.

Required Text: Bates' Guide to Physical Exam and History Taking, *Lynn S. Bickley MD FACP, Peter G. Szilagyi MD MPH, Richard M. Hoffman MD MPH FACP, Rainier P. Soriano MD*; J.B. Lippincott Company, Philadelphia, PA (available as an e-book through A.T. Still Memorial Library)

Videos: Bates Physical Exam videos are available at https://batesvisualguide.com/multimedia.aspx?categoryID=21787#21768

Online Modules CITI - Human Subjects Research (instructions will be provided through email)

Reading Assignments:

The Chief Complaint	Bates
The SOAP Note	Bates
The Clinical Thought Process	Bates
Musculoskeletal Unit	Bates

Videos: https://batesvisualguide.com/multimedia.aspx?categoryID=21787#21768

Lectures:
(Couts Classroom)
Professionalism
Ethics
Intro to Communication
Chief Complaint
Clinical Thought Process I
SOAP Note & In-Class SOAP Note
Intro to SP Encounters
EBM
Clinical Reasoning
Upper Extremity Musculoskeletal
Lower Extremity Musculoskeletal
Dental
SP Encounter Debrief

Labs/Activities:
Communication Lab

Vulnerable Populations Exercise
Clinical Experiences
Upper Extremity Lab
Lower Extremity Lab
SP Encounter 1 (2 cases)
SP Encounter 2 (2 cases)
SP Encounter 3 (2 cases)
SP Encounter 4 (2 cases)

V Student Responsibilities

NOTE: If an excused absence is granted through Academic Affairs, it is the student's responsibility to notify the course coordinator within 24 hours to see if the material is remediable for credit. Some small group and lab activities may not be remediable and may result in loss of credit for that section of the course. This could impact completion/passing of the course!
Contact KCOM Academic Affairs (kcomabsences@atsu.edu) for an excused absence.

VI Grading Process (Method of Evaluation)

The final grade will be determined as follows:

Communication Lab	**Pass/Remediate**
In Class SOAP Note - Required	**30 Points**
Clinical Experiences	**Must participate to pass**
Completion of CITI Training - Required	**5 points (if completed by deadline)**
Exam 1	**25 points**
Exam 2	**25 points**
SP Encounter (case #1)	**15 points**
SP Encounter (case #2)	**5 points**
SP Encounter (case #3)	**15 points**
SP Encounter (case #4)	**5 points**
SP Encounter (case #5)	**15 points**
SP Encounter (case #6)	**5 points**
SP Encounter (case #7)	**15 points**
SP Encounter (case #8)	**5 points**
SP Encounter 1 SOAP	**14 points**
SP Encounter 3 SOAP	**14 points**
EBM Assignment	**5 points**
Musculoskeletal Labs	**Must participate**
Demonstration of Skills during CODO Labs	**10 points**
Upper Extremity Lab Quiz	**5 points**
Lower Extremity Lab Quiz	**5 points**
Musculoskeletal Practical	**40 points**
Professionalism	**30 points**
Clinical Experience/AHEC Assignments	**20 points**

10% may be deducted for arriving late for practicals or exams!
*****At the discretion of the course director, the above may be adjusted to reflect the direction of the course*****
This course will abide by the Continuous Educational Improvement process as approved by the KCOM Assessment Committee.

VII Faculty Contacts

Course Director: Julie Hessler, D.O., Assistant Professor, juliehessler@atsu.edu
Department Chair: Joseph Novinger, D.O., Assistant Professor, jnovinger@atsu.edu
Instructors:
Margaret Wilson, D.O., Dean, Professor, mwilson@atsu.edu
Patricia Sexton, D.H. Ed., Professor, psexton@atsu.edu
Jordan Palmer, D.O., Assistant Professor jordanpalmer@atsu.edu
Jake Settles, D.O., Assistant Professor, jakesettles@atsu.edu
Robert Baer, PhD, Professor, rbaer@atsu.edu
Julia Peters, MLIS, Research & Liaison Librarian, juliapeters@atsu.edu

CODO Course Coordinator: Marianne Romprey 626-2719, mromprey@atsu.edu
PEDS Course Coordinator: Kelcey Smith, 626-2813, ksmith@atsu.edu

Clinical Experiences: KCOM-AHEC, 626-2887
Med Ed Fellows: Elizabeth Kleitz, Gabriel Durkee, Taiyo Larson, Emily Pfau

The CODO academic office is located on the 1st floor of the Howard Wing. Office hours are 8:00-5:00 Monday-Friday. Please contact our office through the email addresses provided.

Attendance Policy
In addition to the **ATSU Absence Policy**, KCOM offers 3 personal days and 3 conference presentation days per academic year for DO students. Students may also request an excused absence for a medical reason. All absence requests should be submitted via this **Absence Request Form**. For more information on absences for Year 1 and 2 students, **click here**

Materials used in connection with this course are subject to copyright protection. Materials may include, but are not limited to documents, quizzes, discussion prompts and responses assignments, slides, images, audio, and video. Materials in this course are only for the use of registered students and assigned ATSU faculty/staff for purposes associated with this course. Unauthorized retention, duplication, distribution, or modification of copyrighted materials is strictly prohibited by law. This includes posting, submitting, sharing, using or acquiring course materials or content through online "study" platforms such as Chegg, CourseHero, StudyPool, Slader or any other like platform. It is a violation of copyright law to upload instructional materials to a third-party aggregator website without the written permission of AT Still University. If a student, alum, faculty, or staff sells, shares, acquires, or otherwise accesses

course materials through such a platform, you face a charge of violating the *Code of Academic Conduct and/or* copyright infringement.

KCOM Student Professional Dress Expectations

Unless specifically stated otherwise, students should assume the following dress code expectations are required in all instances requiring professional dress, years 1-4.

	Acceptable	Unacceptable
Shirts/tops	• Dress shirts, sweaters, or blouses, neatly pressed • Shirts with collar or dress shirts without collars • Shirts tucked in neatly, if appropriate	• Sweatshirts • T-shirts • Tattered or torn clothing • Halter tops • Spaghetti straps • Revealing or binding tops • Bare midriff
Pants	• Dress pants neatly pressed	• Blue-colored denim • Shorts • Tattered or torn clothing • Visible undergarments
Skirts/dresses	• Professional length at least to the fingertips or longer • Neatly pressed	• Mini-skirts/very short dresses
Footwear	• Must be in good repair, clean and, if applicable, polished • Closed-toed shoes only	• Dirty shoes/laces
Jewelry	• Minimal jewelry may be worn, should not interfere with clinical activities. • Earrings should be no longer or wider than 1 inch	• Excessive jewelry that presents a safety/health hazard
Hair	• Clean and neat • Shoulder-length (or longer) hair pulled off face and neatly secured, if applicable	• Long, unsecured hair • Dirty or unbrushed hair • Hats or headwear unless it serves a religious purpose
Nails	• Clean and neat	• Excessively long; unclean
ID Badge	• ATSU student identification must be worn and visible at all times	• Lack of ID

General	• Socially acceptable personal hygiene	• Heavy perfume or cologne • Offensive body odor

Student Lab Dress

Full body lab dress is required for all didactic labs and practical assessment when students are required to act as "patients" for their lab partner. Full body lab dress requires the following:

	Acceptable	Unacceptable
Upper body	• Must allow for exposure of skin overlying the hands, elbows, shoulders, clavicles, scapula, spine and most posterior rib angles. • Men - T-shirt or bare skin • Women - T-shirt with sports bra or tank top	• Tattered or torn clothing • Excessively revealing tops • Printed profanity on clothing
Lower body	• Must allow skin exposure of abdomen, spine, PSIS, knees, ankles, and feet • Men and Women – lightweight shorts. • Scrub pants or leggings • Undergarments required	• Heavy canvas, denim, or cargo shorts • Tattered or torn clothing • Printed profanity on clothing • Visible undergarments • Tights or see-through clothing
Jewelry	• Minimal jewelry may be worn – should not interfere with clinical activities. • Earrings should be no longer or wider than 1 inch.	• Excessive jewelry that presents a safety/health hazard • Jewelry that interferes with the laboratory exercise
Hair	• Clean and neat • Hair pulled off face and neatly secured if applicable • Facial hair neatly trimmed	• Long, unsecured hair that interferes with treatment or touches patient • Dirty or unbrushed hair • Hats or headwear of any kind unless it serves a religious purpose (see special notes)
Nails	• Clean, neat, and trimmed	• Long nails • Dirt under nails • Fake, false, or artificial nails (see special notes)
ID Badge	• ATSU student identification must be worn and visible at all times	• Lack of ID
General	• Socially acceptable personal hygiene • Professional makeup	• Excessive or Heavy perfume or cologne • Offensive body odor

Special Notes on Lab Dress:

1. Garments worn for religious reasons are acceptable dress in OTM laboratory experiences; however, they should be removed if they interfere with palpatory/visual assessment or OMT. For example, head scarves should be removed when assessment or OMT of the head is being performed.
2. Artificial nails are permissible if they are the same length as natural trimmed nails.

All interactions in class and laboratory are expected to be polite, respectful, and professional. If a student believes they have been treated unprofessionally in a verbal and/or physical manner by another student, table trainer, or faculty member, the student should report the event(s) to the department chairperson, course director, or another trusted faculty member or may email their concern to the instructional coordinator Marianne Romprey (mromprey@atsu.edu) who will forward their concern to the appropriate person.

Policies established by the University:

Student Conduct
ATSU students are expected to abide by two important codes: the Code of Academic Conduct and the Code of Behavioral Standards. The codes establish minimal expectations of students and serve as guidelines for professional behavior. Inappropriate behavior is subject to sanctions. Information on student academic and disciplinary codes and processes can be found in the ATSU University Catalog. For more information visit:
Link to Code of Academic Conduct; Link to University Student Handbook;
Code of Behavioral Standards.

Posting of Grades by Faculty
The public posting of grades either by the student's name, school identification number, or social security number without the student's prior written consent is a violation of FERPA. This includes the posting of grades to a class website and applies to any public posting of grades for students taking distance education courses. Instructors who wish to post grades should use a system that ensures that FERPA requirements are met. This can be accomplished by obtaining the student's written consent or by using a unique identifier known only to the student and the instructor. The order of posting **should not** be alphabetic. For more information visit: Link to ATSU Policies re: Student Records, FERPA; Link to ATSU Policies re: Grading.

Students with Disabilities & Accommodations

ATSU is committed to providing an accessible learning environment that ensures equal opportunity for all students. Students who anticipate or experience academic barriers based on a disability are encouraged to contact Accommodation Services as early as possible to initiate the accommodation process. Accommodation Services determines eligibility and coordinates necessary and reasonable accommodations while maintaining the academic standards of the University. Please note that faculty cannot provide disability-related accommodations without official approval from Accommodation Services.

To request accommodations or to discuss your specific situation, contact Accommodation Services at accommodations@atsu.edu, 660.626.2774 Missouri campus, or 480.245.6248 Arizona and California campuses. For more information, visit atsu.edu/lras.

Title IX Reporting: Discrimination, Harassment, Trauma, Stress
ATSU supports you in pursuing your academic goals free from harassment, discrimination, violence, or retaliation. If you should experience discrimination, harassment, violence, or retaliation, please contact the ATSU Title IX office, Student Affairs, or Human Resources for assistance. Title IX also protects students who are pregnant or need assistance for pregnancy related conditions. If you are pregnant, please contact the ATSU Title IX office for assistance, resources, and to understand your rights. ATSU does not tolerate discrimination or harassment (including sexual assault, dating and domestic violence, and stalking) based on protected characteristics (e.g., race, disability, ethnicity, sex, sexual orientation, religion, pregnancy, etc.) or related retaliation. Under ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation, all faculty and staff are required to report any knowledge of discrimination, harassment, or retaliation to the ATSU Title IX office.

A range of resources are available within the University to assist any student struggling with trauma or stress. The Student Affairs website includes information about resources such as Behavioral Health and Wellness, self-help, student handbook, catalogs, etc.

For assistance or more information contact:

HUMAN RESOURCES - 660.626.2790 (hr@atsu.edu)
STUDENT AFFAIRS - 660.626.2236(https://www.atsu.edu/student-affairs/contact)
TITLE IX OFFICE - 660.626.2113 (titleix@atsu.edu)

Approved by Council of Deans: 10-12-2016
Approved by Senior VP for Academic Affairs: 10-12-2016
Amended to add Title IX reporting information 5-24-2017
Amended format and updated links 1-11-2018
Amended to update links 1-18-2018
Amended to update links 7-17-2019
Amended to update links, address possibility of hybrid courses, and change LMS 5-27-2020
Amended to update Student with Disabilities section 2-17-2023
Amended to update Learning Resources & Accommodation Services information 3-21-23
Amended to update Title XI Reporting 7/02/25
Amended to update Blue-highlighted links 7/01/26
Purple-highlighted link 6/24/26
Green-highlighted link **TBD**
Amended to update Orange-highlighted Students with Disabilities 6/17/26

ATSU | Kirksville College of Osteopathic Medicine

SCHOLARLY REPORT 1 AND SCHOLARLY REPORT 2 TOOLKIT

General Instructions

For Scholarly Report 1
Please **DO NOT** submit your Scholarly Report 1 to the ATSU Writing Center for review. You can utilize help from your DSME, regional or KCOM faculty for review and feedback.

For Scholarly Report 2
There are two potential options:

1. If after completing your Scholarly Report 1, you and your DSME decided to revise it and format it for publication, the ATSU Writing Center can assist with reviewing it given the following conditions:
    - Student has to submit a PDF copy of "Instructions to Authors" specific for the target journal intended for submission
    - Student has to request a specific turnaround date range
    - If the report is less than 20 pages, there is a 24-48 hour turnaround timeframe
2. If you are writing a second Scholarly Report (not revising the first Scholarly Report for publication), please **DO NOT** submit your Scholarly Report 2 to the ATSU Writing Center for review. You can utilize help from your DSME, regional or KCOM faculty for review and feedback.

Rationale
The role of scholarship in medical education is currently evolving across the UME and GME continuum and a greater emphasis is being place on cultivating the spirit of inquiry. Learners are being expected to not only be consumers of research through the development of skills within a practice-based learning and improvement competency but also are expected to become contributors to new ways of thinking and caring for patients.

The practice of scholarship is expanding to include both more traditional research-based activities as well quality improvement projects designed to improve specific processes and essential outcomes for patients, patient care quality, safety and experience.

Program directors are increasingly looking for graduates who have acquired skills and foundational knowledge in research and / or scholarly activity to actively contribute to the development of new knowledge in their programs as well as disseminate their findings to a wider audience.

Goal
KCOM students will acquire key skills through inquiry, discovery and consideration of a patient, condition or a population and present their findings in a formal method to others.

Objectives

- Identify and express in a formal written report that reflects a patient case study, research, quality improvement or patient safety project.
- Analyze, compare to existing literature and apply new perspectives to patient care, a population or patient oriented process.
- Demonstrate the use of critical feedback in the process of developing, revising and submitting for publication formal scholarship projects.

Scholarly Report 1: Requirements

1. Choose one: complete a case report (with a review of the literature), or a chart review, or a quality improvement project, or other approved piece of scholarship. All items will be reviewed and critiqued by the Director of Student Medical Education (DSME). Use AMA Style for all formatting. Scholarly report is evaluated with Form A, all others are evaluated with Form B.
2. Complete CITI training. This should have been completed during Complete DOctor. IF you have a question as to whether you have completed this, please email afranklin@atsu.edu. If training is needed or you wish to re-do training, please see the last page of this document for instructions.
3. Review the potential need for IRB approval with the DSME (may be necessary depending on submission and potential for publication)

Scholarly Report 2: CHOOSE ONE:

1. Develop and submit a second, separate item of scholarship similar to the Scholarly Report 1 requirement (case report, or a chart review, or a quality improvement project, or other approved piece of scholarship.)

   OR

2. Revise, refine and prepare for submission the Scholarly Report 1 document for publication in dissemination.
   a) Obtain outside critique from KCOM or site-based clinical or basic science researcher.
   b) Use outside critique combined with DSME (or designee) feedback to revise document.
   c) Identify a journal or research forum that would provide opportunities for either poster and or oral presentation opportunities.
   d) Format revised document following formal guidelines for authors for submission to the journal / forum identified.
   e) Submit document and journal/forum requirements to director of student medical education for review and potential additional revisions.
   f) Evaluation of this option would assess successful incorporation of critiques in revised documents, accuracy in following formal journal or forum guidelines and meeting deadlines in completion of the project.

Optional:
Submit final and approved copy to the particular journal a research forum identified for publication or presentation.

Grading

Form A Evaluation – Scholarly Report: Case Report is used to evaluate the Scholarly Report 1 and Scholarly Report 2. All other submissions are evaluated with Form B Evaluation - Chart Review, Quality Improvement Project, Other Approved Scholarship.

Grades falling below passing will be remediated as appropriate and as determined by the Director of Student Medical Education (DSME) and Associate Dean, Medical Education.

Course Contact

Richard LaBaere II, DO, MPH, FAODME, DNAOME
rlabaere@atsu.edu

Relevant AACOM Core Professional Entrustable Activity

EPA 7: Form clinical questions and retrieve evidence to advance patient care.

Resources

The guidelines for submission of Case Reports to the Journal of the American Osteopathic Association state that, "To be considered for publication in the *JAOA*, case reports MUST describe clinical presentations that have strong relevance to osteopathic medicine. These manuscripts must also include results of osteopathic structural examinations and a relevant literature review. Case series are strongly encouraged." Further, they note that all reports should follow the CARE guidelines (below). Case reports should be 1500 words or less with no more than 20 references, and no more than 2 figures or tables.

Academic writing resources, including the AMA style guide can be found at https://guides.atsu.edu/c.php?g=200044&p=1315793

Reminder: the format of Scholarly Report 2 case should be according to the instructions to authors for the identified journal.

Statement on Academic Integrity

Integrity in all written work produced by faculty and students an absolute expectation. Violations of academic integrity are grievous offenses. Plagiarism is the presentation, whether intentional or unintentional, of another's work as if it were one's original work. Proper and complete citation and reference, in accordance with formal style guidelines, is required of all student work. Specific examples of plagiarism include:

- Cutting and pasting or re-entering information from a source into a document without correct citation or attribution;
- Attributing material to a source other than the original;
- Submitting work authored by someone else as original work;
- Submitting previously prepared original material to a course without an instructor's knowledge or permission;

- Paraphrasing is not substantively different from the original source;
- Missing or infrequent or citations, or
- Missing or incorrectly formatted references\

Violations will not be attributed to ignorance or naiveté and will be construed as plagiarism. Consequences of plagiarism include, but are not limited to, a failing course grade or expulsion from KCOM.

Reference
Council of Writing Program Administrators. (2003). Defining and avoiding plagiarism: The WPA statement on best practices [PDF]. Retrieved from http://wpacouncil.org/files/wpa- plagiarism-statement.pdf

CITI Training for Funded Projects

ATSU requires that anyone involved in funded projects under the University complete the CITI training process as instructed below.

CITI Training

The following instructions explain how to register under ATSU, complete the training, and process your completion certificate for the CITI training.

Instructions For How to Register Under ATSU

Go to https://about.citiprogram.org/en/homepage/.
Click on the **Register** button at the top of the page.
In the **Select Your Organization Affiliation**, choose A.T. Still University-Kirksville, Missouri.
Check the box to agree to the Terms of Service and Privacy Policy.
Check the box to affirm that you are an affiliate of A.T. Still University-Kirksville, Missouri. Click on **Continue to Create Your CITI Program Username/Password**.
Enter your information. **Click on Continue to Step 3**.
Create your User Name, password, and security information. **Click on Continue to Step 4**. **Select** your Country of Residence. **Click on Continue to Step 5**.
Answer all questions on page. CE credits/units is **NOT** required for course training completion; so **select No**, **Click on Continue to Step 6**.
Enter all information about A.T. Still University. For department, enter **Kirksville College of Osteopathic Medicine** **or** **Missouri School of Dentistry and Oral Health** (whichever is the best fit). For **Role in Research**, choose **Principal Investigator** or **Student Researcher-Graduate level**. Enter any other information you choose. **Click on Continue to Step 7**.
Choose the level of Human Subjects Research.

In Question 1, choose **Biomedical Research Investigators**. In Question 2, choose **Not at this time**.
In Question 3, choose **Not at this time**.
In Question 4, choose **I am not required to complete the IPS course at this time**.
In Question 5, choose **Not at this time**. (If you get any other questions, just respond with Not at this time.)
Click on Complete Registration.

Click on Finalize Registration.

Instructions for Completing the Courses
Once you have registered, you should have in your **Main/Menu/My Courses** the **Biomedical Research Basic/Refresher** course listed. Select this course and complete the training (which should be 17 modules). (May have to click on the View Courses Button.)

Instructions for processing the Certificate of Completion
Once you have completed the training, please save your training certificate as a PDF or an Image (making sure that your name and date is on the certificate), and then email the PDF/Image to Dylan Cass (dylancass@atsu.edu) for posting to the ATSU centralized repository.

Information for Student Investigators
IRB Short-form for
KCOM Research Elective II

KCOM/NRMC
800 W. Jefferson
Kirksville, MO 63501

Information for Investigators
in Preparation of
Human Research Protocols for IRB Review

XI. Human Research Protocol for IRB Review

(Copies of this protocol form are available in the IRB office)

Principal Investigator: _____

Title of Investigator: _____

Department: _____

Address: _____

_____

Telephone Number(s): _____

TITLE OF PROJECT

Funding Source: _____

Number Assigned: _____

Signatures of:

Principal Investigator	Department Chairman	Advisor
_____	_____	_____
Date	Date	Date

If a research project is performed by someone in a training status (e.g., Medical Student, Intern, Resident), the Department Chairperson and the Project Advisor are responsible for daily oversight of the project. In this instance both the Chairman and the Advisor must sign the application. Reports must be made to the IRB on a quarterly basis to assure proper oversight. Forms for this report are found later in this document.

The policies of KCOM and the assurances provided by the College to the DHHS require the Institutional Review Board to review all research proposals involving human subjects. No research involving humans can be initiated prior to approval from the IRB. In order to comply with these regulations, the IRB requests that you provide the information requested on this page and in the following questions.

ABSTRACT OF PROTOCOL
(insert into this text box)

Within the above space, give a brief synopsis of the research project, describing (1) the purposes and hypotheses, (2) where the research is to be done, (3) the types of subjects involved and how they will be recruited, (4) the role of the subjects (clinical trials, questionnaires, interviews, observation, use of tissues or body fluids, etc.), (5) the parameters to be investigated, (6) the risks and benefits to the subject and society, and (7) how confidentiality will be maintained or anonymity assured.

Names of Other Investigators or Students and their Affiliation

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Indicate expected site(s) of investigation below. If the investigation is to be conducted at multiple sites, enter the names of each:

Institution Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Letters confirming cooperation from the appropriate official of each outside institution must be appended to this application.

1. Does the research involve using an investigational drug or medical device?

____**NO**

____**YES** If Yes, enter the:

Name of the Drug/Device: _____

FDA Study Phase of Drug: _____

IND/IDE Number of Drug/Device: _____

2. Does the research involve using an FDA approved drug or medical device in an unapproved capacity?

____**NO**

____**YES** If Yes, enter the:

Name of the Drug Device: _____

IND/IDE Number for this use: _____

3. Does the research involve use of radioactive materials in normal subjects, or use in patients in an uncommon way?

____NO
____YES If Yes, a copy of the Letter of Approval from the Radioactive Drug Research Committee must be appended.

4. Does the research involve using a new medical or surgical procedure?

____NO
____YES If YEs, enter the:
Name of Procedure: _____

5. Does the research involve using an accepted medical or surgical procedure in a new capacity?

____NO
____YES If Yes, enter the:
Name of Procedure: _____

6. Might the research involve subjects from any of the special groups listed below?

____NO
____YES If Yes, check the appropriate categories.

___ Children (subjects of less than legal age)
___ Children who are wards of the state, or any other entity
___ Adults who are wards of the state, or any other entity
___ Pregnant subjects
___ Fetuses in utero
___ Fetuses ex utero, viable or non-viable
___ Prisoners
___ Terminally-ill patients
___ Handicapped or mentally disabled persons
___ Economically or educationally disadvantaged persons

7. Does the research involve more *frequent or greater* risks to the subject than the risks ordinarily encountered in daily life or during the performance of routine physical or psychological examination or tests?

____NO
____YES

8. Will research data from any surveys, interviews, and/or observations:
   a. Allow subject identification directly or through identifiers *AND*
   b. Have the potential of placing the subject at risk of criminal or civil liability or of damaging the subject's financial standing, employability, insurability, reputation, or be stigmatizing in any way, *AND*
   c. Have the potential of revealing sensitive aspects of the subject's behavior, such as illegal conduct, drug use, sexual behavior, or use of alcohol?

____NO
____YES (Do not answer YES unless ***all*** above answers (a, b, and c) are "YES.")

9. Will identifiers be maintained, directly or indirectly, on data to be collected?

____NO
____YES

If you have answered "No" to all the above nine questions, or if you have answered "Yes" to questions 6 and/or 9 only, and if your answers are satisfactorily substantiated in the *Abstract of Protocol*, your proposal may be found "exempt" from continued IRB review. If you are requesting exemption from continued review, complete the appropriate sections below and submit the first 5 pages of this Protocol and Appendix C (and other appended material as appropriate) to the IRB.

EXEMPTION REQUESTED **EXPEDITED REVIEW REQUESTED**

_____ _____

Signature of Investigator Signature of Investigator

FOR DEPARTMENTAL IRB SUBCOMMITTEES

The IRB Subcommittee has reviewed the above responses, the details of the proposal, and any appended materials. We recommend to the IRB that (check one):

____ The proposal is exempt from continued IRB review.
____ The proposal may be reviewed expeditiously, but requires continued review.
____ The proposal requires full IRB review

_____ _____

Date Signature of Subcommittee Chairman

_____ _____

Date Signature of IRB Chairman

Guidelines for Research Students IRB Application Completion

1. The first part of the document, Information for Investigators, contains documents that serve as the basis of human subject protection in the world, and they are the basis of current human subject protection in the United States. This protection is codified in several places, including the Code of Federal Register, specifically 45CFR46, FDA regulations, and the Common Rule. Research subject protection, including humans and animals, is overseen by HHS through the Office of Human Research Protection (OHRP).
2. This is the website for government regulations: https://www.hhs.gov/ohrp/regulations-and-policy/index.html
3. To complete the IRB application, a minimum application requires completion of pages 22-26.
4. If this is a prospective study, and human subjects, their data, or samples from human subjects will be collected, then an Informed Consent Document (ICD) must be created and presented to the subject for their consent. Note that AFTER IRB approval, obtaining a signed ICD, with full explanation and disclosure of the research and the subject's role in the research, must be obtained before anything else can be done.
   A review of pages 27-32 will provide information about completion of the application.
5. Once the application is completed, it must be sent to rtheobald@atsu.edu AND dleunen@atsu.edu for review. No work on the protocol, even recruiting of subjects, can be done until IRB approval has been obtained.
6. If you have questions about completion of the application, please email me.
   Robert Theobald, Ph.D. rtheobald@atsu.edu.

updated 2.13.2020

Application Form Revised: May 18, 2016
Please Type IACUC APPLICATION # _

KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

APPLICATION FOR USE OF ANIMALS

Principal Investigator: _____

Department: _____

Project Title: _____

_____

Office Phone: _____ Home Phone: _____

Requested Start Date of New Project (leave blank if renewal):_____

Lay Summary:
Using terminology appropriate for a high school student, BRIEFLY state the general relevance or purpose of your research.

BRIEFLY state how this research might benefit humans, animals, or society.

Provide a BRIEF description of the procedures that you will be using that involve animals.

INVESTIGATOR'S ASSURANCE

I agree to abide by PHS policy, USDA Regulations, the Guide for the Care and Use of Laboratory Animals, all federal, state, and local laws and regulations, and policies of the Kirksville College of Osteopathic Medicine governing the use of animals in research and/or teaching. I will permit emergency veterinary care for animals showing evidence of pain or illness.

I assure the IACUC that alternative procedures have been considered for any procedures likely to produce pain or distress and that no other procedures are suitable.

I assure the IACUC that the project does not unnecessarily duplicate previous experiments.

I assure the IACUC that all experiments and surgeries involving live animals will be performed under my supervision or that of another qualified professional.

I assure the IACUC that all personnel having direct live animal contact, *including myself*, have been trained in humane and scientifically acceptable procedures in animal handling, administration of anesthesia, analgesia, and euthanasia to be used in this project, and all are aware of the biohazards involving live animal tissues. All laboratory personnel (technicians, students) have undergone KCOM animal care training.

I will notify the IACUC of any changes in animal care or use (including changes in personnel or location). Such changes will not be implemented without prior IACUC approval.

I understand that the protocols are approved for *one year* and it is my responsibility to apply for reapproval *prior to* the date of approval expiration noted on the next page.

My signature constitutes written assurance to the IACUC that the above statements and those listed on page five are, to the best of my knowledge, accurate:

Typed Name of Principal Investigator	Signature/Date

Title:
P.I.:

IACUC APPROVAL

Upon notification of the action of the IACUC, you are authorized to place orders for animals through the Animal Supervisor. Orders will be placed provided that caging and proper animal care can be provided.

Approval: _____
IACUC Chairman/Date

_____
Director of the ACF/Date

Approved: (IACUC members)

_____	_____	_____	_____
Date		Date	
_____	_____	_____	_____
Date		Date	
_____	_____	_____	_____
Date		Date	
_____	_____	_____	_____
Date		Date	
_____	_____	_____	_____
Date		Date	

IACUC APPLICATION # _____

APPROVAL DATE: _____

EXPIRATION DATE:_____

Title:
P.I.:

RATIONALE FOR THE PROJECT

Briefly state the aim of the project:

List one or more publications ***that give support as you:***
(a) justify:

(1) the species of animal to be used in this project:

(2) the use of this species in this project:

(3) the selection of the experimental model to be used in this project:

(b) The above justifications ***must*** *be accompanied by a literature search, performed within 3 months of the application date. Give the date the search was performed and the database searched below.*

(c) *Provide a written narrative describing the methods or sources used to consider alternatives (this should include consideration of measures that can be taken to limit/minimize pain and distress to that which is unavoidable). The search for alternatives can include recent conferences or colloquia attended, subject expert consultants, or other relevant sources of up-to-date information, as well as a literature search. If there are no applicable non-animal alternatives, address how you will reduce or refine the use of animals*.

Title:
P.I.:

DESCRIPTION OF ACTUAL PROCEDURES

1. Provide a general description of the methods used that involve animals or animal care personnel.

2. Explain your husbandry requirements. If the Standard Operating Procedures and species protocol of the ACF are suitable check here. _____

   Special needs -- **be specific**. Include light cycle, isolation, noise reduction, diet requirements, etc.

3. Justify the number of animals to be used:

   a. How many experimental groups and animals in each group do you plan to use in this project? Try to make an accurate prediction. (Too few animals may not adequately test the hypothesis, but use of animals in excess of the experimental requirements is also not good). Section 3b. is intended to help with this predication (see below).

   b. Justify your sample sizes based on the literature, your previous experiments/experience, and/or by the use of statistical analysis, typically power analysis. It is preferable to use both experimental evidence, based on prior research or the literature, AND statistical predications (power analysis).

   c. If animals will be housed alone, provide a scientific or animal care justification. Identification of animals must be done by marking rather than housing alone.

   d. If animals will be transported (other than transportation arranged by the KCOM ACF (according to the existing SOP), describe the transportation and measures to protect animal and worker health.

4. List all agents or substances used during any procedure involving animals in the following table. The investigator must provide a complete description of all chemical substances (drugs, saline vehicles, dietary supplements or restrictions, etc.) that are administered to the animals. Include the dose to be used (including that used for euthanasia) and the route of administration. A form for describing each agent to be used is included at the end of this application. Photocopy as many forms as needed for your use; use one form per agent/substance. Attach these forms to the application as an Appendix. Also include Material Safety Data Sheets for all substances that are being used in this protocol.

Agent	Concentration	Dose	Volume Of Administration	Route of Administration	Purpose for Use of the Agent

5. List any biohazardous materials reviewed by the KCOM Biohazard Committee that will be used in animals. This application can be reviewed simultaneous to Biohazard committee review pending favorable review by the Biohazards Committee.

DESCRIPTION OF ACTUAL PROCEDURES Cont.

6. Provide a detailed description of any surgical procedure or other stressful procedure.

   a. Will anesthesia be used? (If not, provide a justification, both scientific and ethical). Yes ___ No___

   If this project does not require survival surgery check here. _____. If checked, go to item 7.

   b. Will analgesic agents be used, either for surgery or post-surgery or procedure? (If not, provide a justification, both scientific and ethical). Yes No

   c. All surgical procedures must meet requirements for sterile surgery, pre-/post-operative care and recordkeeping. State where the logs of the surgery and pre-/post-operative care are stored.

   d. What agent will be used for anesthesia?

   e. What dose of this agent will be used?

   f. How will this agent be administered?

   g. How will post-operative pain and distress be monitored?

   h. What pharmacologic and/or non-pharmacological agents will be used to control pain and distress? Your response must include a discussion of dose and effective duration of analgesic drug.

   i. How long will the animals be monitored following surgery?

7. Provide endpoint criteria for when an animal will be removed from the experimental protocol. (Describe the monitoring of the wellbeing of the animals and the criteria for when a sick animal must be removed from the experiment. This applies to both animals that may become sick for reasons unrelated to the protocol and this applies to experiments where the experimental conditions have potential to cause stress or illness. For example, experimental protocols that involve potentially toxic agents, like anti-cancer drugs require a description of the endpoint criteria that may arise because of the experimental agent or procedure).

8. Describe the method of euthanasia:

   a What agent/procedure will be used for euthanasia?

   b. What dose, volume, and concentration of the agent will be used to produce euthanasia?

   c. What route will be used for administration of the agent?

9. Describe worker education to promote worker safety regarding any potential hazards specific to this animal use application.

10. Personnel

List all personnel involved in this project in the following table. What is the background and specific qualifications of each listed individual for performing their role in this project? Verify that they have completed the training program. Also verify that they have received the annual health screening mandatory for all personnel who have direct contact with vertebrate animals, and thus are susceptible to exposure to hazards associated with the animals being handled or to hazardous agents used in the research. (Completion of the attached table will provide all of the requested information.)

Individual Personnel	Training Program Completed On (provide date)	Species Individual Will be Using	Procedures Individual Will be Performing on Each species	How was Individual Trained* to Perform Procedure	Who trained This Individual?	Years Experience Performing Procedure

*Examples: hands-on assistance; direct supervision; coursework.

DESCRIPTION OF ACTUAL PROCEDURES, Cont.

11. Pain Category

Check the highest category of pain or distress which may be induced:

( ) 1. Procedures that would be expected to produce little or no pain or distress.

( ) 2. Procedures that involve minor pain or distress of short duration.

( ) 3. Procedures that involve significant but unavoidable pain or distress. This category includes pain and euthanasia relieved by drugs (eg., post-surgical analgesics) and terminal surgery.

( ) 4. Procedures that involve inflicting severe pain or distress, or chronic, unrelieved pain or distress, or death.

Include a written narrative for alternatives to painful procedures, describing the results of your literature search and your interpretation of those results in light of your proposed animal use.

12. Location

State the location at which each activity described in this proposal is conducted. List date of hood certification: _____

13. Schedule

Develop a time line for animal use:

ANIMAL DESCRIPTION

Species:

Strain:

Age/Wt.:

Source or Dealer:

Number Used Per Year:

Number Housed at One Time:

Title:
P.I.:

DESCRIPTION OF AGENTS

NAME:

PURPOSE:

AMOUNT:

ROUTE:

DESCRIPTION:

HUMAN TOXICITY: (See attached sheet)

DESCRIPTION OF AGENTS

NAME:

PURPOSE:

AMOUNT:

ROUTE:

DESCRIPTION:

HUMAN TOXICITY: (See attached sheet)

ANIMAL USE PROTOCOL ADDENDUM

Investigator Name _____ Protocol # _____

Protocol Title

Addendum:

_____
Investigator's Signature Date

_____ _____
Director, Animal Care Program Chairman, Animal Care Committee

Date _____ Date _____

ATSU | Kirksville College of Osteopathic Medicine

Class of 2027 Years 3 & 4 Assessment Outline

Year 3 Clinical Rotations

Clinical Rotations	Description	Grades			Grade Calculation & Notes
CORE [32 weeks]	Family Medicine (2) Internal Medicine (2) OB/GYN Pediatrics Psychiatry Surgery	**Pass (P)**	**High Pass (HP)**	**Honors (H)**	Elements: Clinical Performance Evaluation COMAT Procedure Logs Preceptor and Rotation Evaluation *(required, not part of grade)*
		183-235	236-284	285 and above	
		Fail (F): 182 and below *Overall rotation grade for each rotation is listed on the transcript.*			

Year 4 Clinical Rotations

Clinical Rotations	Description	Grades			Grade Calculation & Notes
REQUIRED [12 weeks]	Family Medicine Critical Care/ICU Emergency Medicine	**Pass (P)**	**High Pass (HP)**	**Honors (H)**	The score for a single rotation is based on the Clinical Performance Evaluation.
		90-134	135-169	170 and above	
ELECTIVE [44 weeks]	Electives	Fail (F): 89 and below *Grade for each rotation is listed on the transcript.*			Preceptor and Rotation Evaluation *(required, not part of grade).*

CORE Overall Rotation Grade Notes:

1. The overall rotation grade is calculated on points (not percentages).
2. Clinical Performance Evaluation: Fail = 1, Beginner = 2, Competent = 3, Proficient = 4. Average X 45 = total points.
3. Any element on the Clinical Performance Evaluation marked FAIL will trigger review by the RAD/DSME.
4. MUST score a minimum of 90 on all clinical performance evaluations. Rotation failures will be reviewed by the KCOM Student Promotion Board.
5. MUST score a minimum of 83 on all COMATs. COMAT remediations are recorded as 83 points.
6. Procedure Logs are P/F. Fail = 0, Pass = 10. Failed Procedure Logs require remediation. Procedure Logs remediations are recorded as 0 points.
7. Family Medicine and Internal Medicine: Eval and logs scores are averaged for the eight weeks of rotations.

Overall Rotation Grade Example 1
Evaluation: 3.0 X 45 = 135
COMAT: 105
Logs: 10
Overall Rotation Grade: 135 + 105 + 10 = 250
250 = High Pass (HP)

Overall Rotation Grade Example 2
Evaluation: 2.6 X 45 = 117
COMAT: 83
Logs 10
Overall Rotation Grade: 117+83+10 = 210
210 = Pass (P)

Syllabi for Clinical Rotations can be found in the KCOM Student Manual here.
Information about Clinical Rotation Requirements and Rotations List can be found in the KCOM Student Manual here.
Additional information about Assessment of Clinical Rotations can be found here.

ATSU | Kirksville College of Osteopathic Medicine

Unless otherwise linked, details about assessments can be found here: Important Resources for Years 3 & 4.
Grades for assessments are listed on the transcript unless noted as not graded.

Assessments – Year 3

Assessment/Description	Grades	Grade Calculation & Notes
FNCH7400-Foundations of Community Health		
Online course designed to prepare physicians who are well-prepared to practice in and lead transforming health systems and hold a rich awareness of patient-centered care planning, demonstrable primary care workforce competencies, and leadership capacity to educate future health care team members in conversion to the medical home model of care.	Pass(P)/Fail(F)	*Modules open July 1 –September 30. Completed in Canvas.*
TYPA7512-Performance Assessment (PAIII Testing)		
Simulated COMLEX Level 2PE. Students return to Kirksville campus to participate in orientation and career advising sessions and complete 8 standardized patient encounters.	Pass(P)/Fail(F)	*Scheduled by main campus Sept/Oct/Nov.*
Ambulatory Clinic Modules		
Prior to first inpatient rotation (or as directed by regional representatives) complete three Student Onboarding Modules from the Society of Teachers of Family Medicine.	Not graded	*Student submits certificate of completion for each module to rotation site coordinator.*
Documentation for Inpatient Settings		
During the first inpatient rotation for family medicine or internal medicine (whichever occurs first) complete learning activities, submit one Daily Progress Note and one Discharge Summary to the DSME who will provide formative feedback.	Not graded	*Course is in Canvas.*
HCSA7510-Health Systems & Communications [Multiple elements]		
Introduction to Healthcare Financing Healthcare finance and economic considerations as they apply to patient care and medical education. Topics include: Medicare and Medicaid, Affordable Care Act, payor models, and reimbursement of residency training. Students complete learning activities, practice exam & final exam in Canvas.	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	*Healthcare Financing Exam* *10%* Due Jan 1 *Patient Safety Modules* *35%* Due Jan 1 *Scholarly Report 1* *25%* Due Feb 1 *Journal Club* *10%* Due April 1 *Oral Case Presentations* *Two at 10% each* Due April 1 *Scores from all five elements are combined as one grade on transcript:* Honors: 93.50 – 100 High Pass: 87-93.49 Pass: 80.50-86.99 Fail: 80.49 and below
Patient Safety - NextGenU.org Modules Online modules established to advance quality improvement and patient safety competencies of healthcare learners.	Pass (P): 100 Fail (F): 0	
Scholarly Report 1 Complete a case report (with a review of the literature), or chart review, or quality improvement project, or other approved piece of scholarship.	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	
Journal Club Presentation Students prepare a journal club presentation and lead the discussion about the article. Students will complete at least one Journal Club presentation.	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	
Oral Case Study Presentations Formal presentations with PowerPoint, etc., and should average 30-45 minutes. Students will complete at least two Oral Case Study presentations.	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	

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Grades for assessments are listed on the transcript unless noted as not graded.

Assessments – Year 4

Assessment/Description	Grades	Grade Calculation & Notes
WRCS8443-Scholarly Report 2		
Students have two options for a Scholarly Report 2. 1. Develop and submit a second, separate item of scholarship similar to Scholarly Report 1 requirement. 2. Revise, refine and prepare for submission the Scholarly Report 1 document for publication and dissemination.	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	*Due August 1*
CMLX7500-COMLEX Level 2CE		
To facilitate student preparation for successful completion of COMLEX Level 2CE. For 2CE: 2 practice exams, 1 board examination PAIII (with or without remediation)	Pass (P)/Fail (F)	Pass: Complete all assessments & Pass exam Fail: Fail to complete all assessments or fail exam

Assessments – Years 3 & 4

Assessment/Description	Grades	Grade Calculation & Notes
Student Success Updates		
Progress reports completed in a standardized format by both the student and the DSME. Students will submit the New Innovations evaluation, DSME will review, and then meet with the student. SSUs are not scored, however, they are used as an assessment tool.	Not graded	*SSU #1 – October* *SSU #2 – February* *SSU #3 – April* *SSU #4 – September* *SSU#5 – January*
Advanced OPP Courses: OPPC7171, OPPC7172, OPPC8173		
Three online courses (2 in Year 3 and 1 in Year 4) in Canvas. Includes OMM Review, OPP Modules, online assessments, literature search, OTM Practice Logs, and OPP COMAT. NBOME OPP COMAT is a proctored exam completed online at the regional site and scheduled by the region for February-March. Due no later than March 31.	Honors (H) High Pass (HP) Pass (P) OPP COMAT Minimum score: 83 Pass (P)/Fail (F)	Elements: Online module assessments Literature review assignment OTM Practice Logs OPP COMAT (OPPC7172)

ATSU | Kirksville College of Osteopathic Medicine

Class of 2028 Years 3 & 4 Assessment Outline

Year 3 CORE & REQUIRED Clinical Rotations

Clinical Rotations	Description	Grades			Grade Calculation & Notes
CORE [32 weeks]	Family Medicine (2) Internal Medicine (2) OB/GYN Pediatrics Psychiatry Surgery	**Pass (P)**	**High Pass (HP)**	**Honors (H)**	Elements: Clinical Performance Evaluation COMAT Procedure Logs Preceptor and Rotation Evaluation *(required, not part of grade)*
		183-235	236-284	285 and above	
		Fail (F): 182 and below *Overall rotation grade for each rotation is listed on the transcript.*			
REQUIRED [4 weeks]	Emergency Medicine				

Year 3 & 4 ELECTIVE Rotations

Rotations	Description	Grades			Grade Calculation & Notes
ELECTIVE [Year 3: 6 weeks] [Year 4: 46 weeks]	Electives	**Pass (P)**	**High Pass (HP)**	**Honors (H)**	The score for a single rotation is based on the Clinical Performance Evaluation. Preceptor and Rotation Evaluation *(required, not part of grade).*
		90-134	135-169	170 and above	
		Fail (F): 89 and below *Grade for each rotation is listed on the transcript.*			

CORE Overall Rotation Grade Notes:

1. The overall rotation grade is calculated on points (not percentages).
2. Clinical Performance Evaluation: Fail = 1, Beginner = 2, Competent = 3, Proficient = 4. Average X 45 = total points.
3. Any element on the Clinical Performance Evaluation marked FAIL will trigger review by the RAD/DSME.
4. MUST score a minimum of 90 on all clinical performance evaluations. Rotation failures will be reviewed by the KCOM Student Promotion Board.
5. MUST score a **minimum of 83** on all **COMATs**. COMAT remediations are recorded as 83 points.
6. Procedure Logs are P/F. Fail = 0, Pass = 10. Failed Procedure Logs require remediation. Procedure Logs remediations are recorded as 0 points.
7. Family Medicine and Internal Medicine: Eval and logs scores are averaged for the eight weeks of rotations.

Overall Rotation Grade Example 1
Evaluation: 3.0 X 45 = 135
COMAT: 105
Logs: 10
Overall Rotation Grade: 135 + 105 + 10 = 250
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Evaluation: 2.6 X 45 = 117
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Logs 10
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ATSU | Kirksville College of Osteopathic Medicine

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Assessment/Description	Grades	Grade Calculation & Notes
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Prior to first inpatient rotation (or as directed by regional representatives) complete three online training modules from the Society of Teachers of Family Medicine website.	Not graded	*Student submits certificate of completion for each module to rotation site coordinator.*
Documentation for Inpatient Settings		
During the first inpatient rotation for family medicine or internal medicine (whichever occurs first) complete learning activities and prepare one Daily Progress Note and one Discharge Summary.	Not graded	*Student submits the note and summary to the DSME via email.*
HCSA7510-Health Systems & Communications [Multiple elements]		
Introduction to Healthcare Financing Healthcare finance and economic considerations as they apply to patient care and medical education. Topics include: Medicare and Medicaid, Affordable Care Act, payor models, and reimbursement of residency training. Students complete learning activities, practice exam & final exam in Canvas.	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	*Healthcare Financing Exam* *10%* Due Jan 1 *Patient Safety Modules* *35%* Due Jan 1 *Scholarly Report 1* *25%* Due Feb 1 *Journal Club* *10%* Due April 1 *Oral Case Presentations* *Two at 10% each* Due April 1 *Scores from all five elements are combined as one grade on transcript:* Honors: 93.50 – 100 High Pass: 87-93.49 Pass: 80.50-86.99 Fail: 80.49 and below
Patient Safety - NextGenU.org Modules Online modules established to advance quality improvement and patient safety competencies of healthcare learners.	Pass (P): 100 Fail (F): 0	
Scholarly Report 1 Complete a case report (with a review of the literature), or chart review, or quality improvement project, or other approved piece of scholarship.	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	
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CMLX7500-COMLEX Level 2CE		
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Assessments – Years 3 & 4

Assessment/Description	Grades	Grade Calculation & Notes
Student Success Updates		
Progress reports completed in a standardized format by both the student and the DSME. Students will submit the New Innovations evaluation, DSME will review, and then meet with the student. SSUs are not scored, however, they are used as an assessment tool.	Not graded	*SSU #1 – October* *SSU #2 – February* *SSU #3 – April* *SSU #4 – September* *SSU#5 – January*
Advanced OPP Courses: OPPC7171, OPPC7172, OPPC8173		
Three online courses (2 in Year 3 and 1 in Year 4) in Canvas. Includes OMM Review, OPP Modules, online assessments, literature search, OTM Practice Logs, and OPP COMAT. NBOME OPP COMAT is completed online in April/May. The exam is scheduled and proctored by Academic Affairs.	Honors (H) High Pass (HP) Pass (P) OPP COMAT Minimum score: 83 Pass (P)/Fail (F)	Elements: Online module assessments Literature review assignment OTM Practice Logs OPP COMAT (OPPC7172)

ACKNOWLEDGMENT

I have read in its entirety, the ATSU Staff Handbook ("Handbook") that outlines the University's policies, practices, guidelines, and benefits. I understand the provisions of the Handbook and I will do my best to abide by and uphold them. I understand that the information contained in this Handbook is set out in greater detail in the University policy manual, the contents of which I have access to at any time on the ATSU portal.

I understand that the information contained in the handbook is subject to change at the University's discretion, without notice to employees, and that such changes supersede, modify, or eliminate any or all of the policies and benefits summarized in the handbook.

I further understand that the policies, practices, guidelines, and benefits contained in the handbook do not constitute an employment contract between the University and the employee or imply the existence of any contractual or other rights. I also understand that nothing in any other electronic data or materials or written materials disseminated by or for the University, and nothing in any statement or actions by or on behalf of one of the University's representatives, constitutes an employment contract between the University and myself or implies the existence of any contractual rights.

I understand that my employment is as an "employee at will." Being an "employee at will" means that the employment relationship is by mutual consent of the University and I, is not for any definite period of time, and may be terminated by either the University or me at any time, without any notice, and for any reason or no reason at all.

If I sign a separate written employment contract with the University, I understand and acknowledge that such contract governs my employment with the University, but that the policies and benefits in the handbook, or as later modified also apply to me.

By signing below, I acknowledge that I have read this acknowledgement and that I fully understand the employment relationship as described above. In addition, I will abide by the ATSU mission and vision statements:

MISSION STATEMENT:

> *A.T. Still University of Health Sciences (ATSU) serves as a learning---centered university dedicated to preparing highly competent professionals through innovative academic programs with a commitment to continue its osteopathic heritage and focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations.*

VISION STATEMENT:

{To be} The preeminent University for the health professions

- *Leading innovator in health professions education*
- *Superior and compassionate graduates who exemplify the University's mission*
- *Osteopathic philosophy demonstrated and integrated*
- *Pioneering contributions in healthcare, education, knowledge, and practice.*

_____ _____

Employee Signature *Date*

Please return the signed acknowledgement to ATSU Human Resources | hr@atsu.edu

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

Required Employee Education:
Is an annual compliance requirement for all ATSU employees. It is to be completed by December 31st each year. It covers topics including confidentiality, FERPA, OSHA, HIPAA, employee handbook, and more. Required Employee Education ATSU FERPA Guidelines.

Excerpt from the ATSU HR intranet website>REE

Required Employee Education (REE)
The REE is a critical piece of ATSU's ongoing legal compliance and best practice management. Every employee is required to complete the training each calendar year.

ACCESSING THE REE:
The REE is conducted through Paylocity within the ATSU portal. Please see below for directions on how to access the REE.

1. Sign into the my.atsu.edu portal
2. Select Human Resources from the tabs at the top
3. Select the Paylocity icon
4. Within Paylocity select the left-hand menu (three horizontal bars in the upper left corner)>Learning>My Training
5. Use the search feature to find a course titled Required Employee Education (REE)
6. Click on the course title and proceed through the steps of the course. Each module is a power point or video, a quiz, and supplemental material to review.

You may also watch a video on how to access the course.

HOW TO COMPLETE THE TRAINING

Employees should review the power point material, supplemental material, and complete each quiz for the section of the training. Employees must earn 100% on each quiz to advance to the next section.

TIMELINE TO COMPLETE THE TRAINING

New employees must complete the training within their first 10 business days of employment. Employees who are not in their first calendar year have until December 31 to create the training.

CONFIRMATION OF COMPLETION

Completion can be confirmed by visiting the Learning page within the Paylocity app. Please follow these instructions to find your completed trainings. Paylocity icon>Learning (use the three horizontal bars in the upper left corner)>My Training. It can take 48 to 72 hours for a completed REE to show up in the Career Development page.

NARRATED REE
If an employee has a need or desire to use a narrated REE, please contact John Gardner at johngardner@atsu.edu or 660.626.2113.

ATSU Required Employee Education (REE)

Purpose: Mandatory annual review of

- ATSU Employee Handbook
- Campus Safety and Security
- Conflict of Interest
- Financial Conflict of Interest in Research
- Prohibition of Discrimination, Harassment and Retaliation policy
- Drug-Free and Alcohol-Free Workplace policy
- Tobacco-Free Campus and Workplace policy
- FERPA
- HIPAA
- OSHA Safety Data Sheets
- OSHA Physical and Health Hazards
- Bloodborne Pathogens
- Cyber Security
- Diversity and inclusion education course

KCOM Required Employee Training Stats:
2025 - 100%
2024 - 100%
2023 - 100%
2022 – 99%
2021 – 100%

ATSU | A.T. Still University
FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 10-218: GENERAL ORDER ON GENERAL ORDERS

DATE APPROVED: FEBRUARY 16, 2024 **SIGNATURE: *Signature on file in HR***

Purpose

This general order establishes a development and approval process for A.T. Still University (ATSU) general orders. By implementing this process, the University seeks to promote ethics and integrity, operational efficiencies, best practices, collaborative decision making across all University departments, and compliance with laws and regulations.

Policy

A. Definitions
   1. General order: A policy with broad application throughout the University community. Review and approval by the chancellor are required.
   2. General Order Review Committee: A standing committee appointed by the chancellor responsible for reviewing proposed new general orders and amendments as presented by responsible officials. The committee consists of not more than nine employees of the University; membership is diversified to include representation from a wide range of University departments and University Faculty Senate and University Staff Council. Chief operating officer & general counsel chairs the General Order Review Committee.
   3. Responsible official: A Chancellor's Cabinet member or designee whose jurisdiction covers the subject matter of the general order. The responsible official oversees implementation and maintenance of the general order.

B. Initiation of general orders
   1. A proposed new or amended general order may be initiated by the chancellor, a University employee designated by the chancellor, a member of the Chancellor's Cabinet or designee, University Faculty Senate, or University Staff Council.
   2. The responsible official must oversee the drafting and development process and may designate others to assist in this process. Relevant stakeholders should be consulted.
   3. The responsible official must submit the proposed general order along with a completed general order information sheet (Attachment A) to the General Order Review Committee for its review and approval.

C. Approval of general orders
   1. The chief operating officer & general counsel reviews proposed new or amended general orders for compliance with laws and regulations.
   2. Proposed new or amended general orders are reviewed by the General Order Review Committee. The committee is responsible for carefully considering all content from a university-wide perspective.
   3. The responsible official or designee should be invited to meetings of the General Order Review Committee where the relevant general order will be discussed. The responsible official or designee will answer questions about content of the general order and involvement of relevant stakeholders in its development.
   4. Once a general order is approved by the General Order Review Committee, the chief operating officer & general counsel forwards the general order to the chancellor for approval.
   5. Once approved by the chancellor, the assistant chief for human resources distributes the general order to the University community and posts it on the University portal.

D. Review of existing general orders
   1. When a responsible official proposes an amendment to the general order, the entirety of the general order should be reviewed and updated by the responsible official and the General Order Review Committee at that time.
   2. The General Order Review Committee is responsible for monitoring a process whereby responsible officials will review existing general orders and propose updates as needed. ATSU will maintain a review schedule consistent with the impact of each policy. The impact of each policy will take into account a variety of considerations including but not limited to:1) compliance with federal and state laws and regulations; 2) information privacy and security; or 3) institutional risk.
   3. As responsible officials become aware of new or changing laws that may impact general orders, they should work with the General Order Review Committee to update general orders as necessary and appropriate to comply with new or changing laws.

4. New general orders should be reviewed one year after approval with input from relevant stakeholders.

E. Authority of Board of Trustees and chancellor – Nothing in this general order limits or circumscribes the power and authority of the Board of Trustees or chancellor to issue, amend, or revoke general orders on any matter.

Responsibility

A. The General Order Review Committee is responsible for reviewing and approving new and amended general orders and conducting a regular review of all existing general orders.
B. The Chancellor's Cabinet or designee is responsible for serving as responsible official for proposed new or amended general orders, and to collaborate with the General Order Review Committee in regular reviews of general orders, in their area of responsibility.
C. The chief operating officer & general counsel is responsible for reviewing proposed new and amended general orders for compliance with laws and regulations and to chair the General Order Review Committee.

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General Order Information Sheet – ATSU Policy 10-218, Attachment A

New general orders (or "policies") and amendments may only be proposed by Chancellor's Cabinet members or their designees, University Faculty Senate, University Staff Council, an ATSU employee designated by the chancellor, or the chancellor (per ATSU Policy 10-218).

Proposed general orders and amendments should first be thoroughly vetted and approved by all relevant stakeholders. The person or group proposing the policy is responsible to complete this form to the best of their ability and submit it along with the proposed new or amended general order to John Gardner (johngardner@atsu.edu). If there are questions about the policy development process or this form, contact John Gardner for assistance.

Please be aware the policy approval process takes time. Review and approval are required by the chief operating officer & general counsel, the General Order Review Committee, and the chancellor.

Date: _____

Current/proposed title of general order: _____

Check one: This is a new proposed general order_____

This is a proposed amendment to existing general order No. _____

This is a proposed deletion of general order No. _____

Proposed by: _____
(Chancellor's Cabinet member or designee, University Faculty Senate, University Staff Council, or ATSU employee designated by the chancellor)

Responsible Official: _____
(Chancellor's Cabinet member or designee who will implement the general order and be responsible for its regular review)

Other individuals or departments involved in the development of the proposed general order or amendment:

Summary of the proposed general order or amendment. What is its purpose?

What other existing policies may be impacted by this proposed general order or amendment?

In the absence of the proposed general order or amendment, risk levels are:

Risk	Enter low, medium, or high
Noncompliance with law(s) or regulation(s)	Low
Unwanted behavior	Low
Financial consequences	Low
Reputational consequences	Low
Health and safety consequences	Low
Management and operational consequences	Low

Briefly explain the risk level assigned.

Describe any other factors driving the need for this general order or amendment.

Indicate below resource impacts in implementing this proposed general order or amendment.

Are there additional personnel needs? ☐ No ☐ Yes Amount $_____
If yes, please explain:

Are there additional one-time costs? ☐ No ☐ Yes Amount $_____
If yes, please explain:

Are there additional ongoing budget needs? ☐ No ☐ Yes If yes, please explain.

Are there additional support needs (ITS, Facilities, HR, Sponsored Programs, etc.)?

☐ No ☐ Yes Department budget code_____ If yes, please explain.

If this policy needs to be prioritized and expedited, explain legal, accreditation, or other reasons.

Signature of Chancellor's Cabinet member: _____

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FIRST IN WHOLE PERSON HEALTHCARE

ATSU POLICY NO. 10-209: ATSU RECORD RETENTION

DATE APPROVED: DECEMBER 3, 2020 **SIGNATURE:** ***Signature on file in HR***

Purpose

This general order sets forth the standards and procedures for use by A.T. Still University of Health Sciences' (ATSU) community in connection with the retention of University records by various departments of the University. It is the intention of this policy to ensure all University records are maintained in accordance with all applicable legal and policy requirements to ensure University records are not improperly or prematurely disposed of by a University department. At the same time, this policy seeks to give guidance to University employees as to appropriate time frames under which University records no longer necessary for the operation of the University may be properly disposed of, thereby providing for efficient and effective use of the University's limited storage capacity.

Policy

A. ATSU records must be retained for the minimum length of time required under the record retention schedule. (Appendix A). Every ATSU office or department managing University records is responsible for complying with this policy. Records having reached the end of their retention period should be destroyed by appropriate means, with consideration to the confidentiality of the information. All questions about record retention should be directed to the vice president & general counsel, including questions about the retention period for specific documents or classes of documents not described in the record retention schedule.

B. Definitions
   1. *Records*. All documents, papers, forms, books, computer-readable tapes, discs or other media, maps, photographs, film, video, and sound recordings, made or received by ATSU in connection with the transaction of University business and retained by the University. Extra copies of documents and stocks of publications or blank forms are not considered records under this general order.
   2. *Electronic records*. An electronic record is a record stored on a computer, server, or mainframe storage device or medium, external or off-site storage medium, or with a third party acting as the University's agent. Examples of electronic records include emails, Word/Excel documents, shared drives, the cloud, and information stored on content management systems.
   3. *Confidential information/confidential records* include, but are not limited to:
      a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information.
      b. Information about a student and their education records protected under the Family Educational Rights and Privacy Act (FERPA), including any non-directory information and personally identifiable information (PII).
      c. PII – Individual demographic identifiers, including employee, student, or patient social security numbers and employee personnel records (W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.).
      d. Credit cards, cardholder information, and bank account numbers.
      e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters.
      f. Passwords, personal identification numbers, or other security codes.
      g. Other information deemed to be sensitive or private that should be safeguarded from others without a need to know.

C. Legal/litigation holds. The vice president & general counsel will notify affected departments in writing when records are subject to a litigation hold or other legal or administrative action. When such notification occurs, all relevant documents described in the notice must be retained and not altered or destroyed until written permission to resume the record retention schedule is provided by the vice president & general counsel.

D. Paper and other non-electronic records should be disposed under the following guidelines.
   1. Records containing confidential information must be redacted, burned, pulverized, or shredded so confidential content cannot be read or reconstructed.
   2. Non-confidential paper records may be recycled.

3. Periodically, departments may decide to replace official paper records with electronic or digital copies. Paper records that have been scanned or otherwise converted to electronic format may be destroyed prior to the end of the retention period, provided that:
   a. The images will accurately and completely reproduce all the information in the records being imaged.
   b. The imaged records will not be rendered unusable due to changing or proprietary technology before their retention requirements are met.
   c. The imaging system will not permit additions, deletions, or changes to the images without leaving a records of such additions, deletions, or change.
   d. Designees of ATSU will be able to authenticate the imaged records by competent testimony or affidavit, which shall include the manner or method by which tampering or degradation of the reproduction is prevented.

E. Electronic records should be disposed of under the following guidelines.
   1. Electronic records shall be disposed of by deletion, overwriting, purging, or whatever means is determined to be the most thorough and effective means, as approved by the vice president for information technology services (ITS). All inquiries regarding the disposal of electronic records should be directed to the ITS Service Desk.
   2. Disposal of electronic records containing confidential information should be managed by ITS under processes and procedures approved by the vice president for ITS.
   3. It is recognized the volume of information existing in digital form is rapidly increasing. Many issues surrounding digital preservation and disposal are emerging and of concern to the entire digital world. While the ATSU record retention schedule contains desired record retention periods, it may not be possible or feasible to purge electronic records within the stated periods. ATSU ITS is aware of the need for a researched and practical approach to managing electronic records and is working to develop effective processes that respond to new technologies.
   4. Likewise, vendors and third parties contractually responsible for managing ATSU information may be limited in their ability to comply with ATSU record retention directives. ATSU ITS is available to assist in communicating with vendors and third parties about records management.

Responsibility

A. Vice president & general counsel – responsible for the record retention schedule, for fielding inquiries related to the retention of specific documents and classes of documents, and for communicating with departments about legal/litigation holds.
B. Vice president for ITS – responsible for approving processes for disposal of electronic records, particularly those containing confidential information.
C. ITS – responsible for assisting departments with electronic record disposal and to communicate as requested with vendors and third parties about electronic record retention and disposal.
D. Supervisors/department heads – responsible for complying with the ATSU record retention schedule and all requests for legal/litigation holds from the vice president & general counsel.

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ATSU Policy No. 10-209: ATSU Record Retention
Appendix A – Record Retention Schedule

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ADMINISTRATION / GOVERNANCE

Board of Trustees and corporate documents

Documents	Duration	System of Record	Responsible Office
Notices of meeting, agendas, minute books, membership lists	Permanent	Diligent; paper	President
Other board meeting materials/reports to Board	Permanent	Diligent; paper	President
Board of Trustees policies	Permanent	Diligent; paper, network drive	President
Completed conflict of interest forms/reports, decisions on potential conflicts of interest	Permanent	Survey Monkey	President
Articles of incorporation, articles of amendment, fictitious name filings, corporate bylaws	Permanent	Paper; network drive	President
Strategic plans	Permanent	Diligent; paper	President
Organization charts	Permanent	Network drive	President

ACADEMIC AFFAIRS

Academic programs – Arizona School of Dentistry & Oral Health (ASDOH)

Documents	Duration	System of Record	Responsible Office
All courses: syllabi, exams, papers, theses	5 years	Network drive	Associate Director of Education
Online courses and course materials. Note: Faculty, staff, and students may retain course materials on local or network disc storage (hard drive, CD/DVD, USB drive, network drives, Google drive, etc.) Note: Retention of course materials is subject to ATSU policies including: - Copyright (Policy No. 102-207) - Intellectual Property (Policy No. 10-208)	2 years	Network drive	Associate Director of Education

- Code of Ethical Standards (Policy No. 10-220) - Code of Academic Conduct (University Catalog)			
Academic Progress Committees records	11 years after separation	Network drive	Associate Dean for Academic Assessment
Clinical rotations – preceptor evaluations	10 years	eMedley; network drive	Director of ICSP
Clinical rotations – student evaluation of clinical sites	10 years	eMedley; network drive	Director of ICSP
Clinical rotations – policies and procedures	10 years	eMedley; network drive	Director of ICSP
Clinical rotations – clinical logs	10 years	eMedley; network drive	Director of ICSP
Curriculum review	10 years	Network drive	Associate Director of Education
Faculty advisor / advisee interaction documentation	5 years after separation	Network drive	Associate Dean for Academic Assessment
College and/or program faculty meeting minutes	10 years	Network drive	Executive Assistant to the Dean and Vice Dean
Letters of reference, associated request forms	3 years after separation	Network drive	Vice Dean, Associate Dean for Academic Assessment & Executive Assistant to the Dean and Vice Dean
Program accreditation materials	20 years	Network drive; paper	Associate Dean for Academic Assessment
Student complaint regarding academic program	10 years	Network drive; paper	Associate Dean for Academic Assessment
Community event screening and consent forms	2 years	Network drive; paper	Co-Directors, Dentistry in the Community
Student immunization records	5 years after separation	eMedley; student folder in network drive	Director, ICSP

Academic programs – Arizona School of Health Sciences (ASHS)				
Documents		Duration	System of Record	Responsible Office
All courses: syllabi	Audiology	5 years	Google drive	OAA; AUD Faculty
	Interdisciplinary Health Sciences		Network drive	DIHS faculty
	Occupational Therapy		Canvas; network drive; Google drive	OT Chair/faculty
	Physical Therapy		Taskstream/IMAP; Google drive	PT Dept.
	Physician Assistant Studies		IMPA; Google drive	PA Dept.
	Speech-Language Pathology		Google drive; Canvas	SLP Program
All courses: exams	Audiology	5 years	Canvas; network drive; Google drive	AUD Program
	Interdisciplinary Health Sciences		Network drive	DIHS faculty
	Occupational Therapy		Canvas; network drive; Google drive	OT Chair/faculty
	Physical Therapy		Canvas	PT Dept.
	Physician Assistant Studies		Canvas; ExamSoft	PA Dept.
	Speech-Language Pathology		Google drive; Canvas	SLP Program
All courses: papers	Audiology	5 years	Canvas; network drive	AUD Program
	Interdisciplinary Health Sciences		Network drive	DIHS faculty
	Occupational Therapy		Canvas; network drive; Google drive	OT Chair/faculty
	Physical Therapy		Canvas	PT Dept.
	Physician Assistant Studies		Canvas; paper files	PA Dept
	Speech-Language Pathology		Google Drive; Canvas	SLP Program
All courses: theses	Audiology	5 years	N/A	AUD Program
	Interdisciplinary Health Sciences		Network drive	DIHS faculty
	Occupational Therapy		Canvas; network drive; Google drive	OT Chair/faculty
	Physical Therapy		Canvas	PT Dept.
	Physician Assistant Studies		Canvas; paper files	PA Dept

	Speech-Language Pathology		Google drive; Canvas	SLP Program
Online courses and course materials. Note: Faculty, staff, and students may retain course materials on local or network disc storage (hard drive, CD/DVD, USB drive, network drives, Google drive, etc.) Note: Retention of course materials is subject to ATSU policies including: - Copyright (Policy No. 102-207) - Intellectual Property (Policy No. 10-208) - Code of Ethical Standards (Policy No. 10-220) - Code of Academic Conduct (University Catalog)	Audiology	2 years	Canvas; Network drive; Canvas	AUD Program
	Interdisciplinary Health Sciences		Network drive	DIHS faculty
	Occupational Therapy		ExamSoft; network drive; Google drive	Assoc. Director of Edu.
	Physical Therapy		Canvas	PT Dept.
	Physician Assistant Studies		Canvas; network drive; Google drive	PA Dept.
	Speech-Language Pathology		Google drive, Canvas	SLP Program
Academic Progress Committees records	Audiology	11 years after separation	Typhon; Google drive	AUD Program
	Interdisciplinary Health Sciences		Network drive	DIHS Chair
	Occupational Therapy		Dropbox; Google drive	OT Chair
	Physical Therapy		Network drive	PT Dept.
	Physician Assistant Studies		Network drive; Google drive	PA Dept.
	Speech-Language Pathology		Google drive	SLP Program
Clinical rotations – preceptor evaluations	Audiology	10 years	Typhon; Google drive	AUD Program
	Interdisciplinary Health Sciences		Network drive	Clinical Ed. Coordinator
	Occupational Therapy		Google drive; paper files	OT Chair, FW Coordinator
	Physical Therapy		Acadaware; network drive	DPT Residential Program
	Physician Assistant Studies		Network drive; Google drive	PA Dept.
	Speech-Language Pathology		Google drive; CALIPSO	SLP Program; Director of Clinical Education
Clinical rotations – student evaluation of clinical sites	Audiology	10 years	Typhon; Google drive	AUD Program
	Interdisciplinary Health Sciences		Network drive	Clinical Ed. Coordinator
	Occupational Therapy		Exaat; Google drive; paper files	OT Chair, FW Coordinator

	Physical Therapy		Acadaware; network drive	DPT Residential Program
	Physician Assistant Studies		Network drive; Google drive	PA Dept
	Speech-Language Pathology		Google drive; CALIPSO	SLP Program; Director of Clinical Eudcation
Clinical rotations – policies and procedures	Audiology	10 years	Google drive	AUD Program
	Interdisciplinary Health Sciences		Network drive	Clinical Ed. Coordinator
	Occupational Therapy		Canvas; OT LibGuide	OT Chair, FW Coordinator
	Physical Therapy		Acadaware; network drive	DPT Residential Program
	Physician Assistant Studies		Canvas; Google drive	PA Dept.
	Speech-Language Pathology		Google Drive	SLP Program
Clinical rotations – clinical logs	Audiology	10 years	Typhon; Google drive	AUD Program
	Interdisciplinary Health Sciences		Network drive	Clinical Ed. Coordinator
	Occupational Therapy		Acadaware; network drive	OT Chair, FW Coordinator
	Physical Therapy		N/A	N/A
	Physician Assistant Studies		Typhon; network drive; Google drive	PA Dept.
	Speech-Language Pathology		Google drive; CALIPSO	SLP Program; Director of Clinical Education
Curriculum review (minutes, etc.)	Audiology	10 years	Google drive	AUD Program
	Interdisciplinary Health Sciences		Network drive	Clinical Ed. Coordinator
	Occupational Therapy		Dropbox; Google drive	OT Chair/faculty
	Physical Therapy		Network drive	DPT/PP/Ortho Residencies
	Physician Assistant Studies		Network drive; Google drive	PA Dept.
	Speech-Language Pathology		Google drive	SLP Program
Faculty advisor/advisee interaction documentation	Audiology	5 years after separation	Network drive; Google drive	AUD Program

	Interdisciplinary Health Sciences		Network drive	DIHS faculty
	Occupational Therapy		Google drive	OT Chair/faculty
	Physical Therapy		Email	PT Program Directors
	Physician Assistant Studies		Google drive	PA Dept.
	Speech-Language Pathology		Google drive	SLP Program
College and/or program faculty & staff meeting minutes	Audiology	10 years	Google drive	AUD Program
	Interdisciplinary Health Sciences		Network drive	DIHS Admin. Asst.
	Occupational Therapy		Google drive	OT Chair
	Physical Therapy		Network drive; Google drive	PT Program Directors
	Physician Assistant Studies		Network drive; Google drive	PA Dept.
	Speech-Language Pathology		Google Drive	SLP Program
	ASHS Clinical Affairs		Network drive	Admin staff
Letters of reference, associated request forms	Audiology	3 years after separation	Network drive; Google Drive	Individual Faculty
	Interdisciplinary Health Sciences		Network drive	DIHS faculty
	Occupational Therapy		Google drive	OT Chair
	Physical Therapy		N/A	N/A
	Physician Assistant Studies		Individual faculty network drives	PA Dept.
	Speech-Language Pathology		Google Drive	SLP Faculty
Program accreditation materials	Audiology	20 years	Network drive; Google drive	AUD & SLP/OAA
	Interdisciplinary Health Sciences		Network drive	DIHS Chair
	Occupational Therapy		Dropbox; ACOTE portal; Google drive	OT Chair
	Physical Therapy		Google drive	PT Program Directors
	Physician Assistant Studies		Network drive; Google drive	PA Dept
	Speech-Language Pathology		Google drive	SLP Program

Student complaint regarding academic program	Audiology	10 years	Network drive; Google drive	AUD Chair
	Interdisciplinary Health Sciences		Network drive	DIHS Chair
	Occupational Therapy		Network drive; paper	OT Chair
	Physical Therapy		Google drive	PT Program Directors
	Physician Assistant Studies		Network drive; Google drive	PA Dept
	Speech-Language Pathology		Google drive	SLP Program Director
Community event screening and consent forms	Audiology	2 years	Google drive	AUD Program
	Interdisciplinary Health Sciences		Network drive	Clinical Ed. Coordinator
	Occupational Therapy		N/A	N/A
	Physical Therapy		N/A	N/A
	Physician Assistant Studies		Network drive; google drive	PA Dept.
	Speech-Language Pathology		Google drive	SLP Program
Student immunization records	All ASHS programs	5 years after separation	Google drive	ASHS Clinical Affairs

Academic programs – College for Healthy Communities (CHC)

Documents	Duration	System of Record	Responsible Office
All courses: syllabi, exams, papers, theses	5 years	Program files	PA Program
Online courses and course materials. Note: Faculty, staff, and students may retain course materials on local or network disc storage (hard drive, CD/DVD, USB drive, network drives, Google drive, etc.) Note: Retention of course materials is subject to ATSU policies including: - Copyright (Policy No. 102-207) - Intellectual Property (Policy No. 10-208) - Code of Ethical Standards (Policy No. 10-220) - Code of Academic Conduct (University Catalog)	2 years	Program files	PA Program
Academic Progress Committees records	11 years after separation	Program files	PA Program
Clinical rotations – preceptor evaluations	10 years	Clinical Portal	PA Program

Clinical rotations – student evaluation of clinical sites	10 years	Clinical Portal	PA Program
Clinical rotations – policies and procedures	10 years	Program files	PA Program
Clinical rotations – clinical logs	10 years	Clinical Portal	PA Program
Curriculum review	10 years	Program files	PA Program
Faculty advisor / advisee interaction documentation	5 years after separation	Program files	PA Program
College and/or program faculty meeting minutes	10 years	Program files	PA Program
Letters of reference, associated request forms	3 years after separation	Program files	PA Program
Program accreditation materials	20 years	Program files	PA Program
Student complaint regarding academic program	10 years	Program files	PA Program
Community event screening and consent forms	2 years	Program files	PA Program
Student immunization records	5 years after separation	Clinical Portal	PA Program
Academic Programs – College of Graduate Health Studies (CGHS)			
Documents	Duration	System of Record	Responsible Office
All courses: syllabi	5 years	Network drive; Google drive; LMS	Asst. Dean Academics & Assessment
All courses: exams, papers, theses	5 years	LMS	Asst. Dean Academics & Assessment
Online courses and course materials. Note: Faculty, staff, and students may retain course materials on local or network disc storage (hard drive, CD/DVD, USB drive, network drives, Google drive, etc.) Note: Retention of course materials is subject to ATSU policies including: - Copyright (Policy No. 102-207) - Intellectual Property (Policy No. 10-208) - Code of Ethical Standards (Policy No. 10-220) - Code of Academic Conduct (University Catalog)	2 years	LMS	Asst. Dean Academics & Assessment
Academic Progress Committees records	11 years after separation	N/A	Asst. Dean Academics & Assessment
Practicum – preceptor evaluations	10 years	Network drive; LMS	N/A
Practicum – student evaluation of clinical sites	10 years	Network drive; LMS	N/a
Practicum – policies and procedures	10 years	Network drive; LMS	N/a
Practicum – clinical logs	10 years	Network drive; LMS	N/a

Curriculum review	10 years	Network drive	Asst. Dean Academics & Assessment
Faculty advisor / advisee interaction documentation	5 years after separation	Anthology	Asst. Dean Academics & Assessment
College and/or program faculty meeting minutes	10 years	Network drive	Program chairs
Letters of reference, associated request forms	3 years after separation	Individual faculty drives	N/a
Program accreditation materials	20 years	Network drive	OAA MOSDOH
Student complaint regarding academic program	10 years	Anthology; Dean/assoc. dean drive	Asst. Dean Academics & Assessment
Community event screening and consent forms	2 years	N/A	N/a
Academic Programs – Kirksville College of Osteopathic Medicine (KCOM)			
Documents	Duration	System of Record	Responsible Office
All courses: syllabi	5 years	IMAP; Google drive	KCOM Curriculum
All courses: exams	5 years	ExamSoft	KCOM Curriculum
All courses: theses	5 years	Paper	KCOM Curriculum
Online courses and course materials. Note: Faculty, staff, and students may retain course materials on local or network disc storage (hard drive, CD/DVD, USB drive, network drives, Google drive, etc.) Note: Retention of course materials is subject to ATSU policies including: - Copyright (Policy No. 102-207) - Intellectual Property (Policy No. 10-208) - Code of Ethical Standards (Policy No. 10-220) - Code of Academic Conduct (University Catalog)	2 years	Canvas software	KCOM Curriculum
Academic Progress Committees records	11 years after separation	Network drive	KCOM Academic Affairs
Clinical rotations – preceptor evaluations	10 years	New Innovations	KCOM Academic Affairs
Clinical rotations – student evaluation of clinical sites	10 years	New Innovations	KCOM Academic Affairs
Clinical rotations – policies and procedures	10 years	Network drive	KCOM Academic Affairs

Clinical rotations – clinical logs	10 years	New Innovations	KCOM Academic Affairs
Curriculum review	10 years	Network drive	KCOM Curriculum
Faculty advisor / advisee interaction documentation	5 years after separation	N/A	N/A
College and/or program faculty meeting minutes	10 years	Network drive	Dean's office
Letters of reference, associated request forms	3 years after separation	Network drive; paper	Individual faculty offices
Program accreditation materials	20 years	Network drive	Dean's office or Associate Dean
Standardized patient encounters video recordings	Student graduation plus 1 year	CAE LearningSpace	SIM curriculum director
Student complaint regarding academic program	10 years	Network drive	KCOM Academic Affairs
Community event screening and consent forms	2 years	N/A	N/A
Student immunization records	5 years after separation	Anthology Student	KCOM Clinical Affairs
Academic Programs – Missouri School of Dentistry & Oral Health (MOSDOH)			
Documents	Duration	System of Record	Responsible Office
All courses: syllabi	5 years	Taskstream	MOSDOH Academic Affairs; OAA
All courses: exams	5 years	ExamSoft	MOSDOH Academic Affairs; OAA
Online courses and course materials. Note: Faculty, staff, and students may retain course materials on local or network disc storage (hard drive, CD/DVD, USB drive, network drives, Google drive, etc.) Note: Retention of course materials is subject to ATSU policies including: - Copyright (Policy No. 102-207) - Intellectual Property (Policy No. 10-208) - Code of Ethical Standards (Policy No. 10-220) - Code of Academic Conduct (University Catalog)	2 years	Network drive; Canvas	MOSDOH Academic Affairs
Academic Progress Committees records	11 years after separation	Network drive	MOSDOH Academic Affairs

Clinical rotations – preceptor evaluations	10 years	E Value	Director of DIC/ICSP, Vice Dean for Clinical Education, Operations and Community Partnerships
Clinical rotations – student evaluation of clinical sites	10 years	E Value	Director of DIC/ICSP, Vice Dean for Clinical Education, Operations and Community Partnerships
Clinical rotations – policies and procedures	10 years	ICSP student and faculty Handbooks	Director of DIC/ICSP, Vice Dean for Clinical Education, Operations and Community Partnerships
Clinical rotations – clinical logs	10 years	Clinical Assessment System	Director of DIC/ICSP, Vice Dean for Clinical Education, Operations and Community Partnerships
Curriculum review	10 years	Network drive; Google drive	MOSDOH Academic Affairs
Faculty advisor / advisee interaction documentation	5 years after separation	Standard Assessment Timely Counsel Form	CCU Directors
College and/or program faculty meeting minutes	10 years	Network drive; Google drive	MOSDOH Academic Affairs
Letters of reference, associated request forms	3 years after separation	Google drive	MOSDOH Academic Affairs, Dean's Office
Program accreditation materials	20 years	G-drive/Hard copy in binders	MOSDOH Academic Affairs
Student complaint regarding academic program	10 years	G-drive	MOSDOH Academic Affairs
Community event screening and consent forms	2 years	Paper	Director of DIC/ICSP
Student immunization records	5 years after separation	E-Value;	Director, Student Success

		MOSDOH Student Success Google Drive	
Academic Programs – School of Osteopathic Medicine in Arizona (SOMA)			
Documents	Duration	System of Record	Responsible Office
All courses: syllabi	5 years	IMAP; Google drive	UME CED
All courses: exams	5 years	ExamSoft	UME CED
All courses: papers/assignments	5 years	Canvas; network drive	UME CED
Online courses and course materials. Note: Faculty, staff, and students may retain course materials on local or network disc storage (hard drive, CD/DVD, USB drive, network drives, Google drive, etc.) Note: Retention of course materials is subject to ATSU policies including: - Copyright (Policy No. 102-207) - Intellectual Property (Policy No. 10-208) - Code of Ethical Standards (Policy No. 10-220) - Code of Academic Conduct (University Catalog)	2 years	Canvas; network drive	UME CED
Academic Progress Committees records	11 years after separation	Google drive; removable hard drive	SPC Committee in SOMA
Clinical rotations – preceptor evaluations	10 years	OMS III-IV eValue	CED
Clinical rotations – student evaluation of clinical sites	10 years	eValue	CED
Clinical rotations – policies and procedures	10 years	Network drive	CED
Clinical rotations – clinical logs	10 years	eValue	CED
Curriculum review	10 years	Network drive	Curriculum committee
Faculty advisor / advisee interaction documentation	5 years after separation	eValue	Assist. Dean
College and/or program faculty meeting minutes	10 years	Network drive	Faculty Council
Letters of reference, associated request forms	3 years after separation	Paper; network drive	Chairs
Program accreditation materials	20 years	Google Drive	UME
Student complaint regarding academic program	10 years	Paper; network drive	SOMA Dean
Community event screening and consent forms	2 years	N/A	N/A

Student immunization records	5 years after separation	Network drive in secure folders	Clinical education
Anatomy labs			
Documents	Duration	System of Record	Responsible Office
Body donor information (Mesa campus, ASDOH)	Permanent	Paper; network drive	ASDOH Vice Dean
Body donor information (Mesa campus, ASHS)	Permanent	Dropbox; network drive	ASHS Anatomy
Body donor information (Kirksville campus, KCOM)	Permanent	Paper; network drive	KCOM Anatomy
Body donor information (Mesa campus, SOMA)	Permanent	Network drive	SOMA Anatomy
Animal care facilities			
Documents	Duration	System of Record	Responsible Office
Approved applications for research with animals (approved by IACUC)	5 years	Paper; network drive	Pharmacology
Institutional Animal Care & Use Committee (IACUC) minutes	5 years	Paper; network drive	Pharmacology
Continuing Education			
Documents	Duration	System of Record	Responsible Office
CME activity documentation	6 years	Paper; network drive	Continuing Education
Accreditation documents	6 years	Paper; network drive	Continuing Education
CME program documentation	6 years	Paper; network drive	Continuing Education
Library			
Documents	Duration	System of Record	Responsible Office
Interlibrary loan billing records	3 years	Ariett	Purchasing
Interlibrary loan records	Arizona campus: 1 year	Network drive	Library
	Missouri campus: 1 year	Paper	Library
Vendor contracts & agreements	Current + 8 years	Conga Contracts; network drive	Library
ADVANCEMENT			
Documents	Duration	System of Record	Responsible Office

Donor records	Permanent	Raise; ImageNow; Paper	Advancement
Donor and prospect files (computerized data file)	Permanent	Raise; ImageNow; Paper	Advancement
Gift/pledge forms	10 years	Network drive; paper	Advancement
Statements of Intent	Permanent	Network drive; ImageNow; paper	Advancement
Marketing materials/samples (invites, solicitations, emails)	10 years	Network drive; paper	Advancement
Estate files	Permanent	ImageNow; paper	Advancement
Alumni, friends, corporate, and foundation files	Permanent	ImageNow	Advancement
(Grant) restricted contribution notification letters ("grants" that are evaluated and found to be private gift support)	3 years after complete	Network drive; ImageNow	Advancement
(Grant) unrestricted contribution notification letters ("grants" that are evaluated and found to be private gift support)	8 years	Network drive; ImageNow	Advancement
Gifts to endowment and supporting documentation	Permanent	ImageNow; network drive;	Advancement
Gifts of real property documentation	Permanent	ImageNow; network drive;	Advancement
ALUMNI			
Documents	Duration	System of Record	Responsible Office
Alumni Association governance documents	Permanent	Network drive	Alumni
Alumni Association meeting records	Permanent	Network drive	Alumni
Alumni event documents	5 years	Network drive; paper	Alumni
Alumni list	Permanent	Talisma	Alumni
Alumni of the Year awards	Permanent	Network drive	Alumni
Alumni reunion records	Permanent	Network drive	Alumni
Alumni event photos/videos	Permanent	Network drive	Alumni
COMMITTEES			
Documents	Duration	System of Record	Responsible Office
University Staff Council meeting minutes	Permanent	Network drive; portal	Various
University Faculty Senate meeting minutes	Permanent	Network drive; portal	Various
All University-wide Committees meeting minutes	Permanent	Network drive	Various

COMMUNICATION & MARKETING

Documents	Duration	System of Record	Responsible Office
In-house publications Still Magazine, Sparks Magazine	Permanent	Network drive; paper	C&M
In-house publications iConnect	Permanent	Digital online news channel	C&M
News releases	Permanent	Network drive	C&M
Print shop printing requests	5 years	Print Shop Pro	C&M
Photo/video release form/waiver	3 years	Network drive	C&M
Non-academic video	5 years	YouTube	C&M

ENROLLMENT SERVICES: REGISTRAR

Legend: AG: after graduation; LDA: last date of attendance; AP: after processing; P: permanent; UT: until corresponding record is terminated.

Admission records for those who enroll

Documents	Duration	System of Record	Responsible Office
Acceptance Letter	5 years AG	ImageNow	ES
Admission Agreement	5 years AG	ImageNow	ES
Applications – primary & secondary	5 years AG or LDA	ImageNow	ES
Background check report & correspondence	1 year AP	PreCheck, ImageNow	ES
Entrance examination test scores (includes DAT, EPAC, GRE, MAT, MCAT, NBDE, OAT, & TOEFL)	5 years AG	ImageNow	ES
F-1 student visa documentation	3 years AG, LDA (no longer pursuing a full course of study), or from date reinstatement is denied	ImageNow	ES
FERPA non-disclosure form	UT	ImageNow	ES
Health insurance (proof of)	AG	Campus Nexus	ES
Licensure (proof of)	1 year AG	ImageNow	ES
Resume/CV	1 year AG	ImageNow	ES
Transcript(s) from other institutions required for admission to program (or appear as transfer credit on qualifying transcript)	Permanent	ImageNow; microfilm	ES

Transcripts from other institutions NOT required for minimum admission requirement but required for matriculation	3 years AG	ImageNow; microfilm	ES
Transfer credit authorization	5 years AG	ImageNow	ES
VA Benefit documents (includes Certificate of Eligibility, DD-214, and Request for Certification)	3 years AG or LDA	ImageNow	ES
Admission records for applicants admitted but who never enrolled or withdrew before term began); denied admission; or application file never completed by applicant			
Documents	Duration	System of Record	Responsible Office
Admissions letters (acceptance, alternate, rejection); relevant correspondence and emails provided by applicant; applications for admissions; standardized test score report (GRE, TOEFL, MCAT, etc.); letters of recommendation; other application documents (CV/resume, experience reports)	2 years from date of start of application term	AMP	Admissions
Student academic records			
Documents	Duration	System of Record	Responsible Office
Academic degree plan	3 years AG	ImageNow	ES
ASDOH graduation confirmation	Permanent	ImageNow	ES
COMLEX Board Scores (NBOME)	Permanent – scores only after graduation	ImageNow	ES
Diploma – certified copies or duplicate request forms	1 year AP	ImageNow	ES
Degree in absentia	5 years AG if denied, Permanent if approved	ImageNow	ES
EAuD Comp Exam	Permanent	ImageNow	ES
Extended schedule	3 years AG	ImageNow	ES
FERPA disclosure (without student's consent when required)	UT	ImageNow	ES
Incomplete agreement	7 years AP; UT (incomplete grade is terminated)	ImageNow	ES
Name change (including all supporting documentation)	Permanent	ImageNow	ES
Request to review records	1 year after review of record; Permanent if review results in request to amend records/hearing; UT	ImageNow	ES

Status change correspondence (includes dismissal, leave of absence, probation, suspension, and withdrawal correspondence)	Permanent	ImageNow	ES
Substitution form	5 years AG	ImageNow	ES
Subpoena for non-directory information	UT	ImageNow	
Transcript (ATSU)	Permanent	Anthology	ES
Transcript request forms	1 year AP	ImageNow	ES
Verification of degree or enrollment (includes deferment letters, HPSP reimbursements, NHSC forms, USMLE forms, etc.)	1 year AP	ImageNow	ES
Financial documentation			
Documents	Duration	System of Record	Responsible Office
VA Benefit documents (includes certifications, correspondence, and payment reports)	3 years AG or LDA	ImageNow	ES
HPSP documents (includes Academic Year Statement, correspondence, reimbursements, and verifications)	1 year AP	ImageNow	ES
Publications, statistical data, & institutional reports			
Documents	Duration	System of Record	Responsible Office
Class rank lists (DO and DMD only at this time)	Permanent	Network drive	ES
Degree statistics (record of degrees granted by institution per graduation term and/or annually)	Permanent	Network drive	ES
Diploma copy (by program and graduating class, beginning with Spring 2013)	10 years AG	Network drive	ES
Grade sheets	Permanent	ImageNow	ES
NBOME report (summary of school results)	Permanent	Network drive	ES
Enrollment data	Permanent	Network drive	ES
ENROLLMENT SERVICES: STUDENT FINANCIAL AID			

Legend:

AY: From award year

[A] End of award year

[B] Of student's last attendance

[C] Of report submission

The University may be required to retain records for longer periods of time if the records are involved in a SFA program review, audit, or investigation. If the three-year retention period expires before the issue is resolved, records must be retained until resolution is achieved.

Federal Student Financial Aid ("SFA") program records

Documents	Duration	System of Record	Responsible Office
Audit reports and school responses	3 years AY	Paper; network drive	Finance
Records pertaining to financial responsibility (Student Financial Responsibility Form)	3 years AY	ImageNow	Finance
ECAR and Program Participation Agreement	3 years AY	Paper	Finance
Self-evaluation reports	3 years AY	Paper	VPGC
State agency reports	3 years AY	Paper; network drive	SR VP UPSI

SFA fiscal records

Documents	Duration	System of Record	Responsible Office
Bank statements for accounts containing SFA funds	3 years AY	Paper	Finance
Federal work-study payroll records	3 years AY	Great Plains; Emp Cente,; Network drive	Payroll
Ledgers identifying SFA transactions	3 years AY	Anthology Student	Finance
Records of SFA program transactions (transferring funding to ATSU from ED or G5)	3 years AY	Network drive	Finance
Records of student accounts	3 years AY	Anthology Student	Finance
Records supporting data on required reports (SFA program reconciliation reports)	3 years AY	Network drive	ES

SFA recipient records

Documents	Duration	System of Record	Responsible Office
Application data submitted to the Dept. of Education or lender by the school on behalf of the student	3 years AY	Anthology Student	ES
Data used to establish student's admission, enrollment status, and period of enrollment	3 years AY	Anthology Student	ES
Date and amount of disbursements	3 years AY	Anthology Student	ES
Documentation of student's eligibility, including required student certification statements	3 years AY	Anthology Student	ES

Documentation of student's satisfactory academic progress	3 years AY	Anthology Student	ES
Documentation of student's program of study and enrolled courses	3 years AY	Anthology Student	ES
Documentation related to the receipt of aid, such as the amount of grant, loan, or FWS award, and calculations used to determine aid amounts including cost of attendance and professional judgments	3 years AY	Anthology Student; ImageNow	ES
Documentation of initial or exit loan counseling	3 years AY	Anthology Student	ES
Documents used to verify applicant's data, including required student certification statements	3 years AY	Anthology Student	ES
Financial aid history for transfer students	3 years AY	Anthology Student	ES
Student Aid Report (SAR) or Institutional Student Information Record (ISIR)	3 years AY	EDExpress; Anthology Student	ES
Amount, date, and basis of calculations of any refunds/returns or overpayments to the FSA program fund, lenders, or Dept. of Education		Anthology Student	ES
Requirements for specific aid			
Documents	Duration	System of Record	Responsible Office
Borrowers eligibility records	3 years[AB] NOTE: Dependent on record type the 3 year period may be based on end of award year or end of student's last attendance	Anthology Student	ES
Campus-based aid: Federal Work Study	3 Years AY[A]	Network drive	ES
FFEL and Direct Loans	3 Years AY[A]	Network drive	ES
Annual Operating Report (AOP) (for HPSL, PCL, and LDS loans)	3 years AY[AC]	Paper	Finance
Fiscal Operations Report and Application to Participate (FISAP) (for Perkins loans)	3 years AY[AC]	Paper	Finance
Campus-based loans repayment records	3 years from date loan assigned, cancelled, or repaid	UNISA	Finance
Campus-based loans original promissory notes	Until loan is satisfied, or documents are needed to enforce obligation	Paper	Finance
All other records/reports	3 years AY[AC] or of report submission	Any	ES

FACILITIES

Documents	Duration	System of Record	Responsible Office
Accident reports	6 years	Google drive	Facilities; HR
Building plans, blueprints, and design plans	Permanent	Paper; network drive	
Building, facilities, and related records (e.g. capital improvement project files, work orders)	Permanent	Paper; various electronic formats	Facilities
Deeds and easements	Permanent	Paper	Facilities
Environmental law compliance (e.g., water testing, VOC testing, annual emission EIQ)	5 years	Google drive	Facilities
Fire inspection reports (e.g., fire alarm, fire extinguisher, and sprinkler system inspections)	6 years	Google drive; electronic building reports system	Facilities
Licenses and permits (e.g., elevator inspections, boiler inspections, cathotic protection certification)	Current + 6 years	Google drive	Facilities
Safety reports	8 years	Google drive	Facilities; VPGC
EPA manifests for chemical disposal	Permanent	Arriett; paper	Facilities
Fume hood and BSC certifications	Life of the hood	Paper	Facilities
Insurance safety consultation reports	Active + 5 years	Paper	VPGC
OSHA training records	3 years	Paper; network drive; Ultipro	Facilities; Human Resources
Safety Data Sheets	Current + 30 years	Paper; MSDSonline	Facilities
Engineering studies and reports	Permanent	Paper; web-based	Facilities
Maps (e.g. campus)	Permanent	Paper	Facilities

FINANCE OFFICE

Cash

Documents	Duration	System of Record	Responsible Office
Bank statements/reconciliations	7 years	Paper; PDF	Finance
Cancelled checks	7 years	Paper; PDF	Finance
Cash receipts	7 years	Paper; PDF	Finance
Credit card slips	7 years	Paper; PDF	Finance

Deposit slips	7 years	Paper; PDF	Finance
1099s received	7 years	Paper; PDF	Finance
Voided checks	7 years	Paper; ImageNow	Finance
Accounts receivable			
Documents	Duration	System of Record	Responsible Office
Subsidiary ledges, EFT, and check rosters	7 years	Campus Vue	Finance
Trial balances, invoicing	7 years	Paper	Finance
Military invoicing	7 years	Paper; PDF	Finance
Military contracts	7 years	Conga Contracts; PDF	Finance
Student files	7 years	Campus Nexus; PDF	Finance
1098-Ts	7 years	Campus Vue; PDF	Finance
Student loan receivables			
Documents	Duration	System of Record	Responsible Office
FISAPS	7 years	Paper; PDF	Finance
Department of Defense Memorandum of Understanding	Active + 7 years	PDF	Finance
Department of Education reports	7 years	PDF	Finance
Department of Health & Human Services Annual Op report	7 years	Paper; PDF	Finance
ECSI reports	7 years	PDF	Finance
Student loan receipts	7 years	Paper; PDF	Finance
Accounts payable			
Documents	Duration	System of Record	Responsible Office
Invoices and documentation	7 years 6 years from date of payment	Ariett; ImageNow	Finance
E-check reports	7 years	Paper; PDF	Finance
Check report	1 year	Paper; PDF	Finance
Wire/ACH disbursement documentation	7 years	Paper; PDF	Finance
Purchase orders and documentation	7 years	Paper; Ariett	Finance
Quotes obtained for purchase orders	7 years	Paper; Ariett	Finance
Purchasing documentation and statements	7 years	Paper; Ariett; ImageNow	Finance
W-9s from vendors	7 years	ImageNow	Finance

1099s issued to vendors	7 years	PDF	Finance
IRS correspondence / CP2100 notices	7 years	PDF; ImageNow	Finance
Construction documents			
Documents	Duration	System of Record	Responsible Office
Contracts and agreements	7 years after completion of project	Conga Contracts	Finance
Corporate			
Documents	Duration	System of Record	Responsible Office
IRS Exemption Application & Determination Letter	Permanent	Paper	Finance
Federal, state, and local tax returns	Permanent	Paper	Finance
IRS Rulings	Permanent	Paper	Finance
Bonds	Life of bond + 3 years	Paper	Finance
Mortgages, notes, and leases	7 years after expiration	Paper	Finance
Debt financing records			
Documents	Duration	System of Record	Responsible Office
Financing records (e.g. records relating to bonds and debentures, letters of credit, loan agreements and applications, documentation that financing obligations have been paid off	7 years	Paper	Finance
General ledger			
Documents	Duration	System of Record	Responsible Office
Audit engagement letters	7 years	Paper	Finance
Audit reports	Permanent	Paper; PDF	Finance
Audit work papers	7 years	Paper	Finance
Budgets	7 years	Budget Pak; Dynamics GP; Paper	Finance
Budget work papers	7 years	Paper; PDF	Finance
Fixed assets journal entries	7 years	Paper; PDF	Finance
General ledger	7 years	Paper; PDF	Finance
General ledger posting reports	1 year	Paper	Finance
Internal Financial Statements – July – May	7 years	Paper	Finance
Internal Financial Statements – June	Permanent	Paper	Finance

Investment Statement files	7 years	Paper	Finance
Journal entries	7 years	Paper; PDF	Finance
Trial Balance Summary	Permanent	Paper; Dynamics GP	Finance

Reports

Documents	Duration	System of Record	Responsible Office
IPEDS Annual Report	7 years	Paper	Finance
AACOM Annual Reports and surveys	8 years	Paper	Finance
Department of Health & Human Services PMS 272 report	7 years	Paper	Finance

Real estate

Documents	Duration	System of Record	Responsible Office
Options to purchase real estate	7 years after expiration	Paper	Finance
Property records (deeds, leases, title reports)	Permanent	Conga Contracts; paper	Finance

HUMAN RESOURCES

The following employee records are maintained in segregated personnel files in the following categories:

1. Pre-employment and background check records
2. Immigration and naturalization records
3. Benefit plan and employee medical records
4. Occupational Health and safety records
5. General employee personnel records (including payroll and tax records)

Pre-employment and background check records

Documents	Duration	System of Record	Responsible Office
Job advertisements	Termination + 5 years	UKG Pro: Recruiting	HR
Job descriptions	Termination + 5 years	Network drive	HR
Job applications and resumes	Termination + 5 years	UKG Pro: Recruiting/EE File	HR

College transcripts	Termination + 5 years	UKG Pro: Recruiting/EE File, binders	HR
Screening tools/tests	Termination + 5 years	UKG Pro: Recruiting	HR
Interview notes and other records related to decision to hire	Termination + 5 years	Network drive; hiring manager files	HR
Notes and other records related to job offers, promotions, demotions, transfers, terminations	Termination + 5 years	UKG Pro: EE Documents	HR
Training records	Termination + 5 years	UKG Pro: Learning/Network drive	HR
Incentive plans, merit systems, seniority systems	Termination + 5 years	Network drive	HR
Performance appraisals, performance improvement program records	Termination + 5 years	UKG Pro: EE Documents	HR
Professional license review records	Termination + 5 years	UKG Pro: EE Career & Education	HR
Records related to military leave of absence and reemployment and employee benefits during and upon return from a military leave	Termination + 5 years	Network drive	HR
Background check information obtained through a consumer reporting agency such as: credit reports, criminal history reports, driving records	Termination + 5 years	UKG Pro: EE Documents	HR
Consent forms and required disclosures to individuals subject to background checks	Termination + 5 years	Vendor files	HR
“No-hire” files			
Documents	Duration	System of Record	Responsible Office
Job applications, resumes, transcripts, screening tools/tests, interview notes and other records related to no-hire decisions	1 year	Email folders; Ultipro & network drive	HR
Immigration and naturalization records			
Documents	Duration	System of Record	Responsible Office
Records that verify employee’s eligibility to work under federal immigration laws	Termination + 5 years	UKG Pro: EE Documents	HR
Employment eligibility verification from “I-9” for each employee	Termination + 5 years	UKG Pro: EE Documents	HR
Benefit plan and employee medical			
Documents	Duration	System of Record	Responsible Office
Benefit plan documents, benefits plan summary descriptions (updated with changes and modifications)	Permanent	Network drive	HR

Annual reports (IRS Form 5500)	Permanent	Paper	HR
Notice of reportable events (e.g., plan amendments)	Permanent	Network drive	HR
Records of written notice to employees and dependents of their option to continue group health plan coverage following certain qualifying events	Permanent	HealthEquity	HR
Requests for reasonable accommodations from employees and/or applicants and responses, and/or accommodations provided by employer	Termination + 5 years	Email; network drive	HR
Drug testing results	Termination + 5 years	Image Now; network drive	HR
Dates FMLA leave is taken, including the hours of the leave, if FMLA leave is taken in increments of less than one full day	Termination + 5 years	UKG Pro: WFM; network drive	HR
Copies of employee notices of leave provided to the employer under FMLA, if in writing	Termination + 5 years	Network drive	HR
Copies of eligibility notices to employees required under FMLA	Termination + 5 years	Network drive	HR
Records of any dispute between employer and employee regarding FMLA leave, including written statements from employer or employee of the reason for designation and/or disagreement	Termination + 5 years	Network drive	HR
Occupational health & safety records			
Documents	Duration	System of Record	Responsible Office
Logs, records, and summaries of occupational injuries and illnesses	Permanent	Network drive/HR filing cabinet	HR
Records of exposure to toxic substances	Termination + 30 years	Network drive/HR filing cabinet	HR
General employee personnel records (including payroll and tax records)			
Documents	Duration	System of Record	Responsible Office
Notes and other records related to promotions, demotions, transfers, and terminations	Termination + 5 years	UKG Pro: EE Documents	HR
Disciplinary notices, letters, documents, and memos	Termination + 5 years	Image Now; network drive; email	HR
Basic employee data: name, address, Social Security number, gender, date of birth, occupation, job classification	Termination + 7 years	UKG Pro: EE Documents	HR
Annual payroll records (W-2)	Permanent	Network drive; Payroll storage; UKG Pro	HR

Written consent for deduction of wages (under Missouri law)	Termination + 7 years	UKG Pro: EE Documents	HR
Dates and amounts of all wage, annuity, and pension payments	Termination + 7 years	AS400; Great Plains; UKG Pro: EE Pay	HR
Time and day of week when employee's workweek begins	Termination + 7 years	Great Plains; Employee Handbook; UKG Pro: WFM-Time	HR
Total hours worked each day and workweek	Termination + 7 years	Great Plains; UKG Pro: EFM	HR
Basis and rate at which wages are paid	Termination + 7 years	AS400, Great Plains; UKG Pro: EE File; WFM-Time; network drive Payroll	HR
Straight time and overtime hours/pay	Termination + 7 years	AS400; Great Plains; UKG Pro: EE File; WFM-Time; network drive Payroll	HR
All additions to or deductions from employee wages, including child support/garnishments	Termination + 7 years	AS400; Great Plains; UKG Pro: EE File; WFM-Time; network drive Payroll	HR
Total wages paid each pay period	Termination + 7 years	AS400; Great Plains; UKG Pro: EE File; WFM-Time; network drive Payroll	HR
Records explaining any sex-based pay differences	Termination + 7 years	Email; network drive	HR
Fringe benefits paid	Termination + 7 years	AS400; Great Plains; UKG Pro: EE File; WFM-Time; network drive Payroll	HR

Employee W-2s returned by mail as undeliverable	Permanent	Network drive	HR
Copies of employees' and recipients' income tax withholding allowance certificates (Forms W-4, W-4P, W-4S, and W-4V)	Termination + 7 years	UKG Pro: EE Documents	HR
Dates and amounts of tax deposits	Termination + 7 years	UKG Pro; network drive; Image Now	HR
Periods for which employees were paid while absent due to sickness or injury and the amount and weekly rate of payments the employer or third-party payers made to them	Termination + 7 years	AS400; Great Plains; UKG Pro: EE File; WFM-Time; network drive; Payroll; vendor records	HR
Copies of tax returns filed	Termination + 7 years	Image Now; Ultimate	HR
Records of fringe benefits provided, including substantiation	Termination + 7 years	Network drive Payroll	HR
Student employment records			
Documents	Duration	System of Record	Responsible Office
Student employment records	5 years	UKG Pro: EE File	HR
Other			
Documents	Duration	System of Record	Responsible Office
HIPAA Notices of Privacy Practices	6 years	Network drive	HR
Employee Handbooks	6 years	Network drive	HR
Faculty Handbooks	6 years	Network drive	HR
Records and documentation concerning Title IX sexual harassment reports, formal complaints, investigations, and adjudications	7 years	Maxient; Network drive; (H drive of Title IX Coordinator)	HR
INFORMATION TECHNOLOGY SYSTEMS			
Documents	Duration	System of Record	Responsible Office
Closed project documentation	5 years	Teamwork; Google Drive	ITS
Course content and student data in LMS (live system and archive)	2 years	Canvas	ITS

Recorded lectures	3 years	Echo 360	ITS
Information Security activity tracking documents	6 years	Google Drive	ITS
ITS service management records/documentation	5 years	Ivanti	ITS
Risk and vulnerability assessments	6 years	Google Drive	ITS
Security incident logs	Current + 6 years	Google Drive	ITS
Strategic and operational plans	10 years	Google Drive	ITS
System and security audit logs	1 year (or shorter if dictated by service)	Google Drive	ITS

PATIENT CARE CENTERS – AFA Balance & Hearing Institute

Administration

Documents	Duration	System of Record	Responsible Office
Account adjustments	7 years	CounselEAR	ASHS operations Clinic operations
Billing protocol	7 years	CounselEAR; network drive	Clinic operations
Charge tickets / posting documents	7 years	CounselEAR; network drive	Clinic operations
Coding and billing audit reports	10 years	CounselEAR, Noridian and other insurance companies	Clinic operations
Compliance audits	7 years	CounselEAR, Noridian and other insurance companies	Clinic operations
Contract services	7 years	Network Drive	Clinic operations
Insurance EOBs / patient payments	7 years	CounselEAR; network drive	Clinic operations
Month-end reports: audiologist & revenue	7 years	CounselEAR; network drive	Clinic operations
Patient charge information	7 years	CounselEAR; network drive	Clinic operations
Patient satisfaction reports	Ongoing	In Process	Clinic operations
Payment records	7 years	CounselEAR; network drive	Clinic operations

Audiologist credentialing and privileging files	Active + 10 years	Noridian; network drive	ASHS operations clinic operations
Preventive maintenance logs	Lifetime of equipment + 2 years	Network drive	Clinic operations
Professional liability claims related to clinical care	7 years	Insurance companies; network drive	Vice President & General Counsel
Refund requests	7 years	CounselEAR; network drive	ASHS operations Clinic operations Finance
Risk management files, incident reports	5 years	Network drive	Human Resources, Facilities
Patient care center medical records			
Documents	Duration	System of Record	Responsible Office
HIPAA privacy compliance documentation	6 years	Network drive	Vice President & General Counsel
Patient master index (each clinic, all patients)	Permanent	CounselEAR; network drive	Clinic operations
Patient medical records – more than 18 years old at time of service	Active + 7 years	CounselEAR; network drive	Clinic operations
Patient medical records – less than 18 years old at time of service	Active + 7 years or until patient is 21 years old, whichever is longer	CounselEAR; network drive	Clinic operations
Release of information logs	6 years	CounselEAR; network drive	Clinic operations, Vice President & General Counsel
Workers Compensation / occupational health medical records	Active employment + 30 years	Network drive	Human Resources
PATIENT CARE CENTERS – ASDOH Dental Clinics			
Administration			
Documents	Duration	System of Record	Responsible Office
Account adjustments	7 years	Patient Management System	Clinic Operations & ASDOH Operations

Billing protocol	7 years	Patient Management System & Google Drive	Clinic Operations & ASDOH Operations
Charge tickets / posting documents	7 years	Patient Management System	Clinic Operations & ASDOH Operations
Coding and billing audit reports	10 years	Patient Management System & Triton	Clinic Operations & ASDOH Operations
Compliance audits	7 years	Patient Management System & Triton	Clinic Operations & ASDOH Operations
Contract services	7 years	Triton	ASDOH Operations
Insurance EOBs / patient payments	7 years	Patient Management System	Clinic Operations & ASDOH Operations
Month-end reports: physician & revenue	7 years	Patient Management System	ASDOH Operations
Patient charge information	7 years	Patient Management System	Clinic Operations & ASDOH Operations
Patient satisfaction reports	Ongoing	QI(Qualtrix) & Google Drive	Clinic Operations
Payment records	7 years	Patient Management System	Clinic Operations & ASDOH Operations
Physician credentialing and privileging files	Active + 10 years	Triton & ASDOH Operations	Clinic Operations & ASDOH Operations
Preventive maintenance logs	Lifetime of equipment + 2 years	Dental Equip Technicians & Google Drive	Clinic Operations
Professional liability claims related to clinical care	7 years	Insurance Company; network Drive	ATSU Legal Department
Refund requests	7 years	Patient Management System & Google Drive	Clinic Operations & ASDOH Operations
Risk management files, incident reports	5 years	Network Drive	ATSU HR & Facilities
Patient care center medical records			
Documents	Duration	System of Record	Responsible Office
HIPAA privacy compliance documentation	6 years	Compliance	ATSU Legal Department
Patient master index (each clinic, all patients)	Permanent	Patient Management System	Clinic Operations

Patient medical records – more than 18 years old at time of service	Active + 7 years	Patient Management System	Clinic Operations
Patient medical records – less than 18 years old at time of service	Active + 7 years or until patient is 21 years old, whichever is longer	Patient Management System	Clinic Operations
Release of information logs	6 years	Patient Management System	ATSU Legal Department
Workers Compensation / occupational health medical records	Active employment + 30 years	HR	HR
Radiology			
Documents	Duration	System of Record	Responsible Office
Patient x-ray films	7 years from date of service	Patient Management System	Clinic Operations
Pediatric patient x-ray films	Formula: 18 – age of patient + 7 years	Patient Management System	Clinic Operations
PATIENT CARE CENTERS – KCOM Gutensohn Clinic			
Administration			
Documents	Duration	System of Record	Responsible Office
Account adjustments	7 years	NextGen EMR; paper back up	Clinic/Finance
Billing protocol	7 years	N/A	N/A
Charge tickets / posting documents	10 years	NextGen; paper	Clinic
Coding and billing audit reports/ 3rd party and in-house	10 years	Network drive	Clinic
Compliance audits	7 years	Network drive; paper	VPGC
Contract services	7 years	Conga Contracts	VPGC
Insurance EOBs / patient payments	7 years	NextGen; paper	Clinic
Clinical financial Month-end reports	7 years	NextGen; paper	Clinic
Patient satisfaction reports	Ongoing	Paper	Clinic
Physician credentialing and privileging files	Active + 10 years	Paper	Clinic
Professional liability claims related to clinical care	7 years	Paper	VPGC
Refund requests	7 years	NextGen; paper	Clinic

Risk management files, incident reports	5 years	Network drive; paper	HR/VPGC
Patient care center medical records			
Documents	Duration	System of Record	Responsible Office
HIPAA patient acknowledgment HIPAA patient disclosure HIPAA compliance training	6 years	NextGen NextGen; paper; Ultipro	Clinic Clinic HR
Patient master index (each clinic, all patients)	Permanent	Paper	Clinic
Patient medical records – more than 18 years old at time of service	Active + 7 years	NextGen	Clinic
Patient medical records – less than 18 years old at time of service	Active + 7 years or until patient is 21 years old, whichever is longer	NextGen	Clinic
Release of information logs	6 years	NextGen; paper	Clinic
Workers Compensation / occupational health medical records	Active employment + 30 years	NextGen	Clinic
PATIENT CARE CENTERS – MOSDOH St. Louis Dental Center			
Administration			
Documents	Duration	System of Record	Responsible Office
Account adjustments	7 years	NextGen	Affinia
Billing protocol	7 years	NextGen	Affinia
Charge tickets / posting documents	7 years	NextGen	Affinia
Coding and billing audit reports	10 years	NextGen/	Affinia/MOSDOH clinic admin.
Compliance audits	7 years	Paper	Affinia Corp. Compliance/MOSDOH COPC
Contract services	7 years	Paper	Affinia Facilities
Insurance EOBs / patient payments	7 years	NextGen	Affinia
Month-end reports: physician & revenue	7 years	NextGen	Affinia
Patient charge information	7 years	NextGen	Affinia
Patient satisfaction reports	Ongoing	Paper	MOSDOH COPC
Payment records	7 years	NextGen	Affinia

Physician credentialing and privileging files	Active + 10 years	Paper	Affinia
Preventive maintenance logs	Lifetime of equipment + 2 years	Paper	Affinia Facilities
Professional liability claims related to clinical care	7 years	Paper	Affinia Corp. Compliance
Refund requests	7 years	Paper; network drive	Affinia Billing
Risk management files, incident reports	5 years	Paper	Affinia/MOSDOH COPC
Patient care center medical records			
Documents	Duration	System of Record	Responsible Office
HIPAA privacy compliance documentation	6 years	Paper	Affinia Corp Compliance
Patient master index (each clinic, all patients)	Permanent	NextGen	Affinia
Patient medical records – more than 18 years old at time of service	Active + 7 years	NextGen	Affinia
Patient medical records – less than 18 years old at time of service	Active + 7 years or until patient is 21 years old, whichever is longer	NextGen	Affinia
Release of information logs	6 years	Paper	Affinia Med. Recs.
Workers Compensation / occupational health medical records	Active employment + 30 years	Paper	Affinia & ATSU Human Resources
Radiology			
Documents	Duration	System of Record	Responsible Office
Patient x-ray films	7 years from date of service	Dexis	Affinia
Pediatric patient x-ray films	Formula: 18 – age of patient + 7 years	Dexis	Affinia
PATIENT CARE CENTERS – SOMA Osteopathic Medical Center of Arizona Clinic (OMCAZ)			
Administration			
Documents	Duration	System of Record	Responsible Office
Account adjustments	7 years	NeuMD	OMCAZ/ SOMA Operations

Billing protocol	7 years	Daily Receipts/ Batch Reports/ NeuMD	OMCAZ/ SOMA Operations
Charge tickets / posting documents	7 years	NeuMD	OMCAZ/ SOMA Operations
Coding and billing audit reports	10 years	NeuMD/ Batch Reports	OMCAZ/ SOMA Operations
Compliance audits	7 years	NeuMD/ Batch Reports	SOMA Operations/ Finance
Contract services	7 years	N/A	N/A
Insurance EOBs / patient payments	7 years	NeuMD/ Batch Reports	OMCAZ/ SOMA Operations
Month-end reports: physician & revenue	7 years	Dashboard/Excell	SOMA Operations
Patient charge information	7 years	NeuMD/Batch Reports	OMCAZ/ SOMA Operations
Patient satisfaction reports	Ongoing	ATSU Online Reporting System/Paper-Based PR	OMCAZ
Payment records	7 years	NeuMD/Batch Reports	OMCAZ/ SOMA Operations/ Finance
Physician credentialing and privileging files	Active + 10 years	Paper	OMCAZ/SOMA Operations/HR
Professional liability claims related to clinical care	7 years	Paper; network drive	OMCAZ/ SOMA Operations/ VPGC
Refund requests	7 years	NeuMD/Batch Reports	OMCAZ/ SOMA Operations
Risk management files, incident reports	5 years	Network drive	OMCAZ/ VPGC
Patient care center medical records			
Documents	Duration	System of Record	Responsible Office
HIPAA privacy compliance documentation	6 years	Ultipro Learning	OMCAZ/General Counsel
Patient master index (each clinic, all patients)	Permanent	NeuMD; Paper	OMCAZ
Patient medical records – more than 18 years old at time of service	Active + 7 years	NeuMD; Paper	OMCAZ

Patient medical records – less than 18 years old at time of service	Active + 7 years or until patient is 21 years old, whichever is longer	NeuMD; Paper	OMCAZ
Release of information logs	6 years	Paper	OMCAZ
Workers Compensation / occupational health medical records	Active employment + 30 years	N/A	N/A

SECURITY

Documents	Duration	System of Record	Responsible Office
Daily Crime Log (Clery Act)	7 years	Paper; network drive	Security
Communications to and from law enforcement agencies requesting crime statistics (Clery Act)	7 years	Paper; email	Security
Crime report forms (Clery Act)	7 years	Paper; Google drive	Security
Student housing fire drill reports and fire logs (Clery Act)	7 years	Paper	Security
Incident reports (criminal, non-criminal, emergency medical)	7 years	Paper; Google drive	Security
Incident reports (involving death)	Permanent	Paper; Google drive	Security
Incident reports – involving a minor child	5 years or when minor reaches age of 19, whichever is longer	Paper; Google drive	Security

SPONSORED PROGRAMS

Documents	Duration	System of Record	Responsible Office
Grant proposals / awards	3 years	Paper; network drive	Sponsored Programs
Time and effort records	3 years	Paper; network drive	Sponsored Programs
Compliance records	3 years	Paper; network drive	Sponsored Programs
Training requirement records	3 years	Paper; network drive	Division of Research and Grants
Financial conflict of interest disclosures, management plans, and Conflict of Interest Review Committee (CIRC) minutes	3 years	Paper; network drive	Division of Research and Grants

***Grant records will be retained in accordance with the OMB Uniform Guidance.

3 years after completion and close-out of project (unless specified longer by funder)--except in the following circumstances:

- If litigation, claim, or audit is commenced before the 3-year period, the records shall be retained until the litigation, claim, or audit is resolved and final action taken;

- If the records relate to real property and equipment acquired with Federal funds, then the records will be kept for 3 years after final disposition;
- When the records are transferred to or maintained by the Federal awarding agency, the 3-year retention is not applicable; and
- Indirect cost rate proposals, cost allocation plans, etc., if submitted for negotiation, shall be kept for 3 years after the submission and if not submitted for negotiation, the records shall be kept for 3 years following the fiscal year covered by the proposal.

STUDENT AFFAIRS

General

Documents	Duration	System of Record	Responsible Office
Student conduct files	11 years after separation	Maxient (since 2016); network drive; paper files (before 2016)	Student Affairs
Criminal background check files	7 years	Precheck/ Vendor	Enrollment Services (ATSU access only)
Log of student complaints (required by HLC)	10 years rolling	Maxient (since 2016); network drive; paper files (before 2016)	Student Affairs
University Catalog	Permanent	Webpage/Acalog	Enrollment Services
Student Handbook Acknowledgment Form	5 years after separation	Admission's acceptance agreement; part of official record	Enrollment Services
Student health insurance records & continuation	5 years after separation	HSAC/ Vendor	Student Affairs (ATSU access only)

Behavioral health wellness counselors

Documents	Duration	System of Record	Responsible Office
Client files	7 years from last contact	Confidential paper files	Counseling
Spreadsheet of sexual violence awareness and prevention programs	7 years	Google drive	Counseling

Learning and Disability Resources

Documents	Duration	System of Record	Responsible Office
Educational accommodation files	5 years after separation	Google drive	Learning and Disability Resources

Student academic consultation meeting files	5 years after separation	Google drive	Learning and Disability Resources
Student Life			
Documents	Duration	System of Record	Responsible Office
University Student Handbook	Permanent	Webpage/Acalog	Student Life
Registered Student Organization spreadsheet	5 years	Google drive	Student Life
VICE PRESIDENT & GENERAL COUNSEL			
Compliance			
Documents	Duration	System of Record	Responsible Office
Records documenting the Drug & Alcohol Abuse Prevention Program (DAAPP), DAAPP biennial review reports, and any other records related to compliance with the Drug-Free Schools and Communities Act	Permanent	Network drive	VPGC
Records relating to alleged violations of the Rehabilitation Act	3 years	Network drive	VPGC
Records on the medical condition or history of any applicant or employee in compliance with the Americans with Disabilities Act (ADA)	3 years	Network drive; email folder (separate from personnel file)	HR
Clery Act documentation (e.g., Campus Security Authority lists and training records, Clery geography, Annual Security & Fire Safety Reports, memos documenting crime classifications, memos documenting timely warnings and emergency notification decisions)	7 years	Paper; network drive, email	VPGC Security
State authorization files	Active + 7 years	Paper; network drive	SVPSI
Risk management / Insurance			
Documents	Duration	System of Record	Responsible Office
Insurance policies (all types, current and expired)	11 years	Paper; network drive	VPGC
Insurance claims (after settlement)	11 years	Paper; network drive	VPGC
Certificates of Insurance	8 years	Paper	VPGC
Internal investigations – employees	11 years after separation	Paper; network drive	VPGC
Internal investigations – students	11 years after separation	Paper; network drive	VPGC
Internal investigations – other	5 years	Paper; network drive	VPGC

Litigation	2 years after settlement or disposition of litigation	Paper; network drive	VPGC
Medical records for litigation preparation	7 years from last entry	Paper; network drive	VPGC
Medical records for litigation preparation – involving a minor child	7 years from last entry or until 19th birthday, whichever is later	Paper; network drive	VPGC
Professional liability claims – closure files	Permanent	Paper; network drive	VPGC
Professional liability claims – risk management files	Active + 3 years	Paper; network drive	VPGC
Intellectual property			
Documents	Duration	System of Record	Responsible Office
Copyrights (general)	3 years after expiration	Paper	VPGC
Patents (applications, assignments, license agreements)	6 years after expiration	Paper	VPGC
Trademark records	Active + 6 years	Paper	VPGC
Legal documents			
Documents	Duration	System of Record	Responsible Office
Contracts, Memorandums of Agreement	6 years after expiration or termination of contract	Conga Contracts	President Finance VPGC Academic Affairs
Settlement agreements	Permanent	Paper; network drive	VPGC
Complaints and answers	Permanent	Paper; network drive	VPGC
Non-discrimination			
Documents	Duration	System of Record	Responsible Office
Any records relating to alleged violations of ATSU policy as it relates to Title IX	3 years from date data was first available	Maxient (Conduct & Behavior Software)	VPGC; Director of Training & Title IX Coordinator
Records of any modifications made to the policies and practices of the institution affecting Title IX compliance, pursuant to 34 CFR Section 106.3(c)(2), and any remedial action	3 years from date of alleged discrimination	Network drive	Director of Training & Title IX Coordinator

UNIVERSITY EMPLOYEES (ALL)			
Record	Duration	System of Record	Responsible Office
Documents	Duration	System of Record	Responsible Office
Email	All email transmitted through ATSU network is archived and stored in Google vault for ten years. Emails related to legal discovery or ongoing investigations may be retained longer, as needed.	Google vault	Individual employees

ATSU | Kirksville College of Osteopathic Medicine

Counseling & Mental Health Services

Excerpt from the intranet KCOMStudentManual.atsu.edu>Introduction

Counseling & Mental Health Services

Emergency:

- 911 (Emergency Medical Services)
- 988 (Suicide & Crisis Lifeline)
- 800.356.5395 (Mark Twain Behavioral Health)

Counseling Services:

24/7 Mental Health & Medical Virtual Services for all KCOM Students:

- TimelyCare at 833-484-6359
- In Kirksville - Click Here

In Year 3 & Year 4 Clinical Regions see the sub-menu under Student Health Resources

Physical Health Services in Clinic Region

Excerpt from the intranet KCOMRegionalManual.atsu.edu>Counseling & Physical Health Services in the Region

Years 3 & 4 are the most difficult for students during their medical education. An important part of the journey through medical school is to include and have available counseling and physical health services in the region as students venture out on clinical rotations.

As a requirement of the Commission on Osteopathic College Accreditation (COCA) we must provide our students with confidential access to an effective system of counseling and mental healthcare along with diagnostic, preventive and therapeutic health services. Access to both mental and physical health services must be accessible 24 hours a day, 365 days a year, from all locations where students receive education.

KCOM meets this requirement by posting the links to mental and physical health locations specific to regions in the KCOMStudentManual.atsu.edu under the Student Health Resources section. This information is gathered from each Rotation Site Coordinator as they update the Google documents in the sections below. The office of Clinical Affairs sends out a reminders approximately every 6 months asking coordinators to review their region information and update, as needed. Updates include checking for edits to name, location, contact number, email address, website, and hours of service.

Questions contact Haylee Snyder hayleesnyder@atsu.edu or Anna Lloyd annalloyd@atsu.edu

ATSU DIVERSITY & INCLUSION

Advisory Council on Diversity

2023-26 Diversity Strategic Plan narrative

A.T. Still University (ATSU) has embraced a culture that prioritizes data-driven decision-making. Every decision made by the University is the result of a thorough planning process involving all aspects of the institution. ATSU's president and Board of Trustees rely on insights from the University's Strategic Plan, which is informed by various sources, including the Diversity Strategic Plan (DSP). As a result, it is highly likely both plans share common goals and objectives.

ATSU's dedication to diversity has been recognized with the prestigious Higher Education Excellence in Diversity (HEED) award from *Insight Into Diversity* for seven consecutive years, starting in 2017. Within the HEED award's Health Professions category, under which ATSU falls, an annual data report is produced following the award cycle. This report meticulously evaluates the alignment of ATSU's student body with faculty, staff, and administrators. It also examines the University's initiatives, including historically underrepresented group (HUG) student recruitment and retention; HUG faculty recruitment and retention; diversity, equity, and inclusion best practices; and Advisory Council on Diversity (ACOD) activities. These efforts are crucial in addressing the changing demographics of society and enhancing workforce diversity, as highlighted by Terregino et al. (2020), who emphasized the importance of a more diverse healthcare workforce in reducing health disparities. It is noteworthy that ATSU has consistently increased its HUG student population during its seven-year HEED award journey.

The Diversity Strategic Plan's development demonstrates a strong commitment to promoting cultural proficiency, diversity, equity, and inclusion within the University's educational environment. This commitment is closely linked to ATSU's interprofessional education and collaborative practice initiatives. While the University already offers such opportunities, ACOD is particularly interested in understanding the impact of these interactions. The council also emphasizes the consequences of overlooking cultural differences, advocating for cultural proficiency that acknowledges and navigates through these distinctions, in line with the perspective of Lindsey et al. (2003). Recognizing the value of these differences is fundamental to culturally proficient behavior, as disparities often arise from dismissive or indifferent attitudes, as elucidated by Phelps & Toplin (2004). Such behavior aligns with bias and may lead to microaggressions or outright discrimination. ACOD is committed to enhancing faculty diversity and expanding professional development opportunities for the ATSU community, thereby contributing to the success of its growing HUG student demographic.

ACOD plays a significant role as an officially appointed University committee under the oversight of the vice president for diversity & inclusion, designated by the president. Inclusivity is a central value of ATSU's organizational culture, and ACOD represents all segments of the campus community, including the President's Cabinet, Council of Deans, Human Resources, faculty chairs, and diversity committees within schools and divisions. These dedicated members actively engage in quarterly meetings, with ACOD's primary mission being development and supervision of the University's Diversity Strategic Plan. The President's Cabinet and deans hold permanent positions on the committee, while other members serve two-year terms, nominated by their respective school deans or program vice presidents. Upon receiving a nomination, the president extends a personal invitation to participate.

ACOD membership

Nelli Acosta
Emily Adamson**
Yinka Adekugbe
Roxana Aguirre
Marty Allison
LeAnn Allgood
Don Altman
Robert Behnen
Forrest Bollow
Donna Brown*
Ann Lee Burch
Catherine Burris
Samantha Caraway
Brian Castillo-Murillo
Melody Chambers
Matthew Chan**
Gary Cloud
Grant Coleman**
Quincy Conley
Ashley Cummings*
Radhika Edpuganti**
Norine Eitel
Tonya Fitch
Dana Funderburk
John Gardner
Gillian Gascon**
Norm Gevitz
Ryan Haas**
Wendy Hardina
Nicolette Harris
Marisa Hastie
Lori Haxton
Matt Heeren**
Sarah Hemzawi**
Urvashi Iyer**
Bryan Krusniak
Jenna Lau
Christina Ledesma
Stephanie McGrew
Dwight McLeod
Mary-Katherine McNatt
Maud Mundava
Teri Nguyen-Guo*
Clinton Normore
Sharon Obadia
Sean O'Connor
Adepitan Owosho**
Ppanandurangan Ramaraj**
Clarissa Rodriguez
Priscilla Phillips
Marlene Salas-Provance
Eric Sauers
Kimberly Skinner
Shaun Sommerer**
Gaylah Sublette
Tessa Tibben
Robert Trombly
Dougherty Tsalabutie
Kalyn Valentine
Caroline VanSickle**
Ted Wendel**
Margaret Wilson**
Sara Wilson
Roger Wooley**
Gabriela Zamora**

*Termed out members **Members no longer at ATSU

ACOD holds regular meetings, convening at least quarterly, with a special one-day planning retreat occurring each September. During this retreat, members gather at four campus locations and connect remotely via Zoom. Every ACOD member has access to the institutional shared drive, where all relevant materials are stored. ACOD's primary responsibility is to develop and oversee the Diversity Strategic Plan. The committee began developing the 2023-26 Diversity Strategic Plan on June 30, 2023, conducting a total of eight meetings in-person and over Zoom throughout the planning period. These sessions included virtual exercises to establish goals and primary measures, carrying forward the strategic priorities from the previous plan.

The 2023-26 Diversity Strategic Plan consists of three goals, eight objectives, and 10 primary measures. Each committee member engaged with their respective constituent groups to suggest potential goals, objectives, and primary measures for consideration and committee voting. The goals, objectives, and primary measures were finalized during the annual meeting on Sept. 21, 2023.

Strategic Initiative No. 1 goal

1. Invest in programs to retain HUG faculty.

Strategic Initiative No. 2 goals

1. Create interdisciplinary faculty/staff working groups to discuss strategies for developing inclusive evidence-based curriculum.

2. Collaborate with Human Resources to periodically host Still Healthy webinars promoting diversity, equity, and inclusion within the University (e.g., quarterly or bi-annually).

ATSU DIVERSITY & INCLUSION

APPENDIX

2023-26 Diversity Strategic Plan reference document

Diversity Statement – ATSU believes excellence requires understanding, affirming, and valuing human differences.

Mission Statement – The Advisory Council on Diversity (ACOD) will work to cultivate a culturally proficient community, which embraces all forms of difference and perpetuates the University's mission to enrich learning experiences of students, faculty, and staff in support of serving the underserved.

ATSU diversity definition – ATSU believes diversity is an authentic understanding and appreciation of differences and, at its core, is based upon the value each human being brings to our society and each person's access and opportunities to contribute to the University's cultural proficiency.

Historically underrepresented groups (HUGs) – ATSU defines this demographic as those historically underrepresented in medicine. More specifically, this includes American Indian/Alaska Native, Black/African American, Hispanic, and Native Hawaiian/Other Pacific Islander.

Educationally and economically disadvantaged – A student who comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school.

SMART goals – Simple, measurable, attainable, realistic, and timely

From where data was retrieved – What source was used to pull the data (e.g., website, institutional resources, data analytics reports, etc.)?

From where did the school/department begin – What was the quantifiable data before current collection point (e.g., previous year data)?

What are the school/department recommendations – Based on the stated goal, objective, and metric, does the school/department recommend the metric is met/not met and/or adjustments to the objective or measure to more accurately assess?

Priority rating/implementation deadline – Who (individual) is accountable for retrieving and passing the data along to ACOD?

Follow up/outcomes – What has been accomplished since the last reporting period? Should be comprehensive and specific to each metric.

Interprofessional education – "Those occasions when members of two or more professions learn with, from, and about one another to improve collaboration and the quality of [service]." (CAIPE, 2022)

ATSU | DIVERSITY & INCLUSION

APPENDIX (cont.)

Interprofessional collaborative practice – "When multiple health workers from different professional backgrounds work together with patients, families, careers, and communities to deliver the highest quality of care." (WHO, 2010)

Interprofessionality – An education and practice orientation, an approach to care and education where educators and practitioners collaborate synergistically." (d'Amour and Oandasan, 2005, p10)

Evidence

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- Oandasan I. and Reeves S., Key Elements of Interprofessional Education. Part 1: The Learner, the Educator, and the Learning Context, Journal of Interprofessional Care, May 2005, 1 (suppl): 21-38.
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- Phelps, C., & Toplin, R. B. (2004). Race – The power of an illusion. *Journal of American History, 91*(3), 1119-1121.
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ATSU | A.T. Still University

FIRST IN WHOLE PERSON HEALTHCARE

EMPLOYEE HANDBOOK

Welcome to the A.T. Still University family!

ATSU blends the best of 130 years of health professions education excellence with a learning-centered culture, innovation, whole person healthcare, interprofessional opportunities, osteopathic tenets, and unique strategic partnerships. Adding and sharing your talents is essential to the University's continued success, growth, and progress on the journey to preeminence.

This ATSU *Employee Handbook* contains important information on personnel policies, benefits, and practices designed to serve as a resource and assist you with becoming better acquainted with the University. ATSU's excellent Human Resources staff is also available to guide you and answer questions. May your time with A.T. Still University be filled with professional success and a great sense of accomplishment as we work together, hand in hand, to educate tomorrow's healers and leaders in healthcare. I can think of no greater calling.

With warmest regards,

Craig M. Phelps, DO, '84
Chancellor

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All University policies may be found on the ATSU portal. Sign in at my.atsu.edu. Click on "ATSU Policies" on the left sidebar to review individual policies.

INTRODUCTION

The ATSU *Employee Handbook* ("Handbook") is a general guide regarding what is expected of an employee and what employees may expect from A.T. Still University of Health Sciences ("ATSU" or the "University"). **It is not a contract nor does it contain a complete list of all ATSU policies**. Rather, it is a brief summary of key ATSU policies and practices affecting employment. Please read this Handbook thoroughly. Questions may be directed to an appropriate supervisor. Questions may also be directed to ATSU Human Resources by calling 660.626.2790 (Missouri) or 480.219.6007 (Arizona), or by emailing hr@atsu.edu.

The contents of the *Handbook* are subject to change. The latest version is located at my.atsu.edu on the Human Resources homepage.

THE UNIVERSITY

Established in 1892 by A.T. Still, DO, founder of osteopathic medicine, ATSU began as the nation's first college of osteopathic medicine and has evolved into a comprehensive graduate health sciences university comprised of seven schools and 27 health profession programs on campuses in Kirksville, Missouri; Mesa, Arizona; and Santa Maria, California; and online. ATSU students span the professions of osteopathic medicine, athletic training, audiology, dentistry, occupational therapy, physical therapy, physician assistant studies, speech-language pathology, health administration, education, health sciences, kinesiology, nursing, public health, and biomedical sciences. Each ATSU program integrates whole person healthcare into its curriculum and emphasizes development of competencies in interprofessional collaboration, cultural proficiency, critical thinking, social responsibility, and interpersonal skills. Inspired to influence whole person healthcare, ATSU graduates improve individual and community health while leading with a selfless passion.

THE MISSION STATEMENT

A.T. Still University of Health Sciences serves as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs. The University is committed to continuing its osteopathic heritage and focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations.

ATSU HUMAN RESOURCES STATEMENT

The mission statement of the University may be fulfilled only when the Board of Trustees, staff, faculty, and administration, work together in an atmosphere of mutual trust and cooperation and an environment free from conflict. Those we serve necessitate we work together in mutual respect of one another's functions and each person's importance as an individual.

ATSU employees may expect to be treated fairly with dignity and respect. Employee safety, security, and future welfare are of great concern to the Board of Trustees and administration of this University. In turn, ATSU expects all employees to represent the University and perform in a manner befitting a professional.

ACCOMMODATIONS FOR EMPLOYEES WITH DISABILITIES

Employees with disabilities may request accommodations to enable performance of essential job functions. To request accommodations, contact Human Resources at 480.219.6007 (AZ) or 660.626.2790 (MO). A physician recommendation affirming the existence of a disability and a desired accommodation is requested in order to facilitate employee accommodations. Please see ATSU Policy No. 90-211: Accommodations for Employees.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

Faculty and staff members should be aware of the process whereby students with disabilities may seek accommodations under federal law and ATSU policy. Accommodations are provided for qualified ATSU students with

disabilities to ensure academic requirements do not have discriminating effects. Any student seeking accommodations due to a documented disability is required to register with ATSU Learning Resources & Accommodation Services. Faculty should not provide disability-related accommodations without referral to and notice from ATSU Learning Resources & Accommodation Services. Students seeking accommodations must begin the process by contacting ATSU Learning Resources & Accommodation Services at accommodations@atsu.edu.

Please see ATSU's Policy and Procedures for Students with Disabilities for more information.

NOTICE OF NONDISCRIMINATION
(ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation)

A.T. Still University (ATSU) does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), sexual orientation, age, disability, or veteran status in admission or access to, or treatment or employment in its programs and activities. Sexual harassment, dating violence, domestic violence, sexual assault (e.g., non-consensual sexual contact/intercourse), stalking, harassment, and retaliation are forms of discrimination prohibited by ATSU. More information, including ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation, may be found at www.atsu.edu/titleix.

To report violations of ATSU's nondiscrimination policies, request information, or for assistance filing a police report, contact the following persons:

Arizona campus -Employee
Tonya Fitch
Director of Human Resources
Deputy Title IX Coordinator
5850 E. Still Circle
Mesa, AZ 85206
480.219.6007
tfitch@atsu.edu

Missouri campus -Employee
Donna Brown
Assistant Chief for
Human Resources
Deputy Title IX Coordinator
800 W. Jefferson St.
Kirksville, MO 63501
660.626.2790
dbrown@atsu.edu

California Campus-Employee
Tonya Fitch
Director of Human Resources
Deputy Title IX Coordinator
5850 E. Still Circle
Mesa, AZ 85206
480.219.6007
tfitch@atsu.edu

Arizona campus-Student
Michael Zajac
Associate Vice Chancellor
for Student Affairs
Deputy Title IX Coordinator
5850 E. Still Circle
Mesa, AZ 85206
480.219.6026
michaelzajac@atsu.edu

Missouri campus-Student
John Gardner
Director, Policy and
Employee Education
Title IX Coordinator
800 W. Jefferson St.
Kirksville, MO 63501
660.626.2236
lhaxton@atsu.edu

California Campus-Student
Dianne Korth
Director of Student Affairs
Deputy Title IX Coordinator
1075 E. Betteravia Rd., Ste. 201
Santa Maria, CA 93454
805.621.7681
diannekorth@atsu.edu

Alternately, discrimination complaints, reports, or questions may be directed to the ATSU Title IX coordinator:

John Gardner
Title IX Coordinator
800 W. Jefferson St.
Kirksville, MO 63501
660.626.2113
titleix@atsu.edu

Please see Appendix A for the complete ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation.

End of ATSU Policy No. 90-210

GENERAL INFORMATION

EQUAL EMPLOYMENT OPPORTUNITY

It is University policy to provide equal employment opportunity to all otherwise qualified individuals without regard to race, color, religion, ethnicity, national origin, sex (including pregnancy), sexual orientation, age, disability, or veteran status, except where sex is a bona fide occupational qualification. Equal employment opportunity includes, but is not limited to, recruitment, hiring, training, assignment, compensation, promotion, and transfer. Please refer to ATSU Policy No. 90-100: Equal Employment Opportunity Policy for details.

SELECTION

ATSU employees are selected based on qualifications and are expected to learn and perform the assigned job. The hiring decision is based upon an available position and the applicant's experience, education, skill, references, and stated desire to do a good job.

SCREENING

ATSU departments are responsible for ensuring applicable screening is conducted on all appropriate employment applicants, certain new and current employees, and students. This may include verification of academic credentials, relevant licenses or certifications, work history, job performance, and criminal background checks. See ATSU Policy No. 90-103: ATSU Screening Policy for Employees.

VERIFICATION OF EMPLOYABILITY

ATSU hires only individuals authorized to work in the United States. ATSU will not discriminate on the basis of national origin. However, in accordance with the Immigration Reform and Control Act of 1986 (IRCA), ATSU must have verification of authorization to work and identification from all newly hired employees within three (3) days of start date.

IRCA prohibits knowingly hiring unauthorized aliens. ATSU utilizes E-Verify through the U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services. Employers are responsible for verifying the identity and employment eligibility of each employee hired or rehired. This is accomplished through completion of the I-9 form, which is completed after a job offer has been accepted.

ORIENTATION

The orientation process begins immediately after the commencement of work. Departments will conduct ongoing in-service education and on-the-job training under supervisor direction. Human Resources conducts regular and continuous University-wide orientation programs that should be attended. Employees will have access to orientation materials online for review.

PATIENT AND/OR ANIMAL CARE POSITIONS

All new employees at ATSU clinics will receive a tuberculin skin test or interferon gamma release assay test at no charge to the employee. Employees at all ATSU clinics must be immunized against the following transmittable diseases: measles, mumps, rubella, hepatitis B, varicella, tuberculosis, influenza, diphtheria, tetanus, and pertussis.

Animal care employees may be required by ATSU to undergo a physical examination. Continued employment is contingent upon the results of the physical exam. The examination is necessary to ensure safety and verify ability to perform essential job-related functions. The physical will be performed at no charge and will be repeated annually.

Employees who have potential exposure to bloodborne pathogens will be required to complete bloodborne pathogens training and will be offered the hepatitis B vaccination free of charge. Please refer to ATSU Policy No. 30-100: Needlestick/Bloodborne Pathogens and ATSU Policy No. 95-107: Disease Exposure Prevention and Control Plan for details.

At any time, employees may be required to submit to a physical examination at the discretion of the administration and/or supervisor. Proof of immunization records may be required as well.

EMPLOYEE CLASSIFICATIONS

Temporary employee: A temporary employee is one whose employment is for a designated consecutive length of time, usually not to exceed six (6) months.

Part-time employee: A part-time employee is regularly scheduled to work less than 30 hours per week.

Full-time employee: A full-time employee is regularly scheduled to work 30 or more hours per week.

Change in employee classification: Change of classification from full-time to part-time may not be automatic by virtue of a temporary change in work schedule if the intent is to return to the original schedule after a short time.

Continuous service: Eligibility for paid time off, such as vacation, and medical leave is based on continuous full-time service. It is advantageous to maintain consistent full-time service. Previous full-time service may not be considered in determination of benefits if an employee is terminated and later re-employed, or if an employee's status changes from full-time to part-time and then returns to full-time, unless otherwise stated by state law. Please refer to ATSU Policy Nos. 90-309: Vacation Benefits and 90-312: Paid Medical Leave Benefits for details.

Employee separation: If an employee separates from employment at ATSU and is rehired within 60 days of the date of separation, all paid leave accrual (excluding any vacation paid out upon separation) and benefits will resume as though the employee did not separate from ATSU. Standardized patients and work study employees may return to employment up to one (1) year after a discontinuation of employment. Standardized patients and work study employees may be rehired and return to employment up to one (1) year after being placed in an inactive status. Standardized patients and work study employees who return to employment within one (1) year will have employment paperwork on file and only changes requested by the employee will be updated. The I-9 form will be verified specifically for expiration of documents and may need to be updated prior to returning to active status.

PROBATION PERIOD

Employees begin in a probation period for the first 90 calendar days after commencing work to get acquainted with the new position and demonstrate suitability to the supervisor. During the probation period, ATSU reserves the right to terminate employment, with or without notice, without obligation.

Shortly before the probation period ends, the supervisor may complete a performance evaluation. At the supervisor's discretion, the probation period may be extended before final determination of employment status is made.

Upon satisfactory completion of the probation period, the employee will be considered a regular employee. Regular status does not guarantee continued employment. Employment with ATSU is "at-will" unless governed by an employment contract. The employment relationship may be terminated by either ATSU or the employee at any time, without notice, for any reason or no reason at all.

Applicable employee benefits will be based on the actual date of regular employment. If employment is terminated prior to the end of the 90-day probation period, no vacation benefit will be paid out. ATSU will comply with any

states who have laws which require a payout within the 90-day probation period (e.g. California).

WORK SCHEDULES

The normal business hours for ATSU are typically Monday through Friday from 8:00 a.m. to 5:00 p.m. Exempt employees are paid an established monthly salary and are expected to fulfill the duties of their positions regardless of the hours worked. They do not receive compensatory time (comp time) or additional compensation for working more than 40 hours in a work week.

The normal work week for a full-time hourly employee is 40 hours (see page 8 for employee classifications), worked in five (5) eight-hour shifts within a calendar week. Because of the varying nature of services offered, work schedules may vary from department to department. Shift assignments, hours and days of work, holidays, vacations, lunch periods, and break periods are scheduled by the supervisor to provide necessary coverage of the work area. It may be necessary to change work schedules from time to time to meet departmental needs.

Full-time employees must work normal scheduled hours each pay period as benefits are determined based on these hours. Unworked, normally scheduled hours will be completed with any available personal days, vacation, and/or medical time if applicable. If no paid time off is available, pay will be reduced to reflect actual work time.

While employees are hired to perform particular duties within assigned areas, the need to work in more than one area of ATSU may arise.

MEAL PERIOD AND BREAKS

For hourly employees, a 30-minute to one-hour unpaid meal period may be provided during each eight-hour work shift. Two (2) paid 15-minute breaks are not guaranteed but are usually provided during each eight-hour shift. It is sometimes necessary to skip or reschedule break periods due to emergencies or work requirements. Employees may not forfeit break periods in order to come to work late or leave work early. ATSU will honor all state and local laws, ordinances, and regulations regarding meal breaks which may conflict with this guidance.

ABSENCES AND TARDINESS

To maintain an efficient and productive work environment, it is important to be on the job and on time. Employees who cannot report to work for any reason must notify the appropriate supervisor or designee. When possible, report absences at least one (1) hour prior to the regularly scheduled starting time. Employees are expected to report in each day of an absence. Employees who are absent from work for three (3) or more consecutive work days without calling to report the absence may be terminated from employment based on job abandonment. Unreported or excessive absences, tardiness, and early departures may result in disciplinary action up to and including termination.

UNPLANNED ABSENCES

An unplanned absence may be defined as one for which an employee did not obtain the required approval from their supervisor as stated per the guidelines below.

Department heads and supervisors should inform employees of the proper procedure for reporting when the employee may have an unplanned absence. Each supervisor should have a consistent notification process for all employees to utilize. To be considered for a planned absence, employees should be informed of the following:

- Method of reporting (e.g., phone call, text, email)
- Timeline (e.g., end of business on prior scheduled day, midnight of prior business day, before the scheduled work day begins)
- Backup (e.g., second in command if supervisor is unavailable)

Employees should notify their supervisor of any unplanned absence (i.e. sickness, inclement weather, school closing) as far in advance as possible. After notification by the employee of the unplanned absence, it is at the supervisor's discretion to excuse or not excuse the absence. An employee is allowed ten (10) days of unexcused unplanned absences each calendar year. Qualifying medical conditions covered by ATSU Policy No. 90-317: Family and Medical Leave Act cannot be considered an unexcused unplanned absence. Unexcused unplanned absences will result in the following corrective measures:

- Verbal warning upon six (6) days
- Written disciplinary warning upon eight (8) days
- Termination of employment after ten (10) days

Days will be tracked by each supervisor based on a calendar year (i.e. January through December). Supervisors should be observant and identify pattern absences and should take timely corrective action.

PARKING

Employees utilizing ATSU parking lots on the Kirksville, Missouri campus, Mesa, Arizona campus, and St. Louis Dental Center must register the vehicle(s) and appropriately display a parking sticker. Parking in disabled or designated patient area parking may result in fines or disciplinary action up to and including termination of employment. Please refer to ATSU Policy No. 95-116: Parking Regulations.

Consideration will be given for reasonable accommodations related to parking spaces. Contact Human Resources by calling 660.626.2790 (Missouri) or 480.219.6007 (Arizona) or email Human Resources at hr@atsu.edu.

PERFORMANCE EVALUATION

Each year employees and respective supervisors jointly review and formally evaluate job performance throughout the prior year. During the annual evaluation, a form is filled out, which becomes part of each employee's personnel file. Evaluation typically takes place just before the completion of the probationary period and thereafter on an annual basis. More frequent reviews may be conducted at supervisor discretion. Performance evaluation forms are located on the ATSU portal at the Human Resources home page.

The primary purpose of the performance evaluation is communication. A performance evaluation provides an opportunity for employees and supervisors or department heads to jointly discuss job duties, expectations, and results. Another purpose of the evaluation is to provide a basis for decisions affecting wage increases, promotional opportunities, and continued employment.

The ATSU performance evaluation process also includes completion of a professional development plan. Supervisors and employees should work together to complete the plan, based on the needs of the department and the professional ambitions of the employee. Supervisors may use this plan to anticipate budgetary requests for the next fiscal year to fund professional development activities for employees.

PROMOTION AND TRANSFERS

It is ATSU's preference to fill job openings by transfer or promotion of employees within ATSU whenever possible. To be eligible for transfer, employees should complete at least three (3) months service in a current position. Transfer applications are handled in a similar fashion to all other hiring within ATSU. Employees wishing to be considered for another position within the university should submit application materials through the ATSU application process. Supervisors should be made aware of an employee's desire to pursue other employment within ATSU prior to applying. Retaliation against any employee seeking transfer is expressly prohibited.

Applications of current ATSU employees will be considered along with those of other applicants, and selection will be made on the basis of qualifications and suitability for the position. The involved supervisors will discuss current job performance as part of the selection process. In the event of a transfer, ten (10) actual working days' notice for hourly employees and 20 actual working days' notice for salaried employees is required prior to the effective date of the transfer. However, both supervisors should identify and agree on a plan for smooth transition from one position to the next.

In order to comply with ATSU's commitment to equal employment opportunity and e *Employment Opportunity Policy*, job openings are posted on ATSU's website at atsu.edu under "Employment" for a minimum of three (3) days before a position is filled. Information regarding posted jobs is available in Human Resources by calling 660.626.2790 (Missouri) or 480.219.6007 (Arizona), or emailing hr@atsu.edu.

RESIGNATION AND DISMISSAL

Resignation from ATSU requires a minimum of ten (10) actual working days' notice for hourly employees and twenty (20) actual working days' notice for salaried employees in order to receive accrued vacation benefits except in states requiring a payout regardless of notice (e.g. California). Between the period of notice and the last day worked, employees must actually work the minimum number of days specified above. This does not include ATSU observed holidays or any other paid time off. Notice of intent to resign should be in writing. A resignation notice form may be obtained from Human Resources or found on the Human Resources home page under miscellaneous forms. Failure to provide proper notice as defined above will result in forfeiture of any accrued vacation balance. Unused vacation will be paid with the final paycheck with a maximum of one (1) year of accrual. Last day must be an actual day worked.

For voluntary resignation, final paychecks will be prepared with the next scheduled payroll unless specified by state law. In the event of dismissal from ATSU, final paychecks will be prepared as required by law. All keys and other property of ATSU must be returned to the employee's supervisor or Human Resources before the last day of work.

An employee whose position is eliminated will be given ten (10) actual working days' notice if hourly or twenty (20) actual working days' notice if salaried. Employees will be encouraged to seek a transfer to another position within ATSU during any notice period that may be given. Employees whose employment is terminated by ATSU will be given ten (10) actual working days' notice or be paid ten (10) actual working days' severance pay if hourly or twenty (20) actual working days' notice or be paid one (1) month's severance pay if salaried upon termination for any reason other than gross misconduct or insubordination. Please refer to ATSU Policy No. 90-333: Employment Separation or Transfer Process for details. Contractual employees should refer to the terms of the contract.

COMPENSATION

COMPENSATION POLICY

It is ATSU's policy to administer its compensation program in a manner that will attract well-qualified people and encourage them to utilize their talents and grow in their career development. Starting salaries are based on educational qualifications, previous experience, and current salaries being paid for similar positions within ATSU and the recruitment area, and availability of qualified applicants for the position.

All positions with ATSU have been evaluated in terms of the required skills and abilities, complexity, and degree of responsibility for the purpose of establishing relative worth in relationship to all jobs. Employees are paid a rate within the pay range to which the position is assigned.

Each position at ATSU is given a grade to determine the range of pay available for that position. New employees are normally paid the base rate of the established range for the pay grade into which they are being hired. Documented education and/or work experience beyond requirements of the job description may justify a rate of pay within the range above the base. Such documentation will be reviewed by the assistant chief for human

resources for approval.

The pay range for each job grade may be adjusted from time to time, as required by current economic conditions.

ATSU employees have the right to tell any person the amount of your own wages. ATSU will not retaliate against you for disclosing your own wages. Within Minnesota, this protection is under the Minnesota Wage Disclosure act and your remedies are to bring civil action and/or file a complaint with the Minnesota Department of Labor and Industry at 651.284.5070 or 800.342.5354.

TIME SHEETS

For hourly employees, federal and state wage and hour laws require a record of each hourly employee's time at work. Hourly employees are required to accurately record time worked using the employee time management software within each two-week pay period. Time worked should be recorded in hours and tenths. Vacation, medical leave, bereavement (compassion) leave, jury duty, etc. should be requested through the employee time management software. Each employee is responsible for his/her own time sheet, and appropriate supervisors should approve all entries. Reduced schedules should show correct holiday, vacation, sick hours, and personal days.

Overtime must be authorized in advance by a supervisor or department head. Unauthorized overtime is prohibited and could result in discipline.

Before the payroll director issues a paycheck, time sheets must be submitted via the employee time management software and receive supervisor approval. Time sheet approval must be complete by the Monday following the end of the pay period. Any time sheets with uncorrected errors may result in nonpayment for the days containing errors.

If an hourly employee fails to clock in or out during his/her normal work day schedule, the supervisor should be alerted immediately so work time may be entered manually.

For employees paid on a monthly basis:

- Time sheets must be submitted by the last day of the month.
- Supervisors must approve time sheets by the second day of the following month.

For employees paid on a biweekly basis:

- Time sheets must be reviewed Monday morning following the end of the pay period.
- Do not submit time sheets. All time recorded through the time system is automatically submitted on the employee's behalf.
- Supervisors must approve time sheets by the end of the day Monday following the end of the pay period.

PAYROLL DEDUCTIONS

ATSU will process payroll deductions consistent with federal, state, and municipal law. ATSU employees should update their W-4 regularly. For more information on Payroll policy, please see ATSU Policy No. 90-221: Payroll Policy.

Any W-4 form claiming exemption from withholding for the previous year expires on Feb. 16. Human Resources will begin withholding for any employee who previously claimed exemption from withholding but has not provided Human Resources a new W-4 form for the current year. If the employee does not provide Human Resources a new W-4 form, taxes will be withheld based on the last valid W-4 form Human Resources has for the employee not claiming exemption from withholding or, if one does not exist, as if he/she is single with zero withholding allowances. If the employee furnishes a new W-4 form claiming exemption from withholding after Feb. 16, Human Resources may apply the exemption to future wages, but does not refund taxes withheld while the exempt status was not in place. See IRS publication 15 (2013), (Circular E), Employer's Tax Guide.

New local and state forms must be completed if an employee moves. The forms must be submitted to Human Resources in advance of relocation. ATSU remote and telecommute employees are responsible for notifying ATSU Payroll of their geographical work location to ensure proper taxation, as required by applicable laws. ATSU employees are solely responsible for meeting their taxation responsibilities to federal, state, and local governmental entities. Please see ATSU Policy No. 90-106: Employee Work Location Policy.

Employees who travel to another ATSU facility to carry out work responsibilities under their job description must notify payroll in order to ensure proper taxation. Payroll will then provide the appropriate forms for an employee to complete regarding proper taxation

Other optional deductions may be taken, including payments for:

1. Dependent life insurance,
2. Supplemental life insurance,
3. Group medical insurance,
4. Dental insurance,
5. Vision insurance,
6. Employee supplemental retirement contributions,
7. United Way contributions,
8. Gifts to ATSU,
9. Flexible spending account (medical and dependent care),
10. Health savings accounts,
11. Thompson Campus Center family memberships, and
12. Other voluntary benefits.

Taxable benefits include:

1. Kirksville Aquatic Center,
2. East Valley Family YMCA, and
3. Basic life insurance in excess of $50,000.

A statement of items deducted will be shown on each check stub. In the event of termination, all sums due to ATSU will be deducted from the final paycheck to pay accounts in full, unless other satisfactory arrangements are made.

PAY DAYS, PAY PROCEDURES, AND DIRECT DEPOSIT

Salaried employees are paid on the last workday of each month. If the last day of the month falls on a weekend, direct deposits will be processed on the prior Friday.

Pay periods for hourly employees are every two (2) weeks. The pay period begins and ends at midnight every other Saturday. Hourly employees are paid on the Friday following the end of each pay period.

For additional details on Payroll, please see ATSU Policy No. 90-221: Payroll Policy.

W-2 FORMS AND PAY STUBS

Employees may now view and print W-2 forms and pay stubs online through Human Resources Information System (HRIS). An email will be sent each January to let employees know when the new W-2 has been posted.

Mailing address and email address should be updated in the HRIS by Dec. 15 in the event of relocation or employment separation to receive W-2 notifications.

Employees may access their W-2 in the HRIS. Employees can also select to go paperless for tax documents in the

HRIS. Please see the HR website, https://hr.atsu.edu, for information how to access W2s. For any questions please contact Payroll at payroll@atsu.edu.

The HRIS also has provides access to paystubs. Please see the HR website, https://hr.atsu.edu, for information how to access paystubs.

To resolve difficulty with the HRIS, please contact: Mary Lou Carter at 660.626.2791 or mcarter@atsu.edu

The IRS does not retain actual copies of Form W-2 (PDF) for prior years, except as an attachment to the tax return. However, the IRS maintains (and will provide free of charge) Form W-2 information for any purpose for the past 10 processing years. Use Form 4506-T (PDF), *Request for Transcript of Tax Return*, to request Form W-2 information. The only way to get an actual copy of a Form W-2 from the IRS is to order a copy of the entire return on Form 4506 (PDF), *Request for Copy of Tax Return*, and pay a fee of $57 for each return requested.

The Social Security Administration (SSA) will provide the Number Holder (NH) or legal representative(s) at no charge with a microprint copy of the Form W-2 requested for purposes of resolving an SSA program-related matter (e.g., resolving an earnings discrepancy in connection with the processing of a Title II and/or Title XVI claim or an SSA or NH initiated earnings investigation).

Call 800.829.3676, or visit the IRS website at www.irs.gov to obtain Form 4506 (PDF), *Request for Copy of Tax Return*, or Form 4506-T (PDF), *Request for Transcript of Tax Return*.

Call 800.772.1213, or visit the SSA web site at www.socialsecurity.gov for instructions on how to obtain wage information from the SSA.

GARNISHMENTS

A creditor may, through legal means, order ATSU to withhold a certain amount from an employee's paycheck. This type of claim is called a garnishment. Garnishments may only be changed or canceled through a court order. Upon receipt of a garnishment, the employee will be notified by the ATSU payroll director.

COURT PROCEEDINGS COMPENSATION

Full-time hourly and salaried employees who are called for jury duty will be paid their regular salary while serving on a jury if the summons for jury duty falls on regular working days/hours. It is the employee's responsibility to notify his/her immediate supervisor of the starting and ending dates of such jury duty. A written notification from the court must be obtained and submitted that identifies actual time served in order for the time to be paid by ATSU. Employees may keep compensation paid by the court to the employee for service during jury duty. Please refer to ATSU Policy No. 90-313: Absence from Work for Court Proceedings for more details on absences for court proceedings.

For employees who work a shift outside of the normal workday (i.e. 8-5 Monday-Friday) a relative amount of release time will be given for that same evening/night shift. For example, if your normal schedule is Monday-Friday 5p-1a and you served jury time from 8a-11a on one of those days, you will be given 3 hours release time at the beginning of your shift and would not be required to report to work until 8:00p.m. All employees are compensated for jury time on a 1:1 basis for hours served (based on the court documents) and hours compensated up to the total number of regularly scheduled hours for the employee each day. Jury duty pay will not be counted as hours worked and, therefore, is not subject to overtime for the normal work week.

WORK-RELATED TRAVEL COMPENSATION

Salaried employees will be paid their regular salary while traveling on ATSU business.

Hourly employees who are required to attend work-related meetings will be paid for the actual length of the meeting or for their regularly scheduled work hours. The time spent in traveling to and from out-of-town meetings will be paid in accordance with the Wage and Hour Division, Department of Labor regulations Part 785, hours worked. The number of hours to be compensated should be reported through the employee time management software for the pay period in which the travel occurred. Hourly employees are advised to contact Human Resources prior to work-related travel. Supervisors are authorized to flex time for hourly employees to account for work-related travel and avoid overtime.

ATSU Policy No. 50-101: Reimbursement for Travel Expenses explains the reimbursement procedure for travel expenses, such as mileage.

BENEFIT INFORMATION

The benefit information provided in the following section is meant to provide a brief summary of the benefit package. Plan documents and policies give more complete information of benefit programs and eligibility requirements. All benefits are subject to change. These plan documents may be found on the ATSU portal.

MEDICAL INSURANCE

The medical insurance program is a comprehensive major medical program, which includes a pharmacy plan and, if elected, dental and vision coverage. Multiple plan options are available and dependent coverage is available for families of employees, with ATSU sharing the cost of premiums. To verify which providers are in the Cigna network, visit the Cigna website. The plan document is available on the portal under Departments/HR/HR Home/Benefit Information. An employee is eligible on the first day of the month following date of hire. If an employee experiences a qualifying life event, as defined by the Department of Labor, the employee must contact Human Resources within 31 days to make applicable changes.

Discounted premiums are available to employees who participate in the Still Healthy Lifestyle Program.

LIFE INSURANCE

All full-time, benefits-eligible employees are eligible to participate in the group life insurance program upon date of hire. ATSU provides a benefit amount of $150,000 for basic life and accidental death & dismemberment insurance at no cost to employees. Dependent life insurance and supplemental employee life insurance coverage is also available under this plan. Human Resources will provide details concerning participation in this program to eligible employees.

RETIREMENT PLAN

ATSU contributes 11 percent for salaries up to and including $24,000 and 5 percent for salaries more than $24,000 and up to and including the salary amount not to exceed the annual IRS compensation limit in effect for the current plan year. Contributions are based on regular salary and exclude overtime pay, bonuses, and any other forms of supplemental remuneration. Eligible employees must have least one (1) year of service (1,000 service hours or more in a 12-month period) and are vested immediately. This 403(b) tax deferred retirement plan is through Teacher's Insurance and Annuity Association (TIAA). Employees who met eligibility requirements at another institution of higher education may begin receiving contributions the first of the month following completion of the ATSU Retirement Plan Certification of Prior Service with Institution of Higher Education form.

Employees, as of date of hire, can participate in elective deferrals to contribute to their retirement. Student employees are excluded from this benefit. For more information please refer to the plan document available on the Human Resources website at www.atsu.edu/hr.

FLEXIBLE SPENDING ACCOUNTS

ATSU allows employees to redirect a portion of pay through payroll deduction into flexible spending accounts (FSA). Money goes into FSAs and is deducted on a pre-tax basis, meaning it is deducted from pay before taxes are calculated. Because employees do not pay taxes on money going into FSAs, taxable income is decreased and spendable income potentially increased. Reimbursements from accounts may be claimed as eligible dependent care expenses and/or eligible medical expenses are incurred.

SHORT-TERM AND LONG-TERM DISABILITY

Full-time faculty and salaried employees with at least one (1) year of full-time service may be granted up to six (6) months' time off with pay for illness or injury, provided the leave is medically necessary. Short-term disability benefits will begin six (6) weeks from the last day worked by the eligible employee and will terminate six (6) months from the last day worked. Please refer to ATSU Policy No. 90-316: Short-Term Disability for more details.

ATSU provides long-term disability insurance to all full-time, benefits-eligible employees at no cost.This plan provides a monthly income in the event of total disability. Human Resources will provide details concerning eligibility for participation in this plan. More information is provided in the plan document on the ATSU portal.

PAID MEDICAL LEAVE

All full-time, salaried employees are awarded medical time at the beginning of each calendar year, which is prorated for employees who start or become eligible after Jan. 1. Salaried employees are eligible for 30 cumulative working days of paid medical leave benefits per year. If medical leave is required beyond the 30 working days provided, and the employee has more than one (1) year of continuous full-time service, a short-term disability leave may be approved (see above section for short-term disability).

All full-time, regular, hourly employees are eligible for paid medical leave benefits. Medical leave benefits accrue per pay period based on the normal hours scheduled. For example, an employee working 80 hours per pay period would earn 80 hours per year. Medical leave benefits may not be used within the first 90 days of full-time employment, and paid medical leave may not be taken in advance of accrual.

Certain states' laws create additional benefits for part-time employees residing in those states. Please see ATSU Policy No. 90-318: California Specific Time Off Policy for more details.

When it becomes necessary to be absent due to personal illness, injury, or illness of an immediate family member, the employee's supervisor must be notified no later than the start of the first workday absent from work. Supervisors will approve or disapprove payment for medical leave based on policy. No medical leave benefits will be approved unless the supervisor has been properly notified. Employees are required to submit time off through the employee time management software.

Each year, within an employment anniversary month, hourly employees who have medical time accrued in excess of 240 hours will be paid, at their current hourly base rate, for one-half of all hours in excess of 240 hours. Medical accruals will then be reset to 240 hours.

Upon termination of employment, unused medical days are canceled and not payable. Please refer to ATSU Policy Nos. 90-312: Paid Medical Leave Benefits and 90-318: California Specific Time Off Policy for more information regarding paid medical leave benefits.

FAMILY AND MEDICAL LEAVE ACT

In accordance with federal law, ATSU provides eligible employees with up to 12 weeks unpaid leave each year for any of the following reasons:

1. Birth of a child and in order to care for that child.
2. Placement of a child for adoption or foster care and to care for the newly placed child.

3. Serious health condition of a spouse, child, or parent as defined by the Family and Medical Leave Act (FMLA).
4. The serious health condition of the employee.
    a. An employee may take leave because of a serious health condition making the employee unable to perform the functions of the employee's position.
    b. A serious health condition is defined as a condition requiring inpatient care at a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition requiring continuing care by a licensed healthcare provider.
    c. This policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition, which results in a period of three (3) consecutive days of incapacity with the first visit to the healthcare provider within seven (7) days of the onset of the incapacity and a second visit within 30 days of the incapacity would be considered a serious health condition. For chronic conditions requiring periodic healthcare visits for treatment, such visits must take place at least twice a year.
    d. Employees with questions about illnesses covered under the FMLA policy or under the University's paid medical benefits policy (ATSU Policy No. 90-312: Paid Medical Leave Benefits) are encouraged to consult with Human Resources.
    e. If an employee takes paid medical benefits for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this policy, the University may designate all or some portion of related leave taken as leave under this policy, to the extent the earlier leave meets the necessary qualifications.
5. Qualifying exigency arising when employee's spouse, child, or parent (as defined by FMLA) is on covered active duty or has been notified of an impending call to covered active duty.
    a. Qualifying exigency must be one of the following:
        1. Short-notice deployment;
        2. Military events and activities;
        3. Child care and school activities;
        4. Financial and legal arrangements;
        5. Counseling;
        6. Rest and recuperation;
        7. Post-deployment activities; or
        8. Additional activities arising from active duty, provided ATSU and employee agree, including agreement on timing and duration of the leave.
    b. Covered active duty is:
        1. For a member of the regular Armed Forces, duty during deployment with the Armed Forces to a foreign country (including international waters); or
        2. For a member of the reserve components of the Armed Forces (National Guard or Reserves), duty during deployment with the Armed Forces to a foreign country (including international waters) under a call or order to active duty in support of a contingency operation.
    c. Leave may commence as soon as the individual receives the call-up notice.
    d. "Child" for this type of FMLA leave is defined the same as for "child" for other types of FMLA leave except the person does not have to be a minor.
    e. This type of leave would be counted toward the employee's 12-week maximum of FMLA leave in a 12-month period.

Employees are eligible for FMLA if they have worked at least 12 months, at least 1,250 hours over the past 12 months, and work at a location where ATSU employs 50 or more employees within 75 miles. Whether an employee has worked the minimum 1,250 hours of service is determined according to Fair Labor Standards Act principles for determining compensable hours or work.

Employees absent for five (5) consecutive days are required to apply for FMLA by contacting Human Resources to determine eligibility. In addition, employees will be required to submit a release to return to work for absences for five (5) consecutive days or when released by a physician. Even though an employee may request 12 weeks of

leave for the birth of a child, only time under the care of a physician will be compensated as paid medical leave benefits per ATSU Policy No. 90-312: Paid Medical Leave Benefits. The remaining leave will be counted as vacation, paid personal days, holidays, or unpaid time.

Please refer to ATSU Policy No. 90-317: Family and Medical Leave Act for additional information.

HOLIDAYS

If a regular holiday falls on Saturday, the preceding Friday will be the paid day off, or if the holiday falls on Sunday, the following Monday will be the paid day off. If Christmas Eve Day falls on Friday, Saturday, or Sunday, Friday and Monday will be observed for the Christmas Eve and Christmas Day holidays. All holidays, including winter break, are posted on the calendar in the employee time management software.

Full-time employees, regular or temporary, regardless of length of employment, are eligible for the following paid holidays:

New Year's Day
Martin Luther King Jr. Day
Memorial Day
Juneteenth
Independence Day
Labor Day
Thanksgiving Day
Friday after Thanksgiving
Christmas Eve Day
Christmas Day

Winter break days (as determined by the chancellor) generally are observed from the day after Christmas through New Year's Eve). Please refer to ATSU Policy No. 90-308: Paid Holidays and Paid Personal Days for more details.

Employees must work or use available paid time off the previous scheduled day before the observed holiday in order to be paid for the holiday.

In departments and areas that must be in continuous operation, department heads and supervisors are responsible for scheduling employees on holidays as equitably as possible to ensure necessary coverage.

Hourly employees required to work on a holiday observed by ATSU will be paid holiday pay plus their regular rate of pay for the hours they are required to work on that day.

PAID PERSONAL DAYS

Full-time employees receive three (3) paid personal days each year following their first-year anniversary date. Paid personal days may only be taken in full day increments. They must be prescheduled with the employee's supervisor or department head. Paid personal days cannot be carried over from year to year and will not be paid out upon termination. Please refer to ATSU Policy No. 90-308: Paid Holidays and Paid Personal Days.

VACATION

Full-time employees are eligible for paid vacation benefits. Vacation accrual varies based on an employee's classification and length of full-time employment. Employees may accumulate twice the current year's accrual.

Employees are eligible to take vacation benefits as they accrue. Vacation may not be used the first 90 days of full-time employment (excluding contractual employees in some instances), and paid vacation may not be taken in

advance of accrual. Vacations may be scheduled only with the approval of the appropriate department head or supervisor.

Employees are required to obtain approval for all vacation requests from the appropriate supervisor prior to the date the vacation is to begin. Vacation usage must be requested through the employee time management software under the time off section. Employees are required to contact their supervisor if manual adjustments to the time sheet are needed.

Upon separation from ATSU, employees may be eligible for vacation payout. Refer to ATSU Policy Nos. 90-309: Vacation Benefits and 90-333: Employment Separation or Transfer Process.

BEREAVEMENT (COMPASSION) LEAVE

In the event of a death in an employee's immediate family, time off may be granted. "Immediate family," as used in this section, refers to the employee's spouse, child, parent, grandparent, brother, sister, or in-laws. Other family members may be considered "immediate" at the discretion of an employee's immediate supervisor. It is the employee's responsibility to notify the supervisor as soon as possible regarding a need for bereavement leave.

Full-time employees will be granted up to five (5) days of bereavement leave with pay. If leave beyond five (5) days is necessary, or if bereavement is not for an immediate family member, an employee may request vacation time through the immediate supervisor. Refer to ATSU Policy No. 90-314: Bereavement Leave.

FITNESS PROGRAM

Full-time, benefits eligible employees may receive 30 minutes of release time, three times per week, to participate in fitness activities during work hours. Paid work release time is at the discretion of the supervisor.

Employees using release time must submit a required monthly fitness log showing work release time used for fitness activities. The fitness log is emailed to all employees at the end of each month. Participants must submit the log no later than the 5th of the month for the previous month's activities. Employees may be asked to share their completed fitness log with their supervisor to validate work release time.

On the Kirksville, Missouri, campus:

> Thompson Campus Center: Employees have a free Thompson Campus Center membership. Spouse and family memberships are available. This may be deducted from the employee's paycheck or paid directly to the TCC. TCC provides scheduled fitness activities and exercise classes.
>
> Kirksville Aquatic Center: ATSU has partnered with the Kirksville Aquatic Center to offer employees and their families pre-paid memberships. ATSU will pay the membership fee, and employees are responsible for the applicable tax at the fair market value of the membership. A signed agreement must be completed by each employee wishing to participate.
>
> Membership discounts for the Adair County YMCA may be available to employees. Details may be obtained by contacting Human Resources.

On the Mesa, Arizona, campus:

> YMCA: ATSU has partnered with the East Valley YMCA to offer free membership for employees. The membership is a Valley-wide membership. ATSU pays the cost of the membership, and employees are responsible for the applicable tax of the fair market value of the membership. An agreement provided by Human Resources must be completed by each employee wishing to participate.

EMPLOYEE DATA CHANGES

If there are changes to an employee's name, address, telephone number, marital status, number of dependents, beneficiary, or emergency contact, it is the employee's responsibility to inform Human Resources. This information may affect benefits. There is a 31-day window of opportunity to make changes following a qualifying life event, as defined by the Department of Labor.

EMPLOYMENT PRACTICES

CODE OF ETHICAL STANDARDS

As a learning-centered university dedicated to preparing highly competent healthcare professionals, all members of the ATSU community must promote and adhere to the highest ethical standards of professional, academic, and community conduct. Employees should be aware of and comply with the expectations for conduct outlined in ATSU Policy No. 10-220: ATSU Code of Ethical Standards.

CONFIDENTIAL INFORMATION

ATSU employees have an ethical and sometimes legal obligation to protect confidential information they see, hear, or otherwise become aware of whether in the course of their job, or inadvertently. Confidential information must not be shared in or outside the workplace, except as necessary in the course of your job duties. Avoid discussing work-related confidential information in areas where it may be overheard.

Confidential information includes, but is not limited to:

Type of information	Examples	Regulations/Standards
Patient information, known as protected health information (PHI)	A patient's place of employment, health status, payment for healthcare, information found in medical records. Even the fact they had a medical appointment is confidential.	The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Student information, including educational records	Grades, test scores, transcripts, disciplinary records, contact and family information, class schedules.	The Family Educational Rights and Privacy Act (FERPA).
Personally identifiable information for employees, students, or patients	Social security numbers, addresses, phone numbers, employee personnel records such as insurance information, pay/salary, performance evaluations.	
Financial information	Credit card numbers, cardholder information, bank account numbers	Gramm-Leach-Bliley Act Payment Card Industry Data Security Standard.
ATSU business and proprietary information	Research data, contracts, financial statements, alumni and donor giving, sensitive emails and correspondence, legal matters	
Access codes	Passwords, PINS, or other security codes.	

Violations will be investigated and may result in disciplinary sanctions, up to and including termination of employment. The possibility of civil or criminal penalties also exist under state and federal laws.

Exception: If you become aware of confidential information that causes you to suspect illegal or unethical conduct,

you are required to report it and are protected from retaliation. See ATSU Policy Nos. 10-220: ATSU Code of Ethical Standards and 10-216: Whistleblower Policy.

Further information:
ATSU Policy No. 50-115: Protecting Confidential Information
ATSU Policy No. 50-326: Financial Information Safeguards
ATSU Policy No. 30-104: Permitted Uses and Disclosures of Protected Health Information (HIPAA).

LOBBYING ACTIVITIES

No federally appropriated funds may be paid by or on behalf of ATSU to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with awarding any federal contract, making any federal grant, making any federal loan, entering into any cooperative agreement, and extension continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement. Further, if any funds other than federal appropriated funds are used to influence an officer or employee of any agency, member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with any federal award, ATSU must complete and submit appropriate "Disclosure of Lobbying Activities" documentation. Additionally, ATSU requires all sub-recipients of federal awards (grants, contracts, or cooperative agreements) to abide by federal lobbying rules and complete appropriate certifications and disclosures related to lobbying activities as appropriate.

POLITICAL ACTIVITY IN SUPPORT OR OPPOSITION OF A CANDIDATE

Political activity by a Section 501(c)(3) organization such as ATSU in the form of endorsing or opposing a candidate for office at the national, state, or local level is prohibited, even if it is an insignificant amount. This prohibition may be especially difficult in a university setting because, historically, students tend to advocate feverishly for the causes/candidates they support. It is important for ATSU administrators to remember ATSU cannot endorse a candidate nor provide resources such as space or secretarial services to a candidate.

PROFESSIONAL LICENSING AND VERIFICATION

Human Resources will conduct annual professional license verification. Results will be sent to the respective dean. It is up to the discretion of the respective dean to determine the process for review if there is a reported complaint and/or disciplinary actions and orders.

Certain positions require a license or certification. Human Resources must receive proof of proper license upon employment, and, if required by law, proof of renewal.

EMPLOYEE PROGRESSIVE DISCIPLINE

In any organization, standards for performance, rules of conduct, and other policies which describe appropriate behavior for employees, must be defined and enforced. When an employee's behavior or performance does not follow these established guidelines, ATSU has the responsibility to take appropriate action to correct the situation.

Progressive discipline is intended to encourage an employee who has demonstrated unacceptable performance or misconduct to improve his/her performance or conduct to an acceptable level. Disciplinary actions may include a verbal warning, written warning to be added to the employee's Human Resources file, suspension with or without pay, and termination.

While progressive discipline is most effective when these actions are taken sequentially, specific disciplinary measures will be determined by the severity, nature, and circumstances of the offense. At ATSU's discretion, a single instance may be sufficient to warrant termination. Employees should be aware at-will employees, per state law, may be terminated without cause at any time for any non-discriminatory reason.

Offenses that may result in disciplinary action up to and including immediate dismissal include, but are not limited to, the following:

1. Willful misconduct, abuse, negligence, or neglect of duty;
2. Abusive language or conduct toward a patient, visitor, student, or employee;
3. Falsification of employment information;
4. Possessing, reporting to work or working under the influence of intoxicants (non-prescribed drugs, narcotics, alcohol, etc.) or the illegal possession, manufacture, or use of drugs in the workplace;
5. Aggressive or threatening behavior toward, including assault/battery against, any patient, visitor, student, or employee;
6. Unauthorized possession of firearms or other deadly weapons on the premises;
7. Immoral conduct or indecency;
8. Theft or any attempt to defraud ATSU, a patient, a student, a visitor, or another employee;
9. Soliciting or accepting gifts from patients, vendors, or visitors;
10. Insubordination or the refusal to follow supervisory instructions;
11. Violation of safety rules, including failure to report emergencies, accidents, or personal injury; poor housekeeping in prescribed areas; and failure to wear proper uniform or safety equipment as required;
12. Unauthorized release or use of confidential information concerning ATSU, a patient, a visitor, a student, or another employee;
13. Sleeping on the job;
14. Obstructing or preventing an employee or other authorized persons from performing their assigned duties;
15. Gambling on the premises;
16. Misuse of email, internet, social media, and telephones, including unauthorized long-distance calls and excessive personal use;
17. Unauthorized vending, posting, or soliciting;
18. Loud and disorderly conduct;
19. Unexcused absences (see “Absences and Tardiness” section);
20. Unauthorized absence from work or work area during working hours;
21. Violation of professional attire as determined by supervisor;
22. Failure to report for a required physical examination;
23. Failure to pay debts to ATSU;
24. Non-approved overtime;
25. Careless or unsatisfactory job performance;
26. Unauthorized personal utilization of supplies, property, or facilities, including intentional destruction of property;
27. Failure to meet departmental performance standards;
28. Improper conduct, including horseplay, or creating a nuisance or disturbance;
29. Failure to turn in or report lost or found articles;
30. Unauthorized presence in restricted areas;
31. Failure to observe appropriate vehicle use guidelines and/or parking regulations;
32. Circulation of petitions or lists to secure signatures for any cause during working hours or within work areas;
33. Abuse of leave provisions; or
34. Use of tobacco on ATSU property.

EMPLOYEE PROBLEM-SOLVING PROCEDURE

Grievances among or between employees that do not rise to the level of prohibited conduct outlined in ATSU Policy No. 10-220: ATSU Code of Ethical Standards or ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation should be reconciled informally whenever possible. The employee problem-solving

procedure is intended to help resolve complaints in a timely and satisfactory manner and outlines the appropriate chain of command when addressing issues. Please refer to ATSU Policy No. 90-209: Employee Problem Solving Procedure.

DRUG-FREE AND ALCOHOL-FREE WORKPLACE

ATSU is a drug-free and alcohol-free workplace. This established standard of conduct prohibits all employees from possessing, reporting to work, or working under the influence of intoxicants (non-prescribed drugs, narcotics, alcohol, etc.) and prohibits the illegal possession, manufacture, or use of drugs or alcohol in the workplace. As a part of the University's Drug & Alcohol Misuse Prevention Program (DAMPP), ATSU Policy No. 90-324: Drug-Free & Alcohol-Free Workplace contains information about legal sanctions; health risks; a listing of agencies providing drug or alcohol counseling, treatment, rehabilitation, or re-entry programs; and sanctions imposed on employees for violating the standard of conduct.

The DAMPP ensures the workplace policy is provided to new employees upon hire, reviewed by all employees annually, and available in electronic and print form. The DAMPP also informs training provided through the Still Healthy program. Please refer to ATSU Policy No. 90-324: Drug-Free & Alcohol-Free Workplace.

TOBACCO-FREE CAMPUS AND WORKPLACE

It is ATSU's policy to maintain a tobacco-free environment for employees, patients, students, and visitors. Please observe "NO SMOKING" signs. The use of tobacco products (cigarettes, cigars, pipes, and smokeless tobacco), e-cigarettes, and other unregulated nicotine products by employees, physicians, students, patients, or visitors will not be permitted at ATSU or in any facility that is part of ATSU operations or owned by ATSU and leased to others. The policy applies to parking lots, ATSU grounds, off-campus employee work sites, and ATSU-owned or privately-owned vehicles when they are being used by employees. Please refer to ATSU Policy No. 95-110: Tobacco-Free Campus and Workplace.

SAFETY

Providing safe working conditions for all employees is a concern and responsibility for everyone. Upon employment, employees will be instructed on how to do each job in the safest possible way. Regardless of any rules ATSU may establish, job safety depends primarily upon the employee. Employees must:

1. Be alert on the job;
2. Think before taking action;
3. Avoid taking unnecessary risks; and
4. Report unsafe practices or equipment.

Refer to ATSU Policy Nos. 95-106: Hazard Communication Program and 95-107: Disease Exposure Prevention and Control Plan.

ATSU employees should be familiar with the ATSU Emergency Operations Plan (EOP). The EOP is in the Emergency Procedures section of the ATSU Campus Safety website.

WORK-RELATED ACCIDENTS

In the event an employee is injured on the job, the case will be handled in accordance with the workers' compensation laws of the state. To ensure protection of rights, an employee should report all work-related accidents to his/her immediate supervisor at once. If medical attention is necessary, Human Resources and/or the supervisor will direct the employee for treatment or referral. If the injury occurs when Human Resources is closed, medical attention should be obtained at the nearest emergency room or urgent care center. The employee and attending physician must complete an authorization form. A "confidential report of incident" form must be completed by the employee and his/her supervisor and forwarded to Human Resources. Benefits may be denied to employees who fail to report an accident immediately. Absences determined to be work-related will be

compensated by ATSU, and any medical expenses resulting from work-related injuries will be the responsibility of ATSU as provided in the workers' compensation laws. Please refer to ATSU Policy No. 90-323: Workers' Compensation Insurance.

CHILDREN IN THE WORKPLACE

In order to eliminate potential liability and maintain an appropriate and safe work environment, providing childcare in any work area is prohibited. Emergency situations may arise, and supervisors must approve and monitor these situations. Please refer to ATSU Policy No. 90-328: Children in the Workplace.

SOLICITATION

Solicitation of other employees or distribution of literature during working time of either the employee doing the soliciting or the employee being solicited is prohibited. Working time does not include break periods and meal times, and employees are permitted to engage in solicitation during those times.

Solicitation of other employees at any time in any immediate patient care area such as waiting rooms, hallways, corridors, treatment rooms, diagnostic rooms, etc., is prohibited. Non-working areas include cafeterias, employee lounges, employee parking areas, and similar areas.

All-ATSU email communications must be approved by the Chancellor's Office. Email message boards are available for Arizona and Missouri campus employees and students to sell personal items and make non-work related announcements (e.g., for community events). For access to the campus-based message board, contact the Help Desk.

Please refer to ATSU Policy No. 90-121: Solicitation and Distribution of Information.

EMAIL AND INTERNET USE

Most ATSU employees have free and unimpeded access to work email and internet. Those who use these services are expected to do so in a responsible and appropriate manner. Email is not private nor protected, and may be subject to review as deemed necessary by the chief information officer and appropriate Chancellor's Cabinet members.

Internet access on ATSU's network or ATSU equipment may not be used to access pornographic material or conduct illegal activity.

Emails sent using the ATSU email system to groups of individuals should use the "blind carbon copy" (bcc) function. This does not include collaborative email messages where replies to all recipients are intended and encouraged.

Access is a privilege that may be removed upon sufficient justification. Personal use is permissible provided it does not interfere with the email system or with the individual's employment or obligations to ATSU. Employees who spend inordinate amounts of time with email or internet, outside their assigned duties, should be treated by their supervisors as they would for any other work-time problem. Refer to ATSU Policy No. 55-104: Email Utilization Policy for further details.

VALUABLES

Employees are advised to not carry valuables or large amounts of money while on duty. ATSU does not assume responsibility for personal losses. ATSU reserves the right to inspect any unauthorized packages entering or leaving the premises. A lost and found is maintained in the security office on the Missouri campus and at the front desk on the Arizona campus.

ACKNOWLEDGMENT

I have read in its entirety the ATSU *Employee Handbook* ("Handbook"), outlining ATSU's policies, practices, guidelines, and benefits. I understand the Handbook provisions and I will do my best to abide by and uphold them. I understand information contained in this Handbook is set out in greater detail in the ATSU policy manual, the contents of which I have access to at any time on the ATSU portal.

I understand information contained in the Handbook is subject to change at ATSU's discretion, without notice to employees, and such changes supersede, modify, or eliminate any or all of the policies and benefits summarized in the Handbook.

I further understand policies, practices, guidelines, and benefits contained in the Handbook do not constitute an employment contract between ATSU and myself or imply existence of any contractual or other rights. I also understand nothing in any other electronic data or materials or written materials disseminated by or for ATSU, and nothing in any statement or actions by or on behalf of one of ATSU's representatives, constitutes an employment contract between ATSU and myself or implies existence of any contractual rights.

I understand my employment is as an "employee at will." Being an "employee at will" means the employment relationship is by mutual consent of ATSU and me, is not for any definite period of time, and may be terminated by either ATSU or me at any time, without any notice, for any legal reason or no reason at all.

If I sign a separate written employment contract with ATSU, I understand and acknowledge such contract governs my employment with ATSU, but policies and benefits in the Handbook, or as later modified, also apply to me.

By signing below, I acknowledge I have read this acknowledgement and I fully understand the employment relationship as described above. In addition, I will abide by the ATSU mission and vision statements:

MISSION STATEMENT:

> *A.T. Still University of Health Sciences serves as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs, the University is committed to continue its osteopathic heritage and focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations.*

VISION STATEMENT:

{To be} The preeminent University for the health professions

- *Leading innovator in health professions education*
- *Superior students and graduates who exemplify and support the University's mission*
- *Osteopathic philosophy demonstrated and integrated*
- *Pioneering contributions in healthcare, education, knowledge, and practice.*

_____	_____	_____
Employee signature	*Print name*	*Date*

Please return this signed acknowledgement to ATSU Human Resources.

APPENDIX A

ATSU POLICY NO. 90-210: PROHIBITION OF DISCRIMINATIION, HARASSMENT, AND RETALIATION

Purpose

The purpose of this general order is to provide an employment and a learning environment at A.T. Still University of Health Sciences ("ATSU" or "University") free from discrimination, harassment, and retaliation and ensure compliance with Title IX of the Education Amendments Act of 1972, the Violence Against Women Act Reauthorization of 2013, Title VII of the Civil Rights Act of 1964, and all other applicable national, state, and local laws. Discrimination, harassment, or retaliation by anyone—managers, administrators, supervisors, co-workers, students, or non-University personnel, including clients, vendors, and suppliers—on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), sexual orientation, age, disability, veteran status, or any other status protected by applicable law, is a violation of University policy and prohibited by ATSU. This policy ensures compliance with law, emphasis on a fair and equitable learning and work environment, and fair process for all concerned.

This policy, and excerpts from it, appears within many ATSU publications, both online and in print. For the most up-to-date version of this policy, refer to atsu.edu/prohibition-of-discrimination-harassment-and-retaliation.

Policy

ATSU does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), sexual orientation, age, disability, veteran status, or any other status protected by applicable law. Dating violence, domestic violence, sexual assault, stalking, harassment, and retaliation are forms of discrimination prohibited by ATSU under this policy.

Any person who witnesses or has knowledge of incidents of discrimination, harassment, retaliation, or any other situation prohibited by this policy, should report such information to persons listed in this general order. Reports of inappropriate behavior which is not related to class based harassment, discrimination, or retaliation will be handled through supervisory response or through Human Resources (for employees) and the University Student Handbook or promotion boards and/or committees (for students). All who make a good faith report are protected from adverse action or retaliation under provisions of this policy and by ATSU Policy No.10-216: Whistleblower. Good faith reports, even if erroneous, will not result in punitive action. Deliberately false and/or malicious accusations of discrimination and harassment are just as serious an offense as discrimination or harassment and will be subject to appropriate disciplinary action. If ATSU has actual knowledge of reports by multiple individuals regarding discrimination, harassment, or retaliation by the same respondent, the Title IX coordinator (or designee) may initiate investigation into the reports, regardless of the participation level of one or more of the reporting parties.

Internal complaints regarding potential violations of the Clery Act, Title IX, or Title VII

To report violations of ATSU's nondiscrimination policies, request information, or for assistance filing a police report, all ATSU community members may contact:

Dr. John Gardner, Title IX Coordinator
800 W. Jefferson St., Kirksville, MO, 63501
660.626.2113 or johngardner@atsu.edu

Alternately, the following deputy Title IX coordinators are available at ATSU campuses.

	Mesa, Arizona, campus	Kirksville, Missouri, campus & St. Louis Dental Center	Santa Maria, California, campus
Students	Michael Zajac Associate VC, Student Affairs Deputy Title IX Coordinator 5845 E. Still Circle Mesa, AZ 85206 480.219.6026 michaelzajac@atsu.edu	John Gardner Director Policy and Employee Education Title IX Coordinator 800 W. Jefferson St. Kirksville, MO 63501 660.626.2113 johngardner@atsu.edu	Dianne Korth Director Student Affairs Deputy Title IX Coordinator 1075 E. Betteravia RD, Ste. 202 Santa Maria, CA 93454 805.621.7681 diannekorth@atsu.edu
Employees, members of the public, or beneficiaries should contact:	Tonya Fitch Director, Human Resources Deputy Title IX Coordinator 5845 E. Still Circle Mesa, AZ 85206 480.219.6007 tfitch@atsu.edu	Donna Brown Assistant Chief, Human Resources & Deputy Title IX Coordinator 800 W. Jefferson St. Kirksville, MO 63501 660.626.2792 dbrown@atsu.edu	Tonya Fitch Director, Human Resources Deputy Title IX Coordinator 5845 E. Still Circle Mesa, AZ 85206 480.219.6007 tfitch@atsu.edu

To anonymously and confidentially report situations or behavior prohibited by this policy, call the 24-hour service at 1.855.FRAUD-HL or use the secure online reporting form at fraudhl.com. Reference company ID ("ATSU") when making a report.

Crime reporting options

Facility		Emergency	Campus Safety	Police
Mesa, Arizona, campus	Off-campus	911	480.341.9075	480.341.9075, opt. 2
	On-campus	911	*7	
Kirksville, Missouri, campus	Off-campus	911	660.349.9513	660.785.6945
	On-campus	9-911	33	
Santa Maria, California, campus	Off-campus	911	805.245.6221	805.928.3781
	On-campus	911	805.245.6221	
St. Louis Dental Center	Off-campus	911	314.814.8568	314.231.1212
	On-campus	4444	314.814.8568	

If you are in an area without an identified ATSU facility, please contact 911 to report a crime or seek police assistance.

On-campus, confidential resources available for students

ATSU Behavioral Health & Wellness Counseling Services (atsu.edu/counseling_services)

Mesa, Arizona, campus	Kirksville, Missouri, campus	Santa, Maria, California, campus	St. Louis Dental Center
Desirai Browning, MAS, LAMFT Behavioral Health & Wellness Counselor 480.219.6170 desiraibrowning@atsu.edu Karen Taylor, MS, LPC, NCC Behavioral Health & Wellness Counselor 480.219.8069 karentaylor@atsu.edu Timely Care 833-4-TIMELY	Sarah Thomas, EdD, MSW, LCSW Director - Behavioral Health & Wellness 660.626.2751 sarahthomas@atsu.edu Timely Care 833-4-TIMELY	Karen Taylor, MS, LPC, NCC Behavioral Health & Wellness Counselor 480.219.8069 karentaylor@atsu.edu Timely Care 833-4-TIMELY	Sarah Thomas, EdD, MSW, LCSW Director - Behavioral Health & Wellness 660.626.2751 sarahthomas@atsu.edu Timely Care 833-4-TIMELY

Regulatory complaints regarding potential violations of the Clery Act, Title IX, or Title VII may be directed to:

Location	Title IX and Clery Act	Title VII
Missouri	U.S. Department of Education One Petticoat Lane 1010 Walnut Street, Suite 320 Kansas City, MO 64106 816.268.0550 816.268.0559 fax OCR.kansascity@ed.gov	U.S. Equal Employment Opportunity Commission Robert A. Young Federal Building 1222 Spruce Street, Room 8100 St. Louis, MO 63103 800.669.4000 314.539.7894 fax 800.669.6820 TTY
Arizona	U.S. Department of Education Cesar E. Chavez Memorial Building 1244 Speer Boulevard, Suite 310 Denver, CO 80204 303.844.5695 303.844.4304 fax OCR.Denver@ed.gov	U.S. Equal Employment Opportunity Commission 3300 North Central Avenue Suite 690 Phoenix, AZ 85012 800.669.4000 602.640.5071 fax

California	U.S. Department of Education 915 Second Avenue, Room 3310 Seattle, WA, 98174 206.607.1600 206.607.1601 fax OCR.SanFrancisco@ed.gov	U.S. Equal Employment Opportunity Commission 450 Golden Gate Avenue 5 West P.O. Box 36025 San Francisco, CA 94102 800.669.4000 415.522.3415 fax

Resources

Off-campus counseling and victim support are available through:
National Sexual Assault Hotline - 800.656.4673
Mesa Victim Services Unit (Arizona) - 480.644.4075
Santa Maria Rape Crisis Center Hotline (California) - 805.928.3554
St. Louis Regional Sexual Assault Hotline (Missouri) - 314.531.7273
Employees may access the Employee Assistance Program (EAP) by calling 877.622.4327 or by visiting myCigna.com (enter code: ATSU).

Policy definitions

Advisor – A person selected by the complainant or respondent to be present at interviews or the hearing process. Advisors may not answer questions on behalf of their party. Advisors pose questions on behalf of their party in the hearing setting. Advisors may not contact the other party except in the hearing setting. The Title IX coordinator can provide an advisor for a party if the party so desires. A party may request from the Title IX coordinator for more than one advisor if there is a support need, including a disability accommodation. Evidence from a healthcare professional, or similarly situated expert, of a support need will be required. Advisors will present themselves in a professional manner. Investigators, hearing board chairs, and other institutional officials may remove an advisor from the process if the advisor's behavior is abusive, belligerent, or otherwise inconsistent with a professional nature. A party will be able to replace their advisor if removed.

Appellate panel – A group of trained ATSU employees from the Grievance and Equity Response Team (GERT) who reviews appeals of findings from the Title IX Grievance Process or General Discrimination Grievance Process.

ATSU community member – A person participating in or attempting to participate in an ATSU education program as an employee, student, prospective student, alumni, or similarly positioned individual.

Coercion – Coercion is *unreasonable* pressure for sexual activity. Coercive conduct differs from seductive conduct based on factors including the type and/or extent of the pressure used to obtain consent. When someone makes clear they do not want to engage in certain sexual activity, wants to stop, or does not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive.

Complainant – An ATSU community member who alleges their educational or employment rights were infringed upon based on class-based (race, sex, religion, etc.) discrimination or harassment.

Investigation – A process conducted by unbiased investigators to gather and synthesize evidence while providing analysis of the credibility of evidence. In the General Discrimination Grievance Process, investigator(s) will make a determination of *in violation* or *not in violation of policy*. In the Title IX Grievance Process, the investigator(s) will not make a determination of *in violation or not in violation*, but instead, determine the facts to be considered by the hearing panel.

Consent – Consent is knowing, voluntary, and clear permission by word or action to engage in sexual activity. For consent to be valid, there must be a clear expression in words or actions that the other

individual consented to that specific sexual conduct. Reasonable reciprocation can be implied. For example, if someone kisses you, you can kiss him/her back (if you want to) without the need to explicitly obtain *his/her* consent to being kissed back. Consent can also be withdrawn once given, as long as the withdrawal is reasonably and clearly communicated. If consent is withdrawn, that sexual activity should cease within a reasonable time. Consent to some sexual contact (including kissing or fondling) cannot be presumed to be consent for other sexual activity (including intercourse). A current or previous intimate relationship is not sufficient to constitute consent.

Finding – The determination of the hearing panel (Title IX Grievance Process) or investigators (General Discrimination Grievance Process) regarding a violation of policy based on the preponderance of the evidence standard.

Force – Force is the use of physical violence and/or physical imposition to gain sexual access. Force also includes threats, intimidation (implied threats), and coercion intended to overcome resistance or produce consent (e.g., "Have sex with me, or I'll hit you." "Okay, don't hit me, I'll do what you want.").

Sexual activity that is forced is, by definition, non-consensual, but non-consensual sexual activity is not necessarily forced.
Silence or the absence of resistance alone is not consent. Consent is not demonstrated by the absence of resistance. While resistance is not required or necessary, it is a clear demonstration of non-consent.

General discrimination – Discrimination or harassment not defined or covered under Title IX regulations and the Title IX Grievance Process.

Grievance and Equity Response Team (GERT) – A team of trained ATSU employees who serve as advocates, investigators, hearing panel members, and appellate panel members within the grievance process. GERT membership is maintained and trained by the Title IX coordinator.

Hearing panel – A group of trained ATSU employees (usually three) from the GERT who hear and conduct a proceeding to determine a finding regarding a formal complaint of discrimination in the Title IX Grievance Process.

Incapacitation – A person cannot consent if they are unable to understand what is happening or is disoriented, helpless, asleep, or unconscious for any reason, including by alcohol or other drugs. Incapacitation occurs when someone cannot make rational, reasonable decisions, because they lack the capacity to give knowing/informed consent (e.g., to understand the "who, what, when, where, why, or how" of the sexual interaction). Incapacitation is determined through consideration of all relevant indicators of an individual's state and is not synonymous with intoxication, impairment, blackout, and/or being drunk. This policy also covers a person whose incapacity results from a temporary or permanent physical or mental health condition, involuntary physical restraint, and/or the consumption of incapacitating drugs. Incapacitation should be evaluated from the ability of the respondent to know of the incapacitation.

Preponderance of evidence – The standard of evidence used in this policy. This standard indicates it is more likely than not of a finding of either in violation or not in violation of policy.

Recipient – The institution receiving federal funding. In this policy, the recipient is ATSU.

Respondent – Party accused of violating ATSU policy.

General overview of grievance processes
The general overview of grievance processes is a simplified guide. For specific information about each process, please review the actual processes, *Title IX Prohibited Conduct and Grievance Process* and *General Discrimination Prohibited Conduct and Grievance Process* below.

A. Initial review of formal complaints. Formal complaints **of discrimination and harassment made under this policy will be reviewed under a multipronged approach.**

1. Formal complaints will be reviewed to consider whether they are sex (including pregnancy) or sexual orientation based in nature. Formal complaints which could be sex (including pregnancy) or sexual orientation based in nature will be considered initially under the Title IX Grievance Process. Formal complaints which are not sex (including pregnancy) or sexual orientation based will be routed to the General Discrimination Grievance Process.
2. Sex (including pregnancy) or sexual orientation formal complaints routed to the Title IX Grievance Process will be reviewed as to whether they fall under Title IX Final Rule published in the Federal Register, May 19, 2020.
3. If a sex (including pregnancy) or sexual orientation formal discrimination complaint at any point is dismissed as a potential violation under the Title IX Grievance Process (See *Title IX Prohibited Conduct and Grievance Process.*), it will be reviewed as a potential violation under the General Discrimination Grievance Process (See *General Discrimination Prohibited Conduct and Grievance Process.*).
4. Components of discrimination or harassment, which indicate a potential violation of both the Title IX and General Discrimination Grievance Process, will be considered under the Title IX Grievance Process. If no Title IX violation is found, the complaint may be considered under the General Discrimination Grievance Processes.
5. Promotion and progress boards are not involved in the hearing, investigation, sanctioning, or appeal process of formal complaints of discrimination, harassment, or retaliation based on class.

B. Title IX Grievance Process summary

1. Any formal complaint routed to the Title IX grievance process will be reviewed first to determine if there are grounds for immediate dismissal (See *Title IX Prohibited Conduct and Grievance Process B.2.*). If the formal complaint is dismissed under the Title IX Grievance Process, it may be reviewed under the General Discrimination Grievance Process.
2. If there are no grounds for dismissal, there will be notice of investigation provided to both the complainant and respondent.
3. Both parties will have opportunities for supportive measures.
4. A formal resolution process will begin, which includes an investigation by an impartial investigator(s), a hearing before an impartial hearing panel of one to three panel members, the opportunity to present witnesses and evidence, the opportunity to cross-examine the other party's witnesses, and the opportunity to appeal.
5. Parties have the opportunity to move from a formal resolution process to an informal resolution process in some instances based on the nature of the complaint.
6. In the formal resolution process, the hearing panel decides on policy violation(s) and sanctions.
7. Both parties have the opportunity to appeal a dismissal or a finding. If an appeal has standing under the policy, an appellate panel will rule on the appeal. Written notice will be provided to the parties following the appellate panel report.

C. General Discrimination Grievance Process summary

1. A discrimination and harassment complaint, which is not sex (including pregnancy) or sexual orientation related or dismissed under the Title IX Grievance Process, will be reviewed under the General Discrimination Grievance Process.
2. Initial steps include a meeting between the investigator and the complainant and implementation of reasonable supportive measures, as requested.
3. If it is determined that if all alleged facts are true there would still be no policy violation, the complaint will be dismissed, and the investigator will produce a report stating such conclusion.
4. If there is a determination of a potential policy violation, notice will be provided to the respondent and appropriate supportive measures provided.
5. An investigation by an unbiased investigator(s) will begin.
6. Written notice to both parties of the investigation findings, including determination of responsibility, sanctions, and available appeal procedures, will be provided to both parties. Both parties have the right to appeal the decision of the investigator to an appellate panel, provided the appeal has standing under this policy. The appellate panel's decision will be communicated to the parties in writing.

Title IX Prohibited Conduct and Grievance Process

This process applies to ATSU community members in their dealings with each other within the educational program of ATSU. If through this process, any University employee or student is found in violation of this policy, then they will be subject to corrective action up to and including termination or dismissal. University employees or students may be disciplined, up to and including termination or dismissal, for engaging in behavior disrespectful, disruptive, or otherwise prohibited by this policy, regardless of whether such behavior constitutes harassment prohibited by law. Patient complaints related to discrimination or harassment will be addressed under ATSU Policy No. 30-103: Patient Complaints.

A. Prohibited conduct under Title IX

1. Prohibited conduct includes unwelcome conduct, whether verbal, non-verbal, physical, or visual, based on or relates to an individual's sex (including pregnancy) or sexual orientation, which occurs within the U.S. as a part of the recipient's program or activity to a person who participates in a recipient's program or is attempting to participate in a recipient's program and such conduct has the effect of creating a hostile environment, constitutes quid pro quo harassment, or constitutes sexual assault, dating violence, domestic violence, or stalking.
    a. Hostile environment
        1. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive it effectively denies a person equal access to the recipient's education program or activity or alters the conditions of employment from both a subjective (the alleged victim's) and an objective (a reasonable person standard) viewpoint.
        2. Determination of whether an environment is "hostile" will be based upon circumstances, including:
            a. Conduct's frequency;
            b. Conduct's nature and severity;
            c. Whether the conduct was physically threatening;
            d. Whether the conduct was humiliating;
            e. Conduct's effect on the alleged victim's mental or emotional state;
            f. Whether the conduct was directed at more than one person;
            g. Whether the conduct arose in the context of other discriminatory conduct;
            h. Whether the conduct unreasonably interfered with the alleged victim's educational or work performance;
            i. Whether the statement is an utterance of an epithet, which engenders offense in an employee or student or offends by mere discourtesy or rudeness;
            j. Whether the speech or conduct deserves the protections of academic freedom or the First Amendment of the U.S. Constitution; and
            k. Whether the conduct impacts the educational or work environment, regardless of the location of the actual harassment, discrimination, or retaliation.
        3. Examples of prohibited conduct include, but are not limited to, jokes, epithets, slurs, insults, negative stereotyping, written or graphic material (including emails), or any threatening or intimidating acts denigrating or showing hostility toward an individual and relate to sex (including pregnancy).
        4. Prohibited behavior also includes any unwelcome behavior of a sexual nature, including sexual advances and propositions; requests for sexual favors; sexual jokes, comments, suggestions, or innuendos; foul or obscene gestures or language; display of foul, obscene, or offensive printed or visual material; unwelcome physical contact of a sexual nature, including bodily contact with the breast, groin, or buttocks; patting, pinching, hugging, or brushing against another individual's body; and any other unwelcome verbal, non-verbal, physical, or visual conduct of a sexual nature where:
            a. Submission to such conduct is an explicit or implicit condition of employment or education; or
            b. Submission to or rejection of such conduct is used as a basis for employment-related or academic related decisions, including promotion, discharge, performance evaluation, pay adjustment, discipline, work assignment, or any other condition of employment or career or academic development; or

c. Such conduct has the effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, abusive, or offensive working or educational environment.

b. Quid pro quo harassment
   1. An employee of the recipient conditioning the provision of an aid, benefit, or service of the recipient on an individual's participation in unwelcome sexual conduct;
   2. A person having power or authority over another constitutes sexual harassment when submission to sexual conduct is made either explicitly or implicitly a term or condition of rating or evaluating an individual's educational or employment progress, development, or performance. This includes when submission to such conduct would be a condition for access to receiving the benefits of any educational or employment program.

c. Sexual assault, dating violence, domestic violence, and stalking
   1. Sexual assault, defined as:
      i. Sex offenses, forcible – Any sexual act directed against another person, without the consent of the complainant, including instances where the complainant is incapable of giving consent. This includes attempts to commit any of the following acts.
      b. Forcible rape – Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the complainant.
      c. Forcible sodomy – Oral or anal sexual intercourse with another person, forcibly and/or against that person's will, or not forcibly or against the person's will (non-consensually) in instances where the complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
      d. Sexual assault with an object – To use an object or instrument to penetrate, however slightly, the genital or anal opening of the body of another person, forcibly and/or against that person's will, or not forcibly or against the person's will (non-consensually) in instances where the complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
      e. Forcible fondling – The touching of the private body parts of another person (buttocks, groin, breasts) for the purpose of sexual gratification, forcibly and/or against that person's will (nonconsensual), or not forcibly or against the person's will in instances where the Complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
      f. Sex offenses, nonforcible – Nonforcible sexual intercourse. This includes attempts to commit any of the following acts.
         i. Incest – Nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by state law.
         ii. Statutory rape – Nonforcible sexual intercourse with a person who is under the statutory age of consent where the violation occurs.
   2. Dating violence, defined as: Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the complainant. The existence of such a relationship shall be determined based on the complainant's statement and with consideration of the length of the relationship, type of relationship, and frequency of interaction between the persons involved in the relationship. For purposes of this definition,
      a. Dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse.
      b. Dating violence does not include acts covered under the definition of domestic violence.
   3. Domestic violence, defined as:
      a. A felony or misdemeanor crime of violence committed against the complainant by a:
         i. Current or former spouse or intimate partner of the complainant;
         ii. Person with whom the complainant shares a child in common;
         iii. Person who is cohabitating with, or has cohabitated with, the complainant as a spouse or intimate partner; or
         iv. Person similarly situated to a spouse of the complainant under the state or local domestic or family violence laws.

v. Any other person against an adult or youth complainant who is protected from that person's acts under state or local domestic or family violence laws.

b. Domestic violence does not apply to those who are roommates, but do not meet other components of the definition.

4. Stalking defined as:

. Engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

a. Fear for the person's safety or the safety of others; or

b. Suffer substantial emotional distress.

a. For the purposes of this definition:

i. Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.

ii. Reasonable person means a reasonable person under similar circumstances and with similar identities to the complainant.

iii. Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily require medical or other professional treatment or counseling.

5. Additional sex-based complaints of discrimination or harassment, which are mandated by state law, federal court decisions, or state court decisions to have a hearing as a part of the grievance process, will follow the Title IX Prohibited Conduct and Grievance Process.

B. Title IX grievance procedures

1. Any individual, who feels s/he has witnessed or experienced behavior prohibited by this policy or who has questions, concerns, or information regarding violations of this policy, should immediately report the circumstance(s) or incident(s) to their supervisor or one of the contact persons described in this policy. Once a report is shared with the Title IX coordinator or deputy Title IX coordinator, the complainant will be notified in writing of their ability to file a formal complaint. All University employees are required to report any knowledge of violation of this policy, with the limited exception of licensed professional mental health counselors and other persons with a professional license requiring confidentiality who are working within that license.

a. Those doing confidential research approved by ATSU's Institutional Review Board are not required to report instances of harassment, discrimination, or retaliation reported to them within the specific scope of research. However, researchers must contact the Title IX coordinator to receive guidance on providing the research subject with information on reporting and access to supportive measures and interim remedies.

b. If a complainant does not wish for a formal complaint to move forward, the Title IX coordinator (or designee) may move forward and submit a formal complaint if there is a compelling risk to health or safety of individuals or the community based on a risk assessment. The risk may be based on pattern, predatory behavior, abuse of minors, use of weapons, and/or violence.

2. Upon receipt of a formal discrimination or harassment complaint based on sex, the Title IX coordinator (or designee) will conduct an initial assessment of the formal complaint to determine whether it indicates a possible violation of this policy. If a report is made, the Title IX coordinator (or designee) will review the report in an initial meeting with the complainant. Objectives of this initial meeting will be to reduce the report to writing, stop the harassment, prevent its recurrence, and take steps to remedy its effects in the interim.

. A report must be made in writing to the Title IX coordinator or a deputy Title IX coordinator to initiate an initial assessment, which may lead to an investigation.

a. A complainant may receive supportive measures without submitting a formal complaint in writing. Supportive measures include, but are not limited to, academic, housing, co-curricular activity, and employment adjustments, temporary no-contact orders, and other steps to stop the behavior and prevent its occurrence in the interim.

b. The Title IX coordinator (or designee) will review the formal complaint to determine if there is a need to dismiss it as a Title IX violation and refer it to the General Discrimination Grievance Process.

1. Mandatory dismissal under Title IX will occur because:

a. Alleged behavior did not occur within the U.S.

b. Alleged behavior did not occur within the education program or activity (including buildings or property controlled by recognized student organizations), and/or the respondent is not within ATSU's jurisdiction.
c. Alleged behavior did not meet the definition of sexual harassment, sexual assault, stalking, domestic violence, or dating violence in the policy.
d. Complainant was not participating or attempting to participate in the educational program or employment of the recipient.

2. Discretionary dismissal by ATSU may occur when:
    a. Complainant wishes to withdraw the formal complaint (if the complainant notifies the Title IX coordinator, in writing, of this wish).
    b. Respondent is no longer enrolled or employed by the recipient.
    c. There are specific circumstances preventing ATSU from gathering evidence sufficient to reach a determination as to the formal complaint or allegations therein.
    3. If a federal or state court requires a hearing for sex-based offenses, then dismissal under B.2.c.1 and B.2.c.2 do not apply.
3. Reports are reviewed, investigated, and heard by GERT members. In some instances, an outside party may be contracted to complete some or all of the roles in the grievance process.
    a. GERT is made up of the Title IX coordinator, deputy Title IX coordinators, and other employees trained to serve in a variety of roles within the grievance process.
    b. GERT members receive annual training. This training may include the following topics, processes, and skills, but is not limited to: 1) Training topics: definition of sexual harassment, scope of the recipient's education program or activity, impartiality, how to avoid prejudging of facts, conflicts of interest, bias, issues of relevance as it relates to questions and evidence (specifically as how it relates to sexual predisposition or prior sexual behavior), 2) Processes: how to conduct an investigation, hearing, appeal, and an informal resolution, and 3) Skills: ability to use technology in a live hearing, writing of investigative reports, and writing of hearing and appeals decisions.
    c. GERT members are required to attend annual training. Training is posted on atsu.edu/titleix.
    4. If, following initial review of the complaint, it is determined no potential policy violations exist, the Title IX coordinator (or designee) will produce a report stating such conclusion, including all elements of the initial meeting and supportive measures taken.
5. If, after an initial meeting between the Title IX coordinator (or designee) and a complainant, it is determined any part of this policy may have been violated, the complainant may choose to utilize a formal or informal process to address the complaint:
    . Whether a formal or informal complaint, the respondent and complainant will receive notice of the accusations with:
        1. Applicable policies with specific sections of violation identified
        2. Notice of details of allegation(s)
        3. Identities of parties involved
        4. Date(s) of incident(s)
        5. Location(s) of incident(s)
        6. A statement that the respondent is presumed not in violation of policy
        7. Access to applicable policies
        8. A reminder of the expectation for truthfulness in the process
    b. Informal resolution - Typically used for less serious offenses and when the respondent is willing to accept responsibility for some or all of the alleged violation(s). The complainant and respondent must agree to informal resolution in writing.
        1. An informal resolution is available to the parties at any time up until a determination has been made within a formal process.
        2. Any party involved within an informal resolution may stop it at any time up until an agreement is achieved and request a formal resolution process.
        3. Informal resolution process:
            a. Parties engage in a dialogue regarding the accusations through a trained facilitator (often the Title IX coordinator). This may be in person, through shuttle diplomacy, or some other manner.
            b. Respondent may accept responsibility for all or some of the allegations.

c. Sanctions and remedies are determined by the parties through dialogue and not by ATSU.
d. Parties come to a written resolution which will be maintained on record by the Title IX coordinator.

4. Both parties may have an advisor of their choice present for the informal resolution.

5. ATSU will provide both parties in an informal resolution with written notice of the reported misconduct and any sanctions or remedies that may result from the process.
6. If an informal resolution process is initiated and then stopped, information shared during the informal resolution discussion or process may not be used in the formal resolution process.

7. Parties who begin an informal resolution and request to return to a formal resolution for any reason will not be able to return to the informal resolution process.
8. An informal resolution cannot be conducted between an employee and student. Informal resolutions may only be utilized in employee/employee or student/student complaints.

9. Parties who reach an agreement through an informal resolution waive their appeal rights.

10. A resolution within the informal resolution process is made with the agreement of non-disclosure, and the resolution is binding. Either party who violates the resolution may be in violation of additional policies. Once the agreement is made, there cannot be a formal process resolution.

c. Formal resolution - Investigation and a hearing before neutral, impartial panel members, subject to appeal and final determination. Remedies to restore those impacted will be implemented upon a finding of a policy violation.
    1. Investigation
        a. Length of investigations is based on a number of factors and variables, including nature and detail of complaint received, complexity of investigation, and cooperation level of parties and witnesses.
        b. Investigations will be completed within a prompt and reasonable timeframe dependent on the context and facts related to the complaint.
        c. Parties will be regularly updated as to projected timeline for completion of the investigation. During the process, parties will be given timely notice of any meetings at which either or both may be present. Parties will have equal opportunity to present witnesses and provide evidence. Both parties have the opportunity to have an advisor of their choice. If either party does not have an advisor during the investigative process, ATSU will provide an advisor for the party, if the party wishes. During the hearing process, an advisor is required and will be provided to the parties if they do not have one. It is advised supervisors of the parties should not be advisors. If a supervisor of the respondent is the advisor of choice for either party, the supervisor will not be involved within the sanctioning process. Parties' advisors may not contact investigators, Title IX coordinator, hearing panel members, or appellate panel members directly. All contact should be initiated and carried out by the parties themselves.
        d. Investigators will be assigned from the GERT in an effort to provide the most fair and impartial process. In some circumstances, investigators may be third party consultants.
        e. If a respondent withdraws from the University during the investigation process, the respondent will not be permitted to re-enroll until disposition of the case, and a notation will be placed on their transcript.
        f. At the conclusion of the investigation process, the investigation report and evidence collected will be submitted to the Title IX coordinator (or designee), in order to share the report with the parties and provide the report and evidence for the hearing panel.
            1. A draft of the investigative report will be provided to the parties. The parties will have 10 business days to respond in writing to the draft report.
            2. After receiving responses to the draft report or waiting 10 business days and there is no response, investigators will review additional material provided by the parties and compile the final investigation report.
            3. The final investigation report will be provided to the parties, who will have 10 business days to respond to the final investigative report in writing prior to the beginning of the hearing process.
            4. In addition to the final report, parties will receive all evidence collected in the investigative process.

2. Hearing

a. The hearing will be conducted live. Hearings may be conducted virtually or in person depending on case circumstances. Parties will be notified of the hearing time and date no fewer than 10 business days in advance. Notification will include a description of violations of policy; date, time, and location of the hearing; rules of the hearing, and hearing panel members. Rescheduling of the hearing is at the hearing panel chair's sole discretion. In the case of multiple respondents, there may be joint or separate hearings, and the notice will so indicate.
b. The panel chair will conduct the hearing.
c. The hearing panel will be selected from GERT, who have not previously been involved in the case and have no known bias. ATSU may utilize third party consultants as hearing panel members and chairs. Any objections to hearing panel members must be raised in writing to the Title IX coordinator no fewer than five days prior to the hearing. Removal or changing of a hearing panel member is at the discretion of the Title IX coordinator (or designee).
d. Prior to the hearing, a pre-hearing conference will be offered to both parties. The pre-hearing conference will discuss procedural expectations with the parties, answer questions, and resolve any contested areas of process. Issues of relevance regarding lines of questioning and evidence are best decided in the pre-hearing conference rather than during the hearing. The pre-hearing conference will not be recorded.
e. Hearing panel will review the witness testimony, investigator report, and other submitted evidence in order to make a decision of the respondent being in violation or not in violation.
f. Hearing will proceed at the scheduled time, unless rescheduled by the panel chair. Absence of parties, witnesses, or advisors will not postpone a hearing.
g. Both parties may choose to submit an impact statement. The impact statement must be provided to the Title IX coordinator at least one day prior to the hearing. The impact statements will be held by the Title IX coordinator; if the respondent is found responsible at the hearing, impact statements will be provided to the hearing panel for its use during the sanctioning phase.
h. Hearing panel will begin the hearing with an assumption of not in violation on behalf of the respondent. As evidence is introduced, the hearing panel will evaluate credibility of the evidence until all evidence is presented to develop a finding.
i. Hearing panel will use "preponderance of evidence" standard of evidence when determining whether there is a violation of policy.
j. Order of the hearing:
    1. Welcome and explanation of the process
    2. Presentation of investigative report by the investigator
    3. Witnesses for complainant and complainant's testimony
    4. Witnesses for respondent and respondent's testimony
    5. Witnesses requested by hearing panel
    6. Conclusion of hearing and notification of timeline for finding
k. The hearing panel may create time limits for different aspects of the hearing process including how long an advisor has to question a party or witness, presentation of the investigative report, opening or closing remarks, etc. Time limits should be equal between the parties.
l. Investigators will present their investigation report during the hearing. The investigative report will not make an indication of findings, but share evidence found during the investigation. Investigators are not to share an opinion regarding whether or not a violation occurred.
m. Parties are entitled to provide witnesses at the hearing. Parties may submit witness lists. Any witness lists must be submitted to the Title IX coordinator no fewer than five business days in advance of the hearing. Witnesses, not submitted five business days prior to the hearing, may not be permitted to participate. The hearing panel chair will notify all parties of the shared witness list no fewer than two business days prior to the hearing. The investigator must have previously questioned all witnesses (If an in-person or virtual questioning is not possible, written response to questions may be accepted as an investigator interview.). It is the parties' responsibility to ensure their witnesses are present at the hearing.
    n. The hearing panel will ask its questions of each witness prior to direct questioning and cross-examination by the parties' advisors. If a party's advisor does not arrive for the hearing, ATSU will provide an advisor to conduct direct and cross-examination questions provided by the party.
o. Parties, by their advisors, may question their own witnesses and cross-exam witnesses submitted by a different party. Advisors for parties will conduct questioning, and not the parties themselves. Advisors are to submit their questions from a seated position and in a professional tone. Parties, witnesses, or advisors

who behave in a non-professional manner may be removed by the hearing panel chair. Witnesses may only be present for the part of the hearing in which they are questioned. The decision makers may consider testimony and evidence provided at the hearing or within the investigative process. The panel may consider evidence collected during the investigation including interview summaries, transcripts, document evidence, or other evidence regardless of whether a party or witness submits to direct or cross examination. A party or witness' willingness to submit to cross examination or direct examination may impact the credibility analysis by the hearing panel.

p. The hearing panel chair will communicate a process to parties, advisors, and witnesses regarding whether a question is relevant and, therefore, whether a party should answer. The hearing panel chair has absolute discretion to determine which questions are relevant and may decline to pose or permit certain questions based on relevance. Rationale for not permitting certain questions must be provided within two business days to the submitting party. Questions are usually not allowed because of lack of relevance, repetition, or because they are abusive in nature.
q. Parties and witnesses are encouraged to respond to the hearing panel chair's approved questions submitted by the advisors and hearing panel. A party does not need to be present for an advisor to ask direct and cross-examination questions of witnesses or other parties.
r. Each party also has the opportunity to refer the hearing panel to inculpatory evidence (evidence indicating the respondent violated policy) or exculpatory evidence (evidence indicating the respondent did not violate policy) which has already been submitted during the investigation. Evidence submitted during the investigation will be available to the hearing panel and does not need to be resubmitted during a hearing. Evidence should be submitted during the investigation period and not during the hearing period. The hearing panel chair has the right to deny admittance of evidence not submitted during the investigation or to refer the case back to the investigation stage.
s. Unless the Title IX coordinator (or designee) determines it is appropriate, no one will present information or raise questions concerning: (1) incidents not directly related to the possible violation, unless such incidents evidence a pattern; (2) sexual history of the parties (Though there may be a limited exception with respect to pattern, sexual history between parties, or where evidence regarding the complainant's sexual history is offered to prove a person or persons ,who are not the respondent, engaged in the reported misconduct, if relevant); or (3) character of the parties. While previous conduct violations by the respondent are not generally admissible as information about the present allegation, investigators may supply the hearing panel with information about previous findings to consider as possible evidence of pattern and/or predatory conduct. There will be no observers of the hearing and no more than one advisor per party at the hearing. If a party has need for a supplemental advisor related to a disability or language translation, it may be allowed based on a review of documentation. The need for a support advisor related to a disability or language translation must be arranged prior to the hearing with the Title IX coordinator (or designee).
t. The hearing will be recorded only by the Title IX coordinator (or designee) and only for potential use in appeals. There are to be no other recordings by the parties or anyone else. If there is an appeal, the recording may be reviewed by the parties and their advisors in a controlled setting to be determined by the Title IX coordinator (or designee). No copies of the recording will be provided.
u. Deliberations will occur with only the hearing panel and the Title IX coordinator (or designee) present. The Title IX coordinator (or designee) is only present to clarify questions. The hearing panel will make the final decision. Deliberations are not recorded.
v. Simultaneous written notice to the parties describing hearing findings, including determination of responsibility and sanctions and available appeal procedures, will occur within five business days of the hearing. Any delay within the notification of findings and sanctions will be communicated to the parties simultaneously.
    d. All ATSU employees who are not named as respondents must cooperate fully with any investigations and hearings.
        1. Exception - Employees acting under a professional license, which provides privilege (i.e., behavioral health & wellness counselors)
        2. Employees who have a professional license, which provides privilege, but are not acting under that license, do not have privilege (i.e., a healthcare provider serving in a professor role).
        3. Academic information protected under the Family Educational Rights and Privacy Act (FERPA) is available to investigations as legitimate educational interest.
e. Complainant, respondent, and appropriate officials will be given timely and equal access to information to be used during informal and formal disciplinary meetings and hearings.

f. Complainants and respondents are able to gather their own evidence and may discuss the allegations in the process of gathering evidence.

General Discrimination Prohibited Conduct and Grievance Process

This process applies to all University employees and students in their dealings with each other and to all University employees and students in their dealings with third parties. Patient complaints related to discrimination or harassment will be addressed under ATSU Policy No. 30-103: Patient Complaints. If through this process, any University employee or student is found in violation of this policy, then they will be subject to corrective action up to and including termination or dismissal. University employees or students may be disciplined, up to and including termination or dismissal, for engaging in behavior disrespectful, disruptive, or otherwise prohibited by this policy, regardless of whether such behavior constitutes harassment prohibited by law.

A. General discrimination prohibited conduct

1. Prohibited conduct includes unwelcome conduct, whether verbal, non-verbal, physical, or visual, that is based on or relates to an individual's race, color, religion, ethnicity, national origin, age, disability, veteran status, or any other status protected by applicable law, and has the effect of creating a hostile environment which:

a. Has the effect of unreasonably interfering with an individual's work or student's performance.

b. Has the effect of otherwise adversely affecting an individual's employment or educational opportunities.

2. A hostile environment is any situation in which there is harassing conduct sufficiently severe, pervasive, or objectively offensive to alter the conditions of employment or limit, interfere with, or deny educational benefits or opportunities, from both a subjective (the alleged victim's) and an objective (a reasonable person's standard) viewpoint.

3. Determination of whether an environment is "hostile" will be based upon circumstances, including:

. Conduct frequency;

a. Conduct's nature and severity;

b. Whether conduct was physically threatening;

c. Whether conduct was humiliating;

d. Effect of conduct on the alleged victim's mental or emotional state;

e. Whether conduct was directed at more than one person;

f. Whether conduct arose in the context of other discriminatory conduct;

g. Whether conduct unreasonably interfered with the alleged victim's educational or work performance;

h. Whether the statement is an utterance of an epithet, which engenders offense in an employee or student, or offends by mere discourtesy or rudeness;

i. Whether the speech or conduct deserves the protections of academic freedom or the First Amendment of the U.S. Constitution.

j. Examples of prohibited conduct include, but are not limited to, jokes, epithets, slurs, insults, negative stereotyping, written or graphic material (including emails), or any threatening or intimidating acts denigrating or showing hostility toward an individual and relate to race, color, religion, ethnicity, national origin, sexual orientation, age, disability, veteran status, or any other status protected by applicable law.

B. Discrimination, harassment, and retaliation grievance procedures

1. Any individual who feels they have witnessed or experienced behavior prohibited by this policy or who has questions, concerns, or information regarding violations of this policy must immediately report the circumstance(s) or incident(s) to their supervisor or one of the contact persons described within this policy.

2. Upon receipt of a discrimination, harassment, or retaliation report, the University will conduct a prompt, thorough, and impartial review, evaluating all relevant information and documentation relating to the report.

a. If a report is made, ATSU's Title IX coordinator (or designee) will review the report in an initial meeting with the reporting party. Objectives of this initial meeting will be to reduce the report to writing, stop the harassment, prevent its recurrence, and take steps to remedy its effects in the interim.

b. If, following the initial review of the complaint, it is determined no potential policy violations exist, the Title IX coordinator (or designee) will produce a report stating such conclusion, including all elements of the initial meeting and interim remedial steps taken.
c. Interim remedial steps may include academic or work adjustments, no contact orders, temporary suspension of the responding party, or any other reasonable measure to facilitate the end and prevention of harassment or discrimination.
d. If, after an initial meeting between ATSU's Title IX coordinator (or designee) and a reporting party, it is determined any part of this policy may have been violated, a full investigation will be conducted. Investigators from GERT will be assigned. Investigators will be appropriately trained and will not have a conflict of interest or bias against the reporting or responding party. In some instances, an outside party may be contracted to complete some or all of the roles in the grievance process.
e. Parties will be regularly updated as to projected timeline for completion of investigation. During the process, the reporting party and responding party will have equal opportunity to present witnesses and provide evidence. Reporting party, responding party, and appropriate officials will be given timely and equal access to information to be used during informal and formal disciplinary meetings and hearings.
f. All ATSU employees, who are not named as responding parties, must cooperate fully with any investigations.
    1. Exception - Employees acting under a professional license which provides privilege (i.e., behavioral health & wellness counselors).
    2. Employees who have a professional license, which provides privilege, but are not acting under that license, do not have privilege (i.e., a healthcare provider serving in a professor role).
    3. Academic information protected under FERPA is available to investigations as legitimate educational interest.
g. Investigators use "preponderance of evidence" standard when determining whether or not there is a violation.

Sanctions

A. Sanctions are determined by the hearing panel (within the Title IX Grievance Process) or recommended by the investigators (within the General Discrimination Grievance Process).
B. Sanctions for student violations of ATSU Policy No. 90-210 may include, but are not limited to a reprimand, disciplinary warning to be added to the student's permanent file, educational sanctions, required counseling, limitations in activities, probation, suspension, dismissal, revocation of diploma, student organizational sanctions, and other context appropriate sanctions.
C. Sanctions for employee violations of ATSU Policy No. 90-210 may include, but are not limited to, disciplinary warning to be added to the employee's permanent file, performance management improvement process, required counseling, probation, additional training, suspension with or without pay, loss of annual pay increase, loss of oversight or supervisory responsibility, demotion, dismissal, and other context appropriate sanctions.
D. ATSU community members who share employee and student status may be sanctioned under either or both status.
E. Sanctioning is guided by the ATSU Policy No. 90-210 sanctioning guide.

Appeals

A. Parties will have the right to appeal within five business days of receiving the findings and sanctions or the report's dismissal. If the appeal is not timely or substantively eligible, the original decision will stand, and the decision will be final. The party requesting the appeal must show error per the grounds below and sanctions are presumed to have been decided reasonably and appropriately. The only grounds for appeal are:

1. A procedural irregularity affecting the outcome of matter.
2. To consider new evidence, unavailable during the original hearing or investigation, which could substantially impact the decision in the matter. A summary of this new evidence and its potential impact must be included.
3. Investigators or hearing panel members had a conflict of interest or bias affecting the outcome of the matter.

B. Parties will be provided the evidence which is relevant or directly related to the finding in an electronic format. The evidence is not to be printed or transferred to other parties. The parties may request their advisor receive access to the evidence as well.
C. Appeals must be submitted for review to the Title IX coordinator (or designee) to determine standing. Appeals with standing will be forwarded to a panel of trained GERT member(s) or third party consultant(s).
D. If an appeal is determined to have standing, the other party will have the opportunity to review the appeal and provide a written response within three business days. If some or all of an appeal is determined to not have standing, the appealing party will receive notice and explanation. A decision to deny an appeal because of a lack of standing is not appealable.
E. Upon receipt of a written appeal, an appellate panel consisting of up to three GERT members (or outside consultant(s)) will be selected to rule on the appeal.

1. Appeals decisions are to be deferential to the original hearing body, making changes to the finding only where there is clear error and to the sanction only if there is a compelling justification to do so. An appeal is not an opportunity for appeals officers to substitute their judgment for that of the original hearing body merely because they disagree with the finding and/or sanctions.
2. Any sanctions, excluding termination, employment transfer, or expulsion, imposed at the conclusion of an investigation will remain in effect during the appeals process. Termination, employment transfer, expulsion, or dismissal will be treated as a suspension from the conclusion of the application of sanctions to the conclusion of the appeal process. If employment termination, employment transfer, or expulsion are upheld in the appeal process, such sanction will be instituted immediately at the conclusion of the appeal.
3. The appellate panel will rule on the appeal within 15 business days. Any extension of time beyond 15 business days will be communicated to both parties along with an updated timeframe for the ruling. If an appeal is granted, direction will be provided by the appellate panel regarding next steps. Appellate panel may:

a. Remand case to the original hearing panel.
b. Remand case to a new hearing panel.
c. Remand case back to the original investigators.
d. Remand case to a new set of investigators.
e. Make no change to the decision or sanction.

Amnesty

A. Amnesty for drug/alcohol possession and consumption violations

1. ATSU strongly encourages students and employees to report potential violations of this policy. Therefore, good faith reporters to appropriate authorities regarding potential violations will not face University disciplinary action for their own drug/alcohol possession or consumption in connection with the reported incident.
2. Amnesty for persons making a report in good faith does not include substance abuse counseling and/or rehabilitation, which may be necessary for employees or students with clinical responsibilities or patient contact.

Free speech and academic freedom

A. Faculty and other academic appointees, staff, and students of the University enjoy significant free speech protections guaranteed by the First Amendment of the U.S. Constitution.
B. This policy is intended to protect members of the University community from discrimination, not to regulate protected speech.
C. This policy will be implemented in a manner recognizing the importance of rights to freedom of speech and expression.
D. The University also has a compelling interest in free inquiry and collective search for knowledge, and thus, recognizes principles of academic freedom as a special area of protected speech.
E. Consistent with these principles, no provision of this policy will be interpreted to prohibit conduct legitimately related to course content, teaching methods, scholarship, or public commentary of an individual faculty member or the educational, political, artistic, or literary expression of students in classrooms and public forums.

F. Freedom of speech and academic freedom are not limitless and do not protect speech or expressive conduct violating federal or state antidiscrimination laws.

Record retention. ATSU will maintain copies of the following documents/records relating to this policy in accordance with ATSU's record retention schedule.

A. Each discrimination investigation report and evidence gathered;
B. Final determination letters and disciplinary sanctions imposed upon respondent;
C. Audio or audiovisual recordings or transcript of live hearings;
D. Remedies provided to complainant in order to restore or preserve equal access to education programs or activities;
E. Any appeal and the result therefrom;
F. Informal resolution agreements;
G. Supportive measures offered in response to a report or formal complaint of sexual harassment;
H. Written basis explaining ATSU was not deliberately indifferent in its response to reports for formal complaints of sexual harassment, which is often a conclusion of the investigation report and hearing panel report;
I. ATSU will retain all materials used to train Title IX coordinators, investigators, and any person who facilitates an informal resolution process;
J. Documentation for reasons why supportive measures were not provided and why it was reasonable in light of known circumstances.

Responsibility

A. All ATSU employees - Employees are required to report instances of discrimination, harassment, or retaliation to the Title IX coordinator or deputy Title IX coordinators and cooperate fully in an investigation when not named as a respondent.
B. All ATSU employees and students –
    1. Employees and students are required to comply with the requests of the Title IX coordinator (or designee) in implementing supportive or interim measures and sanctions.
    2. Employees and students who are not named as responding parties must cooperate fully with investigations and hearing panels.
C. Title IX coordinator – Responding to and monitoring all complaints of discrimination, harassment, or retaliation from students, employees, members of the public, or beneficiaries is the responsibility of the Title IX coordinator or their designee.
D. This employee is responsible for facilitating appropriate sex-based harassment and discrimination awareness, prevention, training, monitoring, reporting, investigation, and resolution at ATSU.

KCOM
FACULTY HANDBOOK

Approved by the KCOM Faculty Senate: 8/22/2012
Approved by the full KCOM Faculty: 8/27/2012
Revised with approval: 07/16/2013; 1/31/2014; 05/22/14; 09/02/14; 1/28/2015; 12/17/2015; 02/27/2017; 7/31/2019; 08/03/2021; 10/29/2021; 8/16/2023

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The KCOM Faculty Handbook is intended to cover policies and procedures not specifically addressed by the University Faculty Handbook, ATSU Employee Handbook, or Human Resources Policies. (hyperlink)

I. Institutional Organization

A. History and Accreditation

The American School of Osteopathy, the forerunner of the KCOM, was founded in 1892 by Andrew Taylor Still. Dr. Still was a nineteenth century physician trained by apprenticeship, as were many American physicians of the time. During the mid-1800's, he lived with his family in eastern Kansas and served as both an officer and a surgeon in the Union forces in the conflicts along the Missouri-Kansas border. While practicing in Kansas, and observing the inhumane medical practice of the battlefield where more soldiers died of disease and infection than from battlefield injuries, and after losing members of his own family to diseases that contemporary medicine was unable to treat, Dr. Still became dissatisfied with nineteenth century medical practice. Dr. Still developed over many years a more naturalistic approach to medical treatment that he called "osteopathy." His new approach to health care was based on concepts of body unity and the body's inherent ability to heal itself. Central to Dr. Still's founding philosophy was the positive health benefits that result from the proper alignment of the musculoskeletal system.

The Museum of Osteopathic Medicine and the International Center for Osteopathic History are dedicated to preserving the heritage of Osteopathic Medicine. The Museum's collection traces the roots of Osteopathic medicine beginning with the founder Dr. Andrew Taylor Still (1828-1917) and the establishment of the first medical school in Kirksville in 1892. It includes materials from all schools established as a result of osteopathic medicine. The Museum globally assists osteopathic schools with research, programming, and osteopathic book translations as well as coordinating on-site tours at KCOM.

Today, over a century after its founding, KCOM, offering the DO degree and an MS degree in biomedical sciences, is a component of A.T. Still University of Health Sciences (ATSU or the University) along with the Arizona School of Health Sciences, the Arizona School of Dentistry & Oral Health, the School of Osteopathic Medicine in Arizona, the Central Coast Physician Assistant program, the Missouri School of Dentistry & Oral Health, and the School of Health Management. The Kirksville College of Osteopathic Medicine continues to educate doctors of osteopathic medicine (DO's) who serve with full medical practice rights in all fifty states and an increasing number of foreign countries. While the curriculum at KCOM educates students to become physicians eligible to enter primary care-focused post-graduate training programs or residencies, a substantial number of graduates train to become board-certified in medical and surgical specialties and subspecialties.

KCOM is accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOA COCA), 142 East Ontario Street, Chicago, Illinois 60611-2864, 312-202-8124. The American Osteopathic Association is recognized by the United States Department of Education as the accrediting agency for colleges that educate and train osteopathic physicians and surgeons. The University is registered with and recognized by state boards of professional examination and licensure in all fifty states. The University is also fully accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, 230 South LaSalle Street, Suite 7-500, Chicago, Illinois 60604-1411, 800-621-7440.

The University is approved by the Missouri State Department of Education for the education and training of students who are entitled to receive veteran's educational benefits. The University is qualified for appointment of its graduates as commissioned officers in the United States armed forces and the Public Health Service. KCOM is listed by the Department of Homeland Security as an approved institution of higher learning for foreign students.

B. Mission Statements

The mission statement for the University is:

> A.T. Still University of Health Sciences serves as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs with a commitment to continue its osteopathic heritage and its focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations.

The KCOM mission statement is as follows:

> The mission of A.T. Still University-Kirksville College of Osteopathic Medicine is to educate and train students to become highly competent osteopathic physicians and healthcare leaders. KCOM is committed to providing a quality osteopathic medical education in a research environment that prepares students for graduate medical training and clinical service.

C. KCOM Educational Program

KCOM offers a course of study leading to the degree, Doctor of Osteopathic Medicine (DO). The first two years of instruction take place primarily on the Kirksville campus. The didactic curriculum principally utilizes lectures and laboratories as a foundation. Other teaching and learning modalities of the curriculum include small group activities, use of human patient simulators, standardized patients, basic science-clinical science integration, web-based exercises and independent learning.

The third and fourth-year education and training includes a series of required and elective rotations on clinical services in hospitals and clinics at several regional training sites. A current list of regional sites can be obtained at the KCOM website.

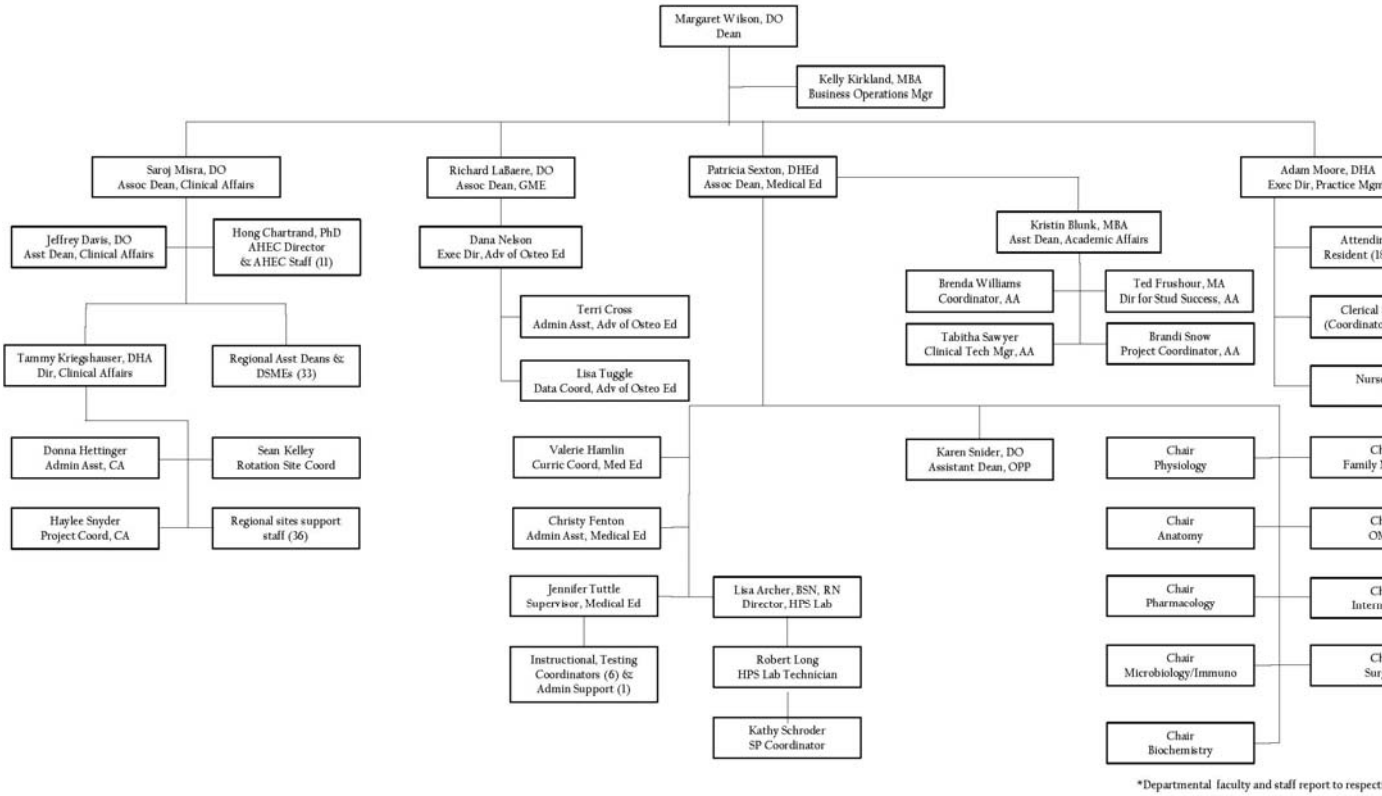
The KCOM student body is a diverse collection of individuals drawn from all parts of the nation. Initial application for the DO program of the College is through a central process administered by the American Association of Colleges of Osteopathic Medicine (AACOM). The College then invites supplemental application from among those applicants who meet the minimum entrance requirements. Most applicants have an undergraduate or graduate degree, but KCOM also has early entrance agreements with several undergraduate institutions (i.e., the Still Scholars program). Complete admission requirements and the admission process are detailed in the KCOM Catalog.

KCOM offers a Master of Science (MS) program that is especially designed to develop fundamental concepts and skills in biomedical research along with a focus on a specialized area of biomedical study. Faculty members who become involved in this program work with Masters of Science students in small group, masters-only, research-orientated courses as well as directly mentoring student research experiences in their laboratories. Successful completion of the two-year graduate

program includes a thesis project under the direction of a faculty mentor and an Advisory Committee. More detail about the program is available at the KCOM website.

D. Organizational Structure and Governance

1. Administration



2. Chairpersons of KCOM

All full-time and adjunct faculty of KCOM shall be appointed to an academic department. Each academic department shall be headed by a chairperson who shall report directly or through an Associate Dean to the Dean. The Dean delegates to each departmental chairperson the responsibility to oversee the academic activities of individual faculty members in their department.

3. KCOM Committees

Committees composed of KCOM faculty, staff and administration perform much of the day-to-day academic coordination of the college. The Dean (or designee) shall be responsible for creating, charging and selecting the membership of all KCOM academic committees. The Vice President for Student Affairs shall be responsible for all student related committees. Typical KCOM standing committees include Admissions, Curriculum, Animal Care and Use, Institutional Review Board, and Technical Standards.

4. KCOM Academic Council

The KCOM Academic Council is a standing committee composed of the basic science department chairpersons, the clinical science department chairpersons, the Assistant Dean for

Academic Affairs, the Associate Dean for Clinical Affairs, the Associate Dean for Medical Education and the Dean (Chair). The role of the Academic Council is to advise the Dean on matters of importance to the academic missions of the college (to include, but not limited to, such issues as faculty appointments, departmental structure, new programs and program alterations, and decisions involving management of the academic mission),

5. KCOM Faculty Assembly and KCOM Faculty Senate

   The KCOM Faculty Assembly is composed of all full-time and part-time faculty at the rank of instructor or above. The Faculty Assembly meets a minimum of three times a year to discuss topics of concern to faculty. The KCOM Faculty Senate is composed of a faculty member from each basic science and clinical science department, each senator being elected by the members of their respective departments according to specifications of the Faculty Senate Constitution. The Faculty Senate has responsibility to provide an independent and representative voice of non-administrative faculty perspectives and serves as an advisory committee to the Dean and upon request, informs the Senior Vice President – Academic Affairs and/or the President on matters which fall under the purview of the Senate. The complete constitution and duties and responsibilities of the Assembly of Non-Administrative Faculty and Faculty Senate are available for review at the KCOM website.

6. University Faculty Senate

   The ATSU University Faculty Senate includes two Senators from KCOM elected by the non-administrative faculty assembly. Only faculty members eligible to serve on the KCOM Faculty Senate are eligible to serve on the University Faculty Senate. The University Faculty Senate addresses issues of relevance to the entire faculty whereas the individual Faculty Senates of each school focus on school-specific issues.

II. Faculty Appointment and Promotion

A. Appointment Process

The purpose of recruitment for KCOM is to successfully attract and retain faculty of the highest caliber. The recruitment of persons for appointment to the faculty shall be conducted in full compliance with the University's Equal Employment Opportunity Policy and applicable statutory laws and regulations of the appropriate local, state, and federal jurisdictions.

All recruitment will be done in conjunction with the department of Human Resources and the Dean's office.

Job descriptions need to reflect the duties, skills and experience required and must receive prior approval by the dean. Advertising will be done appropriately through Human Resources.

Interviews should be well organized and timely. All faculty candidates while on campus need to meet with the involved chair and department faculty, the associate deans and dean. The dean will work with the candidate and Human Resources to determine the appropriate offer regarding salary, any proposed credit towards tenure and seed money based on recommendations by the chair.

New faculty (full-time, part-time or adjunct) recruitment: Academic department chairpersons should make proposals to the Dean regarding needs for additional or replacement faculty. The Dean, with agreement by the Senior Vice President – Academic Affairs, shall have authority to determine that a faculty vacancy exists and to authorize recruitment of a faculty member. The Dean, with the assistance of the prospective department chairperson and the Human Resources Department, shall coordinate and oversee all faculty recruitment. In the case of clinical regional faculty, the recruitment process of a faculty member to a clinical region shall, with the agreement of the Senior Vice President – Academic Affairs, be the responsibility of the Dean and the Associate Dean for Clinical Educational Affairs.

New chairpersons: As chairperson vacancies occur, the Dean shall appoint an acting chairperson and a search committee consisting of clinical and basic science faculty (minimum 5 members) with one member from the department for which the position is being filled; and the majority being clinical faculty for a clinical position or basic science faculty for a basic science position. An attempt should be made to ensure the committee reflects the diversity of the faculty. The search committee, with the assistance of the Human Resources Department, and under the direction of the Dean, shall coordinate and oversee recruitment of candidates for the vacant chairperson position.

New faculty: At the completion of the aforementioned recruitment processes, the person responsible for recruitment shall submit the name and credentials of the nominee for faculty and/or chairperson status along with a proposed department affiliation, faculty rank and tenure status to the Dean and to the Academic Council. The Academic Council shall review each candidate's credentials and shall, by simple majority vote of those present, decide whether to endorse the appointment, endorse the appointment with changes, or not endorse the appointment to the Dean. With consideration of the candidate's credentials and the recommendation of the Academic Council, the Dean may either deny or approve the appointment. If the Dean recommends the appointment, they shall forward this recommendation, along with the recommendation of the Academic Council, to the Senior Vice President – Academic Affairs. The Senior Vice President – Academic Affairs may either deny or approve the appointment. If the Dean denies the appointment, the appointment fails and goes no further.

B. KCOM Faculty Classifications

The Faculty of the College shall be divided into the following classifications: (1) full-time / part-time faculty, (2) adjunct faculty, (3) clinical adjunct faculty (4) visiting faculty. A faculty roster is maintained by the dean's office and updated on an annual basis.

1. Full-Time and Part-time Faculty

Full-time faculty status shall be granted only to persons who possess an academic rank and whose primary functions within the College include teaching, scholarly activity, and professional service. Each full-time faculty member shall be assigned to, and shall have responsibilities to, a specific academic department. Individuals assigned to multiple departments shall have one designated as the primary department. All individuals granted full-time faculty status shall have a letter which specifies their duties, supervisor, salary, and fringe benefits. A separate letter will be provided which deals with academic department, academic rank and tenure status. Faculty members who practice in the institutional clinical facility may additionally receive a physician's employment agreement outlining the details of their service obligations and earnings. Full-time faculty are faculty who have at least a .75 FTE appointment (30 or more hours per week).

Full-time and part-time faculty are expected to participate significantly in all three aspects of faculty duties; namely: teaching, scholarly activity, and professional service to the College.

Teaching includes such activities as:

- Student, trainee, and peer education
- Course or course materials development
- Presentation of enrichment programs (e.g., faculty / staff development programming, continuing education courses, and public outreach)
- Scholarly activity training and mentorship
- Clinical teaching and mentorship
- Administrative teaching leadership role

Scholarly Activity is defined to be "a creative work that is peer reviewed and publicly disseminated". The following forms of scholarship are all considered important to the mission of ATSU and may be used as faculty member demonstrations of productivity in scholarship (Boyer, 1990, O'Meara & Rice, 2005) (Refer to pages 21-23 for descriptions of scholarship):

- Scholarship of Teaching and Learning
- Scholarship of Discovery
- Scholarship of Practice
- Scholarship of Engagement
- Scholarship of Integration.

Professional service specifically refers to contributions made to the academic mission of the University and/or school/college, and may include but is not limited to the following:

- Committee membership
- Recruitment, screening, or interviewing of applicants for admission to University programs
- Professional association membership and contributions
- Attendance at faculty meetings and formal University events
- Use of expertise to benefit the mission of the University at the local, state, or national level
- Administrative tasks as assigned.

Full-time and part-time faculty positions shall not be granted to those who only incidentally contribute to instruction in the course of performing other functions. However, a dean and other administrators a dean recommends may be granted faculty status, even though their primary responsibilities are administrative.

The Dean, appropriate Associate Dean and/or faculty member's chairperson will determine the professional service that a faculty member shall provide. Failure to undertake professional duties which were reasonably assigned to the faculty member is grounds for loss of full-time faculty status or termination of employment.

Voting privileges at KCOM Faculty Meetings shall be afforded full-time and part-time faculty possessing a rank of Instructor or higher. Voting privileges in the Faculty Assembly are outlined in the Constitution of the KCOM Faculty Senate.

2. Adjunct Faculty

Adjunct faculty are fully qualified professionals who contribute to the education of students or who participate in graduate or research programs associated with a particular school/college. Adjunct faculty may also include professionals with an ongoing relationship with a school/college and who are committed to clinical education programs on and/or off-campus. Adjunct faculty participation in a school/college's teaching and research programs is considered part-time, whether with or without compensation. Adjunct faculty are responsible for the quality of their instruction as integrated into the curriculum.

The process of appointment to adjunct faculty status follows the same procedure cited for full-time and part-time faculty. Adjunct faculty members may be invited to faculty meetings throughout the year, but hold no voting privileges in the KCOM Faculty Assembly. Adjunct faculty shall be listed on the faculty roster, and faculty appointments shall be reviewed annually to determine the need for reappointment. Reappointment will be dependent on programmatic needs.

3. Clinical Adjunct Faculty

   Clinical Adjunct Faculty are typically those who train KCOM students in our regional sites. Clinical adjunct faculty members (except residents) must be credentialed and maintain board certification maintain board certification and maintain AOA/ABMS board certification or eligibility, hospital privileges if applicable, and an unrestricted license to practice in the state where clinical training occurs. Clinical Adjunct Faculty members are required to notify the Dean's Office of any action taken against their license to practice medicine, loss of certification, or loss in hospital privileges within 30 days of such action. Clinical Adjunct Faculty appointments shall be reviewed every three years.

   The rank of Clinical Adjunct Instructor will be assigned after the appropriate credentialing has been completed. This appointment is reviewed and granted for a three year term.

4. Visiting Faculty

   Visiting Faculty are individuals who are invited to the College on an as-needed basis. Visiting Faculty appointments shall be reviewed annually to determine the need. Visiting Faculty are not required to perform College service. In addition, they are not eligible to participate in the fringe benefits program or hold faculty voting privileges. All visiting faculty must have a curriculum vitae on file with the KCOM Dean's office.

C. Academic Rank (Full-time, Tenure-track Faculty and Part-time)

Faculty shall be appointed to one of the following academic ranks:

1. Full-time / Part- time faculty
   - Professor
   - Associate professor
   - Assistant professor
   - Instructor

2. Adjunct faculty
   - Adjunct professor

- Adjunct associate professor
- Adjunct assistant professor
- Adjunct instructor

3. Clinical Adjunct faculty
    - Clinical adjunct professor
    - Clinical adjunct associate professor
    - Clinical adjunct assistant professor
    - Clinical adjunct instructor

D. Faculty Academic Rank and Promotion

Recommendations for promotion in academic rank for full and part time faculty shall be submitted once per academic year at the time designated by the dean and in response to the annual call for such recommendations by the chair of the Promotion and Tenure Committee. Recommendations for promotion in academic rank for Clinical Adjunct Faculty may be made on an ad hoc basis to the chair of the Promotion and Tenure Committee.

The KCOM Promotion and Tenure Committee will be comprised of five faculty members appointed by the dean. The chair of the committee will be the Associate Dean for Medical Education.

The preferred composition of the committee will be:

- A biomedical science full professor and chair ..... 3 year appointment
- A biomedical science full professor ..... initial 2 year then 3 year appointment
- A biomedical science associate professor..... initial 1 year then 3 year appointment
- A clinical science full or associate professor and chair ... 3 year appointment
- A clinical science full or associate professor..... initial 2 year then 3 year appointment

The KCOM Faculty Senate will provide to the dean a minimum of two potential nominees for the biomedical science associate professor position as a recommendation.

All faculty members on the committee can vote on promotion and/or tenure of any faculty member except if the member comes from the same department as the applicant then that member must abstain from the vote. The Associate Dean for Medical Education will only vote to break a tie.

Once a member has completed a 3 year term they should rotate off the committee for a recommended period of three years.

Recommendations for promotion of a faculty member to a new academic rank shall be initiated by a faculty member through their department chair/academic administrator. A faculty member seeking promotion in academic rank assumes the responsibility for preparing a detailed portfolio summarizing and documenting their professional credentials, academic accomplishments, scholarly activity, and professional service. After consultation with the faculty member's department chair/academic administrator, the completed portfolio, with a cover letter formally requesting consideration for promotion (must specify the academic rank sought) must be submitted to the chair of the Promotion and Tenure Committee. The applicant's portfolio should include, if applicable, but is not limited to: a current copy of the faculty member's resume or curriculum vitae; teaching responsibilities (lecture, lab, small group, advising, mentoring, preceptor teaching, etc.); teaching evaluations; awards; honors; sample publications; listings of presentations; committee service; supervisory activities; evaluations of the individual's supervisory activities (e.g., student

advising including chairing master's and doctoral committees); and letters from external referees (these may be submitted directly to the chair of the Promotion and Tenure Committee). The faculty member's portfolio shall be submitted no later than 5 p.m. CST the third Friday in January to the chair of the Promotion and Tenure Committee. The dossier for Clinical Adjunct Faculty advancement may be more abbreviated and should include a letter of recommendation from the Associate Dean for Clinical Affairs, preceptor evaluations, numbers of KCOM students trained and a current CV. These materials may be submitted to the chair of the Promotion and Tenure Committee at any time.

Full-time / Part-time Academic and Clinical Faculty

Assignment of faculty rank (Full-time, Part-time and Adjunct Faculty) shall be to one of the four academic ranks: Instructor, Assistant Professor, Associate Professor, and Professor. Listed below are guidelines that are intended to define the minimum educational and performance level associated with each academic rank for appointment and / or promotion. Adjunct faculty have their primary appointment at an institution other than KCOM and are not eligible for tenure nor is service to the college expected. Promotion in academic rank is expected to follow an orderly sequence reflecting the faculty member's increasing level of performance in each of the three areas of academic endeavor.

In addition to meeting the qualifications of their current rank, faculty members are expected to continue to meet the qualifications of the ranks preceding their current rank.

Clinical Faculty are those whose primary activity is to provide clinical instruction to first and second year medical students. Understanding that clinical faculty engage in both academic and patient care activities, both of which contribute to their expertise as a faculty member, all regular clinical faculty (both part-time and full-time) listed on the KCOM faculty list (excluding adjunct and visiting faculty) are eligible for promotion and tenure.

1. Instructor
   Postgraduate physicians-in-training will typically be appointed at this rank. Candidates should have the potential and qualifications to contribute to the academic missions of the College and the University.

   Evidence that could be presented in support of an appointment at this level might include:
   - Willingness to perform teaching / assessment and course administration;
   - Willingness to engage in scholarly activity / research

2. Assistant Professor
   Candidates for the rank of Assistant Professor require a doctoral degree and at least two-years postdoctoral experience. The candidate shall be capable of, and is expected to engage in, quality teaching, independent scholarly activity and professional service. Clinical faculty who teach clinical disciplines should be licensed in their clinical discipline. For example, DO or MD faculty members should have completed an AOA or ACGME-approved residency program and have a license to practice medicine in the state in which they reside. Candidates should have the potential and qualifications to contribute to the academic missions of the College and the university.

3. Associate Professor

Candidates for the rank of Associate Professor have met the expectations of the rank of Assistant Professor at KCOM for four or more years. The rank of Associate Professor requires evidence of sustained academic accomplishment, including quality teaching, scholarly activity and professional service activities both in professional societies and in the College / University.

4. Professor
   Candidates for the rank of Professor have consistently excelled in meeting the expectations of the rank of Associate Professor at KCOM for five or more years. The rank of Professor is reserved for those faculty members who have distinguished themselves as physicians and/or scholars at national level. Evidence of the candidate's qualifications shall include letter(s) from one or more full professors at other institutions attesting to the significance of the scholarly and/or professional contributions made by the candidate. The rank of Professor requires sustained performance in the areas of scholarly activity, quality teaching and service to the College / University.

Attributes that may be considered for Promotion:

A. Teaching
- Honors or special recognition for teaching accomplishments
- Development or significant revision of programs and courses
- Course leadership including course directorship
- Collaborative work on interdisciplinary courses within the program
- Effectiveness as demonstrated by student outcomes and evaluations
- Peer evaluation of teaching / engaged continuous improvement of teaching
- Selection for special courses / presentations / lectureships outside the college
- Creation and presentation of effective CME materials
- Grants related to teaching and learning

B. Scholarly activity
- Research and / or peer reviewed and other scholarly publications (including case reports)
- Record of intramural and / or extramural research funding
- Research mentorship of graduate student trainees
- Record of participation in seminars / workshops related to one's professional field
- Outreach or other activities using one's specialty expertise (e.g., consultant, journal editor, journal reviewer, guest speaker)
- Engagement in mentoring resident research including QI projects (detail role)
- Leadership in professional society(s)
- Significant involvement at the national level setting specialty college curricula, milestones, and / or other benchmarks
- Participation in national standard setting / guideline panels
- Scholarly review of research abstracts for national meetings
- Peer-reviewed item writing for national licensing boards
- Development of instructional materials adopted by other programs / institutions

C. Service
- Consistent contribution to committees according to one's service assignment
- Committee work at the national level contributing to the profession
- Service on licensure boards / licensing exam writing (including COMLEX and specialty board item writing)
- Honors, awards, and special recognition for public service activities directly related to one's specialty

- Documented effectiveness as a faculty advisor to student organizations
- Effective mentoring of junior faculty
- Serving in activities that promote the school or university mission

Excellence is expected in at least one of the three major areas of academic activity as demonstrated by objective achievements with sustained activity in all three areas.

Clinical Adjunct Faculty

Clinical Adjunct Faculty may include: Regional Deans/DSME, Directors of Medical Education (DME), Program Directors (PD), clinical preceptors, and resident physicians who contribute substantial time to student education.

The following sections outline the general criteria for appointment and/or promotion for Clinical Adjunct Faculty:

1. Clinical Adjunct Instructor

   Appointment to the rank of Clinical Adjunct Instructor requires a professional degree and either board certification or board eligibility (no more than 7 years following completion of residency or fellowship). Candidates must have the potential and qualifications to contribute to the specific academic mission of KCOM.

   Evidence includes:
   - Teaching experience
   - Willingness to voluntarily participate in the education of KCOM third and fourth year students and/or residents.

2. Clinical Adjunct Assistant Professor

   Appointment or promotion to the rank of Clinical Adjunct Assistant Professor requires a professional degree and completion of residency. Appointment at the Clinical Adjunct Assistant Professor level is reserved for candidates who have the potential and qualifications to make a sustained contribution to the academic mission of KCOM, and who are capable of teaching and/or independent scholarly activity, and service.

   Evidence of this potential might include:
   - Served as preceptor for KCOM medical students or residents with 1-3 or more students/residents per year for a 1-3 year period
   - and/or specialty training or certification
   - Teaching experience
     Examples may include:
     - Lectures
     - Clinical student didactics
     - Preceptor lectures in office or hospital
     - Clinical precepting
     - Journal Club
     - Educational Conference presentation
   - Service

Examples may include:

- ATSU/KCOM committees
- Clinical Educational Affairs committees
- Still OPTI committees
- Student Interviews/Personal statement review at site
- Mentorship
- Participates in monthly regional meetings
- Participates in the KCOM Regional DSME Educational Conference

- Evidence of professional recognition at the local level as a competent clinician
- Willingness to voluntarily participate in the education of KCOM third and fourth year students and/or residents
- Participation in faculty development courses designed to improve teaching skills and evaluate performance
- Has received satisfactory teaching evaluations

3. Clinical Adjunct Associate Professor

Candidates for the rank of Clinical Adjunct Associate Professor have four or more years of experience at KCOM at the Clinical Adjunct Assistant Professor level. Appointment or promotion to the rank of Clinical Adjunct Associate Professor requires sustained performance at a level above the standards established for Clinical Adjunct Assistant Professor. Appointment or promotion to the rank of Clinical Adjunct Associate Professor requires evidence of sustained academic accomplishment, sustained independent scholarly activity, and sustained service.

Evidence of this potential might include:

- Served as preceptor for KCOM medical students or residents with four or more students/residents per year for a 4 year period
- Publication of original scholarly work in peer-reviewed professional journals
- Presentation of research/scholarly data at local, state, or national meetings
- Participation at the local and regional level in professional society affairs
- Professional specialty board certification
- Presentation at local and regional Continuing Medical Education (CME) programs
- Record of service to KCOM
- Has received above average teaching evaluations
- Continued participation in faculty development courses

4. Clinical Adjunct Professor

Candidates for the rank of Clinical Adjunct Professor would have a doctoral degree plus a minimum of five years of experience at the Clinical Adjunct Associate Professor level at KCOM. Appointment or promotion to the rank of Clinical Adjunct Professor requires sustained performance at a level above the standards established for Clinical Adjunct Associate Professor. Appointment or promotion to the rank of Clinical Adjunct Professor also requires sustained academic accomplishment, sustained meritorious scholarly activity, and sustained service, some of which must be at the state or national level.

Examples of sustained academic accomplishment, sustained meritorious scholarly activity, and sustained service may include:

- Has served as a preceptor for KCOM medical students or residents with four or more students/residents per year for at least nine years.
- Dissemination of scholarly works.
- Regular publication of original scholarly work in peer-reviewed professional journals
- Participation at the state or national level in professional society affairs.
- Participation at the state or national level in research peer-review process.
- Participation at the state or national level in the formulation and administration of governmental health care policy.
- Presentations at local, state, or national society meetings
- Participation at the state or national level in professional association policy formulation or institutional review processes.
- Participation as an invited speaker at national or international symposia.
- A letter(s) of support from one or more outside colleagues attesting to the significance of the scholarly and/or professional contributions made by the candidate.
- Sustained service to KCOM.
- Evidence of state, national or international recognition as an excellent clinician or teacher.
- Has received above average teaching evaluations
- Continued participation in faculty development courses

III. Faculty Rights and Privileges

A. Faculty Development

All faculty are expected to maintain educational and scholarly competence in their discipline. Faculty with significant administrative responsibility are similarly expected to maintain contemporary knowledge of administrative techniques and related, current, educational theories, techniques, policies and procedures. By continuing to grow and develop in all aspects of their academic functioning, faculty members enhance their own professional development, perform their duties more effectively, and further the reputation of the College. Although not an exclusive list, the following are examples of the continued professional growth in which all faculty members should engage:

1. Faculty members are expected to participate in appropriate professional organizations by attending and presenting at meetings.
2. Faculty members should avail themselves of opportunities for leadership in their professional organizations.
3. Faculty members should read, study, present papers, publish articles in and explore the subject matter that they teach to ensure that what they teach represents the accurate, contemporary content of their discipline.
4. Faculty members are expected to actively participate in faculty development programs and to maintain competence about the essential issues of higher education, in particular in medical education, in order to facilitate student learning.
5. Faculty members should actively seek out successful colleagues in teaching or research/scholarly activities to detect successful approaches to teaching and research/scholarly activities.

B. Code of Ethical Standards

All faculty members at KCOM are bound by the American Osteopathic Association's Code of Ethics (https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/?). Further, all faculty must abide by the Statement of Professional Ethics of the American Association of University Professors, intended to give guidance to faculty members as they proceed with the academic activities. Faculty who violate the codes of ethical standards may have their employment terminated or be otherwise disciplined.

1. Ethical Code of Faculty Activity

   Faculty shall assure that a principal proportion of their professional effort shall be devoted to accomplishing the missions of the College and the University. Faculty shall seek to be effective teachers and scholars and help the College professionally with committees. While some faculty may engage in significant professional activities outside the College, each shall commit to the effort required to capably and completely perform their assigned duties within the College.

   The proper behavior that reflects commitment to this underlying ethic is as follows:
   - The faculty member shall make every effort to accomplish the goals that have been set by the direct supervisor, the appropriate Associate Dean and/or the Dean; and
   - The faculty member shall scrupulously avoid activities that conflict with their professional duties within the College, and shall declare such activities to the Dean if a potential conflict of interest may exist.

   Examples of behaviors that violate the ethical code of faculty activity are:
   - Unethical conduct towards students, staff, faculty, or administration;
   - Unauthorized, excessive time away from campus;
   - Engaging in activities that conflict with the missions of the College or University or damage the image of the College or the University;
   - Use of professional authority to harm others.

2. Ethical Standards of Intellectual Honesty

   All faculty shall be guided by a deep conviction of the worth and dignity of the advancement of knowledge. Faculty shall recognize the special responsibility placed upon them to seek and state the truth as they know it. Faculty shall devote their energies to developing and improving their scholarly and teaching competence and exercising intellectual honesty in using, extending and transmitting knowledge. Based on this general standard of intellectual honesty, faculty shall have the rights and responsibilities for the following:
   - the opportunity for free inquiry and the free exchange of ideas in their subject areas;
   - the privilege to present controversial material relevant to a course of instruction for which they have responsibility;
   - the responsibility to indicate uncertainties or limitations in the body of knowledge;
   - the responsibility to conduct valid research and publish or distribute genuine results.

   Also based on the general standard of intellectual honesty, faculty shall not engage in the following:
   - plagiarism;
   - falsifying or misrepresenting research data;
   - misrepresenting one's contribution to teaching, research or professional service;

- falsifying, withholding or destroying documents related to inquiries, grievance procedures or hearing committees associated with the College or the faculty member's academic or professional activities;
- conducting and/or publishing research that is misleading or violates federal, state, local, College, or University regulations.

The behaviors listed above are only representative and are not intended to be a complete description of activities that harm the ethic of intellectual honesty.

IV. Misconduct (Investigation, Finding and Discipline of Faculty for Unethical or Unprofessional Behavior)

Any student, staff, faculty or administrator of the College may accuse a College faculty member, including administrative faculty, of violation of the above Code of Ethical Standards. Such accusation shall be presented to the Dean in writing along with appropriate documentation supporting the accusation. (If the accused is the Dean, the accusation shall be made in writing to the Senior Vice President – Academic Affairs. In such case, the Senior Vice President – Academic Affairs shall serve the role hereinafter described for the Dean.) The Dean shall inform the accused faculty member in writing of the allegation while maintaining the confidentiality of the accuser if possible. The accused faculty member has 15 days from the time the Dean has informed him/her of the accusation to either agree or deny in writing that a violation of the code has occurred.

If the accused faculty member agrees that they have violated the Code of Ethical Standards as alleged, the Dean may impose disciplinary action. If the accused faculty member denies the allegation of a violation of the Code of Ethical Standards, the Dean or their designee shall investigate the accusation. The Dean shall render a decision within a reasonable time. If the Dean finds no violation of the Code of Ethical Standards, they shall provide written documentation informing the person making the accusation and the faculty member about whom the allegation was made.

If the faculty member does not agree that they have violated the Code of Ethical Standards as determined by the Dean and/or does not agree that the proposed discipline is proper, such faculty member being disciplined is assured an opportunity for a hearing before their peers; the right to present evidence and to cross-examine; and the right to receive a summary document of the hearing consisting of the protocols followed, a list of all parties present, including any witnesses submitting statements but not present, and the majority decision of the Hearing Committee. The faculty member is entitled to an adequate statement of charges, a reasonable time to prepare a defense, and the right to appeal procedural failures to the Senior Vice President – Academic Affairs and/or the President. All aspects and information discovered during the hearing are confidential. [*for example, faculty peers are defined as College faculty members with Faculty Senate voting rights.]

A. Procedure for the Hearing

The Hearing Committee shall be appointed by the Dean and shall consist of at least three and no more than five faculty members, one of which shall serve as chairperson and be in full charge of the hearing. The formal disciplinary charges and grievance shall be presented to the chairperson of the Hearing Committee at the time of appointment.

1. The Dean shall designate a college official to provide evidence and call witnesses in support of the charges.
2. The chairperson of the Hearing Committee shall appoint a member of the committee as secretary. This individual shall read aloud the specifications of the alleged misconduct.

3. Documentation and/or testimony to support the charges shall be presented by the college official and supported by witnesses, if any. The charged faculty member and Hearing Committee members shall have the right to question each witness and examine the documentation.
4. The charged faculty member may present documentation and/or testimony to refute the charges. The faculty member may present witnesses. Hearing Committee members shall have the right to question each witness.
5. The school official shall summarize their case.
6. The charged faculty member shall summarize their case.
7. The chairperson shall dismiss all persons except the members of the Hearing Committee. The Hearing Committee shall deliberate and by majority vote rule whether the behavior occurred and/or whether the behavior constitutes misconduct.
8. The written summary document shall be signed by all members of the Hearing Committee verifying the accuracy of the account and shall be sent to the Dean's office for placement in the faculty member's permanent record.
9. The Dean will review the Hearing Committee's written document summarizing the hearing and determine the next course of action. The course of action should be consistent with institutional history and professional standards. For the protection of academic due process and of all concerned parties, all public statements about a case shall be avoided. Any announcement of the final decision shall include a statement by the Dean or the Hearing Committee, as applicable.

B. Right of Appeal of Misconduct Decision

The accused faculty member may only appeal the finding of the Dean relative to the alleged violation of the Code of Ethical standards on the basis of a violation of policies or proper procedures. The discipline imposed by the Dean may be appealed only if inconsistent with institutional history and / or professional standards. Such appeals must be made to the Senior Vice President – Academic Affairs. The discipline imposed by the Dean shall not be implemented until all appropriate appeals and procedures are concluded.