



2023 Faculty Handbook

OFFICE OF THE PROVOST

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Message from the president

Welcome to California Health Sciences University – CHSU! We strive to inspire everyone in our diverse campus community to continue advancing our mission – to improve the health care outcomes of people living in the Central Valley.

Our new and innovative University is rapidly developing and expanding, enabling our faculty, staff, and administration to have plentiful opportunities for growth and development.

To help those in our campus community achieve their goals, we are committed to supporting diversity, equity, and inclusion in our supportive campus culture. We are working to develop a distinctive approach to education and ensuring our programs are accessible to and affordable for all students – especially those from our region. Because only together can we resolve the dire health provider shortages in the Central Valley and help to support the underserved communities in our region and beyond!

We are proud to be accredited by the WASC Senior College and University Commission (WSCUC) and we currently offer Doctor of Pharmacy, Doctor of Osteopathic Medicine, and Master of Science in Biomedical Sciences programs. To help secure the health care workforce needed in our growing region, we are currently exploring other programs where the student demand and regional need are very high. The continued campus development will occur in multiple phases, as new programs and colleges are added for postgraduate health education. The campus could ultimately approach 2,000 students and nearly 300 faculty and staff.

From the dedicated faculty and staff to our community partners, and most importantly our students, together we can improve the health care outcomes of the great people in our region.

Florence T. Dunn

President

California Health Sciences University

Section I: CHSU Shared Governance and Faculty Rights and Responsibilities

All CHSU programs and activities are planned and executed to accomplish the mission, vision and values as described below:

CHSU MISSION, VISION, AND VALUES

Mission:

We exist to improve the health care outcomes of people living in the Central Valley by:

1. Inspiring diverse students from our region to commit to health care careers that serve our region;
2. Developing compassionate, highly trained, intellectually curious, adaptive leaders capable of meeting the health care needs of the future through a performance-based education;
3. Empowering people to teach, serve, research, innovate, and practice collaboratively in areas of skill and expertise.

Vision:

Enhancing the wellness of our community by educating health care professionals dedicated to providing collaborative care for the Central Valley.

Values:

1. **Integrity:** We keep promises and fulfill just expectations. By aligning our beliefs, thoughts, and actions, we adhere to the highest ethical and professional standards in education, research and healthcare.
2. **Excellence:** We strive to achieve the highest quality in all that we do by using evidence-based methods, teamwork, critical reasoning, and continuous reflection on performance.
3. **Collaboration:** We strive to contribute positively to each other, our students, patients, university and community, through a culture of trust, respect, transparent communication, cooperation, cheerfulness, gratitude, and shared victories.
4. **Diversity:** We respect, embrace and harness the strengths of the many cultural backgrounds, languages, experiences and viewpoints of our students, faculty, staff and the community which we serve.
5. **Innovation:** We offer opportunity and resources to explore and pursue courageous innovation that matters for our students, faculty, staff, patients, and community.
6. **Stewardship:** We conscientiously utilize our resources – human, material and financial – in a highly efficient, effective, forward-looking and sustainable manner.
7. **Growth:** We value and invest in an assessment-driven culture that prioritizes growth and self-development. We strive to realize the potential of every student, faculty, staff, and community member through our individual and collective learning opportunities, decisions, policies, and priorities.

CHSU GLOBAL LEARNING OUTCOMES

The CHSU Global Learning Outcomes (GLOs) express a shared, campus-wide articulation of expectations for all degree recipients. They enable CHSU graduates to achieve clinical competence by applying professionally relevant, function knowledge in relational contexts relevant to the health professions: direct care, the team, the health system, the community, and the profession itself. Through development of the capacities represented by the CHSU GLOs, students acquire the habits and abilities that prepare them to become effective professionals and citizens throughout their lives.

The following GLOs are the guiding principles of the curricular design applicable to all CHSU education programs; therefore, programs and degree recipients will be required to demonstrate achievement for each GLO.

1. **Professionalism:** Seeking collaboration with patients, society, one's disciplinary colleagues, and other professionals through trust and shared accountability. Demonstrating humanistic behavior, including openness, respect, compassion, probity, honesty, trustworthiness, and integrity that supersedes self-interest; striving to achieve the highest standards of performance through invention, resilience and grit; continuing to learn and grow throughout life.
2. **Reflector:** Examining and assessing one's own performance and intellectual and emotional state of mind.
3. **Decision Maker:** Achieving desired results by systematically gathering appropriate data, considering circumstantial factors, and making decisions and plans that meet contextual standards of excellence.
4. **Learner:** Planning learning strategically then undertaking it with diligence. Receiving and reflecting on feedback. Adapting and making changes when necessary.
5. **Collaborator:** Coordinating identities, social processes and human interactions to achieve shared goals in a context of mutual respect (includes negotiation, coordination, escalation, conflict resolution).
6. **Communicator:** Oral and written exchange of ideas, sentiments, observations and opinions to achieve mutual understanding and influence.
7. **Practitioner:** Possessing the range of competencies required to achieve professional licensure.

DEFINITION OF FACULTY

All persons who have been appointed as full time, part time or clinical preceptor faculty are members of the faculty. Administrators whose functions are in part academic may be appointed to the Faculty by the Provost and the appropriate Dean.

CHSU FACULTY ROLES AND RESPONSIBILITIES

A. The University recognizes three broad areas of faculty endeavor – teaching, scholarship, and service – and expects that faculty members will be active in each of these areas, as described below.

1. TEACHING

Teaching is a core activity of the University, and all faculty members are expected to achieve excellence in this role. Teaching includes not only traditional classroom and laboratory instruction and experiential instruction, but also service-learning courses designed to enable student engagement in the community and other non-classroom instruction such as independent study.

All faculty members are expected to teach the equivalent of at least one standard course (defined as 3 - 4.5 credit hours) that contributes to the instructional load of their program each semester. Teaching may include preparation of lecture prework or TBL readiness materials, TBL iRATs and tRATs, TBL application questions, as well as facilitating a lecture or TBL session or experiential laboratory session and preparing exam items. Finally, all faculty members are expected to engage regularly in activities designed to enhance the effectiveness of their own teaching.

2. SCHOLARSHIP

Scholarship is a core activity of the University, and all faculty members are expected to be productive scholars. Included in the University's definition of scholarship are the scholarships of:

- A. Discovery: scholarship that adds to the field of knowledge of a particular discipline or combination of disciplines.
- B. Pedagogy: scholarship that adds to the knowledge and understanding of teaching.
- C. Integration: scholarship that makes connections among existing ideas within and/or across disciplines to provide new understandings.
- D. Application: scholarship that applies knowledge to issues of contemporary social concern in a manner that generates new intellectual understandings.
- E. Engagement: scholarship that applies knowledge and skills to elucidate the relationship between theory and practice in order to address significant local, national, and global issues.

3. SERVICE

Faculty service is the foundation upon which effective shared governance is nurtured at the University. All faculty members are expected to engage in activities at the department, College, and university levels that contribute in a substantial manner to the important work of the institution. Additionally, faculty members are expected to contribute their disciplinary expertise to address issues of importance in the region, state, and nation. Further, all faculty members are expected to engage in academic advisement and/or mentoring of students. Of particular importance are activities in regional, state or national organizations relevant to their field of expertise, providing professional expertise to the community beyond the University, and to deliberations about important regional, state and national issues. The University expects that faculty members will become increasingly active in service, assuming increased responsibilities over the course of their careers at the University. While most service activities are considered to be part of a faculty member's normal responsibilities, there are times when the faculty members might be asked to assume a mission-critical responsibility that is beyond what would normally be expected of a faculty member. In these cases, the faculty member may receive reassigned instructional time to perform her or his responsibilities.

B. ASSESSING FACULTY ACTIVITY

Faculty members will be evaluated by their Department Chair on the following framework:

1. Teaching Assessment

CHSU is committed to excellence in teaching and scholarship. Faculty members are expected to be engaged, over time, with a broad cross-section of students in a variety of different learning circumstances and to continue to make substantial contributions to the instructional program of the University. Faculty members are expected to:

- a. Develop clear goals so that there is congruence between the faculty member's espoused goals and values in teaching.
- b. Develop course-specific rigorous learning outcomes (CLO) that aligns with the Program Learning Outcomes (PLO) and are measurable.
- c. Ascertain that the learning/teaching activities/modalities are meaningful in obtaining the CLOs.
- d. Share with the students the expected learning outcomes and the activities utilized for obtaining those measurable outcomes through a well-defined syllabus.
- e. Design assessment methods and tools to validate the expected level of student learning outcomes.

2. Assessment of Scholarship:

a. Scholarship of teaching

CHSU Faculty members are expected to have continued growth in their area of expertise and should embrace the current pedagogical principles and practices in their teaching, which require a methodical approach. Faculty members are expected to

- i. Exhibit adequate preparation by possessing an intellectual understanding of, and engagement in effective teaching which will be evident in the quality of their teaching/learning materials and by regular review and revision of the content.
- ii. Demonstrate a broad repertoire of pedagogical strategies and utilize them in appropriate ways to maximize student learning.
- iii. Utilize instructional technologies to enhance student learning and employ appropriate methodologies to measure student performance.
- iv. Provide evidence that they are responsive to the needs of students and utilize feedback to modify the course content or delivery for future iteration of the course.

b. Research and Scholarship:

Faculty members engaging in any form of scholarship are expected to share their experiences with the wider academic community. The projects in which they engage should reach a level of excellence sufficient to yield materials which, following rigorous external peer review, are selected for dissemination through published articles, books, presentation, posters, and other national/international venues accepted as equivalent to these within the faculty member's discipline. CHSU faculty members are expected to:

- i. Identify the scope of their work in the field of research/scholarship. Formulate a clear purpose and goal of the research/scholarship work that they are planning to engage. The goals and objectives are realistic and achievable.
- ii. Provide evidence of adequate preparation by showing an understanding of the existing scholarship in the field and demonstrating the necessary skills. They should have access to the appropriate resources and technology.
- iii. Exhibit the intent to collaborate with other scholars or professionals and participate with strong research teams, both within and beyond the University.
- iv. Ascertain the impact of the work on the existing knowledge and scholarship in the field and/or to learning and teaching in the field by having peer-reviewed publications, professional presentations, external grants or commissions, invited lectures, invitations to review manuscripts, the award of fellowships, the production of letters, reviews and other forms of validation by qualified experts, and/or major professional recognition.

3. Assessment of Service:

All service activities should be carefully evaluated by assessing the impact of the service and by comparing the stated objectives with the achieved outcomes. The faculty members are expected to:

- i. Demonstrate that their activities bring about evidence of a clear understanding of, and commitment to, service to the University, the profession and the larger community.
- ii. Exercise academic leadership and responsibility at the department, College, and University levels that is appropriate for faculty member's rank, experience and expertise.
- iii. Exercise academic leadership in the discipline or field at the regional, national, and international level that is appropriate for faculty member's rank, experience and expertise.
- iv. Provide services directly related to faculty member's academic expertise to external agencies, Colleges, organizations, communities, and similar groups.
- v. Generate impactful and tangible products from the service provided and assume increasing responsibility for providing academic leadership within the University, or at the regional, national and international level.

CHSU GOVERNING STATUTES

Governing Statutes provide the standards and guidelines to be followed in all aspects of the University functions and thus, empowering people to teach, serve, research, innovate, and practice collaboratively in areas of skill and expertise in disciplines related to osteopathic medicine. Below are the 9-governing statute of CHSU.

Statute 1

<https://chsu.edu/wp-content/uploads/2021/08/CHSU-Governing-Statute-1-Mission-Vision-and-Values.pdf>

Statute 2

<https://chsu.edu/wp-content/uploads/2021/08/CHSU-Governing-Statute-2-University-Code-of-Ethical-Conduct.pdf>

Statute 3

<https://chsu.edu/wp-content/uploads/2021/08/CHSU-Governing-Statute-3-Confidentiality-of-Information.pdf>

Statute 4

<https://chsu.edu/wp-content/uploads/2021/08/CHSU-Governing-Statute-4-Non-Discrimination-and-Equal-Opportunity.pdf>

Statute 5

<https://chsu.edu/wp-content/uploads/2021/08/CHSU-Governing-Statute-5-Due-Process.pdf>

Statute 6

<https://chsu.edu/wp-content/uploads/2021/08/CHSU-Governing-Statute-6-Fiscal-Management-and-Accountability.pdf>

Statute 7

<https://chsu.edu/wp-content/uploads/2021/08/CHSU-Governing-Statute-7-Office-of-the-President.pdf>

Statute 8

<https://chsu.edu/wp-content/uploads/2021/08/CHSU-Governing-Statute-8-Office-of-the-Provost.pdf>

Statute 9

<https://chsu.edu/wp-content/uploads/2021/08/CHSU-Governing-Statute-9-Deans-of-the-Colleges.pdf>

ACADEMIC FREEDOM

Academic freedom is indispensable to institutions of higher learning in order to educate students and advance knowledge. Academic freedom gives faculty and students the freedom to investigate and discuss topics without fear of reprisal for alternative opinions in order to gain the best possible understanding of an issue. All members of the University shall support and protect this fundamental principle and work collaboratively to provide an environment of tolerance and mutual respect. Academic freedom is essential to both teaching and research for faculty, and to learning for students. Freedom in research is fundamental to the advancement of truth. Academic freedom in its teaching aspect is fundamental for the protection of the rights of the teacher in teaching and of the student to freedom in learning. It carries with it responsibilities correlative with rights. CHSU expects that its members exercise academic freedom responsibly. As highly trained professionals, faculty have the responsibility to their students and community for the quality of their teaching, scholarship, and student learning. The faculty has primary responsibility for contributing their knowledge to such fundamental areas as curriculum, subject matter, methods of instruction and assessment, and research. Faculty input is sought for those aspects of student life which relate to the educational process. Faculty are entitled to freedom in the classroom in discussing related subject matter. Faculty are free to pursue research and to publish their results.

The exercise of these freedoms is not to impinge upon the full and adequate performance of their responsibilities, including, but not limited to, teaching, service, and research.

Further details on academic freedom are available at [CHSU Policies - California Health Sciences University](#) under academic freedom Intellectual Honesty and Academic Integrity policy.

PRINCIPLES OF PROFESSIONAL CONDUCT

The statement that follows was originally adopted in 1966. Revisions were made and approved by the American Association of University Professors' Council in 1987 and 2009.

- I. **INTRODUCTION** From its inception, the American Association of University Professors has recognized that membership in the academic profession carries with it special responsibilities. The Association has consistently affirmed these responsibilities in major policy statements, providing guidance to professors in such matters as their utterances as citizens, the exercise of their responsibilities to students and colleagues, and their conduct when resigning from an institution or when undertaking sponsored research. The Statement on Professional Ethics that follows sets forth those general standards that serve as a reminder of the variety of responsibilities assumed by all members of the profession. In the enforcement of ethical standards, the academic profession differs from those of law and medicine, whose associations act to ensure the integrity of members engaged in private practice. In the academic profession the individual institution of higher learning provides this assurance and so should normally handle questions concerning propriety of conduct within its own framework by reference to a faculty group. The Association supports such local action and stands ready, through the general secretary and the Committee on Professional Ethics, to counsel with members of the academic community concerning questions of professional ethics and to inquire into complaints when local consideration is impossible or inappropriate. If the alleged offense is deemed sufficiently serious to raise the possibility of adverse action, the procedures should be in accordance with the 1940 Statement of Principles on Academic Freedom and Tenure, the 1958 Statement on Procedural Standards in Faculty Dismissal Proceedings, or the applicable provisions of the Association's Recommended Institutional Regulations on Academic Freedom and Tenure.

II. THE STATEMENT

1. Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.
2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.

3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.

4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.

5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

SECTION II: Faculty Employment Policies and Procedures

APPOINTMENT OF FACULTY

I. APPOINTING THE SEARCH COMMITTEE

The Dean, in consultation with the appropriate Department Chair or immediate supervisor, shall appoint the search committee, and shall also appointment a Search Committee Chair to oversee this recruitment process. The search committee is advisory to the Dean. The search committee must include: (a) discipline specific faculty members and other non-discipline and clinical faculty (b) and at least one other faculty member who have earned a rank equal to or higher than the position being interviewed for. The search committee should include individuals with different perspectives and expertise and with a demonstrated commitment to diversity. In addition, a reputable community member (e.g., preceptor, scientist) may also serve on the committee, if deemed necessary by the Dean. The search committee's role is to search for qualified candidates and to evaluate such candidates. The Department Chair or immediate supervisor will meet with the committee at the beginning of each recruitment cycle to review:

- a. The importance of diversity and inclusion in hiring decisions;
- b. The advisory role of the committee;

- c. The need for the committee to maintain strict confidentiality;
- d. The need to refer inquiries and requests from the applicants to the committee Chairperson;
- e. Communication methods and preferences within the search committee, the campus community, candidates, and the practice sites if applicable;
- f. Support staff available to assist the search committee;
- g. A timeline for the selection process;
- h. The need for prompt and cordial acknowledgement of all applications and nominations;
- i. Selection criteria: e.g., position requirements and qualifications, teaching and research ability, references, presentation skills, ability to interact with colleagues;
- j. Compliance with state and federal law, and the University's policies and procedures related to non-discrimination and equal employment opportunity.

II. INITIAL SCREENING OF APPLICANTS

The search committee shall have the primary responsibility for the initial screening of all applications and compiling the appropriate materials describing the applicant's educational and professional background, credentials, three (3) letters of recommendation, and other applicable materials. The committee will conduct initial teleconference/remote interviews (i.e., telephone internet/video conference) with top applicants as part of the selection process. In order to maintain a fair applicant selection process, no candidate will be permitted to have an in person meeting in lieu of the telephone or remote screening.

III. REVIEWING APPLICATIONS

The search committee is responsible for reviewing applications from applicants under the direction of the Office of the Human Resources. Following the application review and the telephone/remote screenings, the search committee shall make a written recommendation to the Dean and Department Chair or immediate supervisor regarding which candidates possess the credentials and background to qualify them to be brought to campus for formal interviews. Final approval for applicant campus interviews is granted by the Dean.

IV. INTERVIEWS

During the on-campus interview, the candidate will meet with faculty, and appropriate College and University administrators. The candidate will also be asked to make formal presentation(s) to faculty, administrators, students, and other interested individuals. Input relative to the qualifications of the candidate will be solicited by the search committee from all individuals or groups meeting

with the candidate. Candidates will be provided with a College information packet, including program brochure, benefits package, research lab information, practice lab information, and current faculty research, scholarship, and institutional pedagogy.

V. RECOMMENDATIONS FOR HIRING

After all on-campus interviews are complete, the search committee will review all candidate evaluations and make a written recommendation to the candidates' Department Chair or immediate supervisor and Dean regarding candidate acceptability in the form of a list of qualified candidates. Additionally, following completion of the search, the search committee Chair may recommend to the Dean to make an offer to a particular candidate(s) or to continue the search and selection process. Any departures from this process must be pre-approved by the Dean. All recommendations regarding qualified candidates and/or offers of employment from the search committee are advisory to the Dean. The Dean shall have the final authority on determination of qualifications of candidates and/or employment offers to qualified candidates.

CLASSIFICATION OF APPOINTMENT

As used in these rules, the term "faculty" shall include persons appointed by the Provost with regular, auxiliary, and emeritus faculty titles on full- or part-time appointments, with or without salary. Type of appointment will be indicated in the initial employment contract.

1. **Regular Faculty:** Persons with the titles of Professor, Associate Professor, Assistant Professor, and Instructor who serve on full- or part-time appointments with salary.
2. **Adjunct Faculty:** Short-term (less than one year or less than 10 hours per week) contracted or volunteer faculty appointments reserved for individuals who have a regular faculty appointment at another University or in another College of CHSU, or who otherwise serve in the capacity of faculty members as lecturers or course instructors on a part-time or irregular basis or who otherwise do not meet the criteria for a regular, part-time faculty appointment.

TERMS OF APPOINTMENT

I. MULTI-YEAR ROLLING CONTRACTS

Following initial contract appointment, and subject to the following requirements, a faculty member (including administrators with faculty contracts) is eligible for re-appointment to a faculty position under a multi-year contract. Once a faculty member has received three consecutive annual performance reviews with an overall "Meets Expectation" score (or higher) and "Meets Expectation"

scores (or higher) in the subcategories of Teaching (part 1), Collegiality/Collaboration (part 4) and Goals (part 6), the faculty member becomes eligible for a multi-year contract.

A faculty member who meets these requirements is eligible for the multi-year rolling contracts options listed below, at the discretion of the Dean of the appropriate college and subject to the Provost's final approval.

Option 1: A two (2) year rolling upon the first re-appointment; and a two (2) year rolling upon the second re-appointment.

Option 2: A two (2) year rolling upon the first re-appointment; and a three (3) year rolling upon the second re-appointment.

The term "rolling" shall indicate that each July 1 the contract renews for the same two (2) or three (3) year term, but in no case shall any multi-year contract exceed a total of three (3) years.

In the event a faculty member receives an overall "Meets Some But Not All" (or lower) on an annual performance review or receives a "Meets Some But Not All" (or lower) in the subcategories of Teaching, Collegiality/Collaboration or Goals, then the faculty member is no longer eligible for a multi-year rolling contract effective the following July 1. In this case, the faculty member will receive a one (1) year rolling contract, at the discretion of the Dean of the appropriate college and subject to the Provost's final approval, to begin the following July 1.

II. NOTICE OF RE-APPOINTMENT AND RE-ISSUANCE OF CONTRACTS

The Office of Human Resources will issue re-appointment letters on or before March 31 of each calendar year. Eligibility for a multi-year contract, as described above, will be based on the three consecutive performance evaluations prior to that date.

FACULTY CONSULTING AND OTHER PROFESSIONAL ACTIVITIES

I. PURPOSE

The purpose of this policy regarding faculty consulting and other professional activities is to define the scope of consulting work and other professional activities that faculty may participate in. This policy clarifies the limits pertaining to such work and the reasons for those limits. This policy applies only to faculty members, including those faculty members holding an administrative appointment. This policy is to be interpreted in conjunction with the California Health Sciences University ("CHSU")'s Ethical Code of Conduct and Conflicts of Interest Policy, as those policies may change from time to time.

II. STATEMENT

Consulting and other outside professional activities can provide valuable experience for faculty in aspects of their professional fields outside the context of California Health Sciences University

(“CHSU”) itself. CHSU encourages faculty to engage in activities that contribute to the faculty member’s profession, to the community, and to the faculty member’s teaching work. However, CHSU also understands that the nature of these activities may conflict with CHSU’s goals and policies and divert faculty from their primary obligations, activities and responsibilities at CHSU.

A. Definitions as Used in this Policy Only

Publication/Scholarship: Scholarly communications by the faculty member in all forms including but not limited to: books, articles, papers, speeches and presentations etc.

Consulting: A professional activity related to the faculty member’s field or discipline (e.g., pharmacy or medicine etc.), where a third party pays the faculty member for such activity or in some instances where the faculty member engages in professional practice.

Outside Professional Services: All activities that are a service to the public or CHSU. Activities that serve the public or CHSU are distinguished from consulting in that they are not undertaken for personal financial gain by the faculty member, even if an honorarium is provided to the faculty member for such activities.

Moonlighting: For profit endeavors that are not directly related to the faculty member’s field or discipline.

A faculty member’s acceptance of participation in activities outside of the direct scope of the faculty member’s employment with CHSU including but not limited to: publication/scholarship, outside professional services, moonlighting, and consulting are all subject to prior CHSU clearance

of any conflicts before the faculty member engages in such activities. All of these activities should be managed by the faculty member in such a way that these activities do not interfere with or take precedence over the faculty member’s work at CHSU, including but not limited to: the faculty member’s obligation to meet scheduled classes, lectures or laboratories.

Exceptions to these rules may be made in rare instances through the recommendation of the Department Chair or Immediate Supervisor and subsequent approval from the appropriate Dean.

A. Publication/Scholarship

Publication and scholarship is encouraged and not limited by CHSU. Faculty should notify their Department Chair or Immediate Supervisor of such projects and must be completed in compliance with all CHSU policies and procedures, including but not limited to those related to intellectual property, record keeping and research. In cases where publication would incur a fee for CHSU, prior written approval must be obtained from the Faculty member’s Department Chair or Immediate Supervisor.

B. Approval Process for Outside Professional Services, Moonlighting and Consulting

A faculty member who wants to engage in outside professional services, moonlighting or consulting must first present his or her proposal for the work in writing to the Department Chair or Immediate Supervisor, at least two weeks prior to the intended commencement of such work. The Department

Chair or Immediate Supervisor shall then send such proposal to the appropriate Dean with a recommendation. The appropriate Dean may grant or withhold permission and shall inform the Department Chair or Immediate Supervisor and faculty member of the decision.

Permission to carry on such work will be granted only when it will not affect the faculty member's responsibilities to CHSU and when the work does not present any conflicts of interest.

C. Consulting Work

In alignment with standard practice in academia, CHSU grants faculty up to a maximum of twenty-five (25) non-teaching days per fiscal year that may be used by the faculty member to engage in consulting activities, subject to prior written approval by CHSU and subject to a review by CHSU to determine whether a conflict of interest exists and, if so, how to address the conflict. This twenty-five (25) day per fiscal year limit applies exclusively to a faculty member's consulting activities and is not intended to limit the number of days a faculty member may engage in outside professional service, moonlighting, or publication/scholarship. Further, faculty members may engage in additional consulting activities during CHSU holidays or during the faculty member's

vacation days, without limit, subject to there being no conflicts of interest in engaging in such work for the faculty member.

Consulting work must be of a strictly professional nature and must be conducted in accordance with all University policies, and College level policies applicable to the faculty member, including, but not limited to, the Code of Ethics and Intellectual Property policies. This includes, but is not limited to, appropriate use of CHSU resources. CHSU does not set any limits on the amount of compensation a faculty member may receive for performing such consulting work. In no case, however, should the name of the University or College be used in connection with the consulting practice nor should University or College resources, facilities, or equipment be used without written permission from the appropriate Dean.

D. Outside Professional Services and Moonlighting

This policy is not intended to limit the amount of time faculty spends on outside professional services and moonlighting. Faculty are free to engage in scholarship and publication CHSU should be notified of such work so that it can determine whether a conflict of interest exists and, if so, how it should be addressed. Furthermore, these activities should not interfere with the faculty member's primary obligations, activities and responsibilities as a faculty member at CHSU. The faculty member may retain any compensation earned during these activities so long as the activity was not performed in the course and scope of the faculty member's CHSU employment.

CHSU SAFETY, SECURITY AND EMERGENCY RESPONSE POLICY

I. POLICY STATEMENT

California Health Sciences University ("CHSU") is committed to the safety of its students, faculty,

staff, administrators, visitors, and neighbors. CHSU understands its responsibility to take steps to preserve the safety and security of members of the campus community and to respond to emergencies in a way that minimizes the impact on life, safety of the campus community, and campus mission.

This policy outlines general safety and security measures for this campus. Additionally, in preparation for emergencies, CHSU has developed the Emergency Response Plan ("Emergency Plan") contained in this policy to enhance its capability to prepare for, respond to, and recover from all types of emergencies.

The Emergency Plan describes the organizational framework, guidance and authority for responding to and recovering from an emergency. It provides for the coordination of campus services and the use of available resources to minimize the effects of an emergency on life, property and the environment. This plan is not all-inclusive but is intended to provide a systematic approach for responding to emergencies.

CHSU recognizes the need for ongoing safety, security and emergency planning and this policy will be reviewed and revised on an annual basis. As of the effective date noted at the end of this document, this policy supersedes all prior policies governing general safety, security and emergency response. All prior policies are revoked.

II. FOUNDATIONAL BASIS FOR EMERGENCY RESPONSE PLANNING

In the event of an emergency, the definitions and information in this section shall form the foundational basis for CHSU's Emergency Plan.

A. Emergency Incidents Defined

An emergency incident is defined as an occurrence or event, natural or human-caused, which requires a response to protect life or property. An incident may evolve into an emergency when the event overwhelms or nearly overwhelms day-to-day resources, plans, and personnel in place to manage them, while causing a significant disruption of normal business in all or a portion of the campus. Incidents and emergencies can range from a small utility failure or criminal act that can be handled locally to a major flood, earthquake or chemical/biological release that may exceed internal capabilities and require external response support.

B. Planning Assumptions

The following assumptions provide the basis for emergency planning at CHSU:

1. Major roads, overpasses, bridges and local streets may be damaged or littered with debris; thus, vehicular traffic may be congested causing a delay in response or resource deployment;
2. Critical infrastructure (e.g., electricity, sewer, gas and public transportation) may be interrupted and/or inoperable, causing a delay in response or resource deployment.
3. Communication lines will be impacted and contact with families and households of the campus community may be interrupted.

4. Buildings and structures, may be damaged, causing injuries and displacement of people.
5. Due to unsafe travel conditions, individuals may be unable to leave the campus.
6. Normal food service operations may be inadequate to meet campus needs during an emergency.
7. Resource availability may become strained or depleted. Regional and local supplies may not be available to deliver materials. As a result, the response operations and duration of the recovery may be affected.
8. Emergency conditions that affect the campus will likely affect the surrounding community, including the cities of Clovis and Fresno.
9. Emergencies may result in the appearance of spontaneous volunteers and/or donations. Depending on the complexity of the incident and areas at risk, the decision may be made to suspend classes and campus activities, as well as evacuate some or all areas of the campus.
10. Many faculty members, staff, administrators may be incapacitated or otherwise unavailable to provide support.

C. Phases of Emergency Management

The Emergency Plan relies on the following phases of emergency management, each described below:



1. Preparedness is the process of planning how to respond when an emergency occurs and coordinating the physical and human resources to respond effectively. Preparedness includes establishing procedures, protocol, plans, and agreements; training and acquiring and maintaining resources.
2. Response is the actual real-world emergency deployment of personnel and equipment to save lives, protect property and contain and stabilize the incident. Response involves alert and warning, search and rescue, emergency medical care, firefighting, security, providing shelter, removing debris and restoring critical services/functions.
3. Recovery entails the short- and long-term actions necessary to return all systems to normal conditions. This includes repairing/rebuilding infrastructure, applying for disaster reimbursement, and restoring the administrative, instructional and research environment.
4. Mitigation includes activities that eliminate or reduce the occurrence or effects of an emergency (e.g., hazard identification, floodplain mapping, land use planning).

D. Institutional Priorities

For every emergency incident, campus leaders and response personnel shall collaborate to make decisions and implement operational plans based on the specific needs of the incident. To guide these decisions and to provide the basis for determining the allocation of limited resources, the University has established the following institutional response priorities in the following order of importance:

1. Protection of life safety — reduce the risk of death or injury to members of the CHSU community and emergency responders
2. Incident Stabilization — contain the incident to keep it from expanding or getting worse
3. Property and Environmental Preservation — minimize damage to property and the environment
4. Mission Continuity/Resumption — re-establish instruction, research, student rotations and other mission critical activities with minimal disruption

E. Campus Procedures for Specific Emergencies

CHSU's Operations Department will maintain specific procedures regarding the following emergencies:

- Power Outage
- Earthquake
- Fire
- Bomb Threat or Suspicious Object
- Active Shooter
- Hazardous Materials Release
- Medical Emergency

The specific procedures shall be included as Appendix A to this policy and shall be communicated to the campus community by posters throughout campus, on the CHSU website, and annual reminders sent by the Operations Department via campus-wide email. The college-specific Student Affairs offices shall ensure all students are trained in such procedures, and the Office of Human Resources shall ensure all employees receive the same training.

F. Individuals with Disabilities or Others with Functional or Access Needs

CHSU is committed to insuring access, integration, and inclusion of individuals with functional needs into all phases of the emergency management process — mitigation, preparedness, response, and recovery.

Individuals with functional or access needs are defined as campus community members who may have additional needs before, during and after an incident in functional areas, including but not limited to maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who are disabled, elderly, minors, from diverse cultures, transportation disadvantaged, non-English speaking, or those with limited English proficiency.

Individuals with functional or access needs who are unable to evacuate during an emergency should be instructed as follows:

1. Stay calm and take steps to protect yourself.
2. Call 911 and explain where you are.
3. If you must move, then:
 - a. Move to an exterior enclosed stairwell
 - b. Request persons exiting by way of the stairway to notify the Fire Department of your location
 - c. Do not use elevators during an emergency
 - d. Once outside, move away from the building to allow others to exit
 - e. Do not return to an evacuated building until given clearance by emergency personnel

III. GOVERNANCE AND AUTHORITY REGARDING EMERGENCIES

This section provides an overview of the governance and authority upon which the Emergency Plan is based, including various levels of emergencies, disaster response authority, and declaration of a campus emergency.

A. Levels of Emergency

Given the potential day-to-day hazards that may affect CHSU, a tiered approach has been established to define the appropriate response to any campus emergency. Each of the response levels is relative to the magnitude of the emergency. This approach is flexible enough to be used in any emergency response situation regardless of the size, type or complexity.

1. Routine Emergency Incidents

Routine incidents occur on campus with some frequency (i.e., a broken beaker, etc.) and are often handled by appropriate members of the CHSU administration, such as the deans, a department chair or facilities management. These incidents are handled through normal campus response procedures and do not require additional resources outside of the campus. For routine incidents, the scope of the incident is well-defined, and it can be resolved within a short time period. Specific procedures relating to routine responses are developed and maintained by appropriate members of the CHSU administration, including the deans, department chairs and/or Operations Department.

2. Limited Emergency

Limited emergencies are those incidents that significantly impact the campus, are complex or require interaction with outside response organizations (e.g., fire, police, ambulance) or require a more prolonged and/or serious response than CHSU can manage alone. These incidents include extended power outages affecting single or multiple buildings, regionalized flooding and hazardous material releases. Limited emergencies are handled by the President or the President's designee.

3. Major Emergency

Major emergencies include incidents where many, if not all, of the campus is impacted, normal

campus operations are interrupted, response and recovery activities will continue for an extended period, and routine response procedures and resources are overwhelmed. Procedures for responding to a major emergency are contained within the Emergency Plan, below.

B. Delegation of Authority & CHSU's Emergency Response Team

The overall authority for implementing safeguards, security and emergency response for major emergencies rests with the President. Members of the administration designated by the President to assist with the emergency response are part of the CHSU Emergency Response Team ("CHSU ERT"). The CHSU ERT shall be made of the following persons:

1. The President;
2. The Provost;
3. The Deans of each component college;
4. The heads of all University-level administration departments, including, but not limited to, operations, communications, business, and legal counsel;
5. Other members of the administration designated by the President.

The CHSU ERT is responsible for executive level oversight and internal decision-making during a major emergency.

The President, with consultation with the Governing Board, has the authority to direct and coordinate emergency operations and may delegate this authority to members of CHSU ERT. If the President is not available or is not reachable when an incident occurs, the line of succession for ultimate authority over emergency matters is as follows: (1) Provost; (2) Dean of the College of Osteopathic Medicine.

G. Declaration of Campus Emergency

The President, in consultation with members of the CHSU ERT, may declare a campus state of emergency when the following occurs:

1. Emergent conditions exist on or within the vicinity of the campus as a result of a natural or human-caused disaster, a civil disorder which poses the threat of serious injury to persons or damage to property or damage to property, or other seriously disruptive events; and
2. Extraordinary measures are required immediately to avert, alleviate, or repair damage to CHSU property or to maintain the orderly operations of the campus.

Once a declaration of a state of emergency has been issued, authority for further execution of the Emergency Plan described in section V, below, transfers to the CHSU ERT.

IV. GENERAL SAFETY, SECURITY AND EMERGENCY PREPAREDNESS

California Health Sciences University is located in a suburban area. CHSU has instituted certain security measures for faculty, staff and student safety. All are encouraged to remain alert and cautious when on campus, keep personal items out of sight and to keep their vehicles locked. Below are general descriptions of the safety and security measures CHSU has implemented.

A. Identification and Building Access Cards

CHSU utilizes a card access system on all building entrances. Access cards are issued by CHSU administration to all employees upon hire and first-year students free of charge during orientation week. Access cards also serve as employee and student identification badges and are always required to be prominently displayed by employees and students above the waist, preferably in the upper torso region, and visible from the front. ID badges/access cards must be presented when requested by any member of CHSU administration, staff or faculty.

Employees and students are prohibited from transferring access cards to other individuals, allowing others to use their access cards or granting access to individuals who are not members of the CHSU community. Employees/students are expected to keep their ID badges/access cards during their entire employment/educational career at the University but must return it to CHSU administration when their employment/enrollment ends. Employees must report lost, stolen or misplaced badges to the Office of Human Resources and students must be report lost, stolen or misplaced badges to their college-specific Student Affairs office.

B. Campus Security Guards

CHSU contracts with a third-party security company to provide security guards on campus as needed for special events and overnight.

C. Emergency Evacuation Maps

CHSU's Operations Department shall maintain campus evacuation maps which identify the procedures for evacuating all buildings on campus. Routine evacuation drills will be performed periodically during CHSU business hours to ensure all members of the campus community are familiar with evacuation procedures.

D. Injury Illness Prevention Plan

In accordance with California law, CHSU's Office of Human Resources maintains an Injury Illness Prevention Plan, available upon request.

E. First Aid Supplies, Defibrillators, Fire Extinguishers

Non-emergency first aid supplies are in boxes mounted in various locations on campus. Members of the CHSU community have access to these boxes for non-emergency first aid supplies. Additionally, Automated External Defibrillators (AED) are also placed in various locations on campus.

Fire exits and fire extinguishers are located and marked throughout all buildings. Currently, the campus does not have elevators. However, if elevators are installed, elevators should not be used under any circumstances in the event of a fire.

The CHSU Operations Department is responsible for overseeing the installation and maintenance of fire alarms, fire-prevention tools, first aid supplies and defibrillator. Tampering with any such equipment is forbidden and may result in disciplinary action.

F. Sexual Violence

CHSU shall maintain a separate policy governing Unlawful Discrimination, Harassment and Sexual Violence which shall outline how complaints of sexual violence are handled. Such policy shall comply with applicable state and federal law.

G. Required Annual Security Reports & Cleary Act Compliance

CHSU is not currently required to comply with federal laws and regulations, including but not limited to the Cleary Act, regarding annual security reports. At such time as CHSU becomes subject to such laws, CHSU will comply with legal requirements for annual security reports and related tracking of campus crime.

H. Emergency Services; Rave Mobile Safety Alert System

As a small, suburban-based graduate health sciences university, CHSU does not maintain a campus police, fire or other emergency services department. Accordingly, all emergencies on campus should be reported immediately to emergency first responders by dialing 911. There are phones located throughout campus that are available for use to call 911 in the event of an emergency. Additionally, all cases, incidents of emergency or non-emergency injuries are to be reported in compliance with the University's policies governing student or employee injuries, including but not limited to CHSU's Injury Illness and Prevention Plan and CHSU's Student Injury on Campus Policy.

CHSU has partnered with the company Rave Mobile Safety to provide an emergency alert system capable of delivering messages to members of the CHSU community via email and/or cell phone. To ensure the effectiveness of the system, all students must provide their cell phone number to the Office of the Registrar and all employees must provide their cell phone to the Office of Human Resources during initial onboarding. These phone numbers must be kept current for emergency contact. The Office of the Registrar shall be responsible for ensuring all student cell phone numbers are enrolled in the Rave Mobile Safety alert system and the Office of Human Resources shall be responsible for ensuring employees are so enrolled upon hire.

In the event that a situation arises, either on- or off-campus, that, in the judgment of the President, constitutes a serious or continuing threat, a campus-wide warning will be issued through the Rave Mobile Safety alert system, campus-wide email and posted notices in campus buildings, as circumstances may warrant.

I. Closure Due to Inclement Weather

The President may declare CHSU closed or delay opening due to inclement weather. In the event this should occur, a decision will be made no later than 7:00 a.m. Electronic announcements will be sent via the Rave Mobile Safety alert system and through campus-wide email. If an announcement is not made regarding the closing or delayed opening of the University, employees and students must assume that the University is open, and students/faculty should attend class at the regularly scheduled time.

V. THE EMERGENCY RESPONSE PLAN

A. Roles and Responsibilities of Stakeholders

This section outlines the general roles and responsibilities of students, faculty and staff during an emergency.

1. Students

Students should be aware of their surroundings and familiar with CHSU's specific emergency response plans (e.g., fire response, active shooter response, earthquake response, etc.), which are contained in this policy and posted throughout campus. Students should also be familiar with building evacuation routes, exits and assembly points. Students are enrolled in the Rave Alert system, explained in Section H and should also have a personal emergency kit prepared in their homes and/or cars with basic first aid items, bottled water and non-perishable food items available in the event of an emergency.

Students involved in an emergency incident should assess the situation quickly and thoroughly and employ common sense when determining how to respond. If directly involved in an emergency, students should call 911 as soon as possible, direct first responders to where the incident occurred if possible and cooperate fully with first responders.

2. Faculty and Staff

CHSU faculty and staff are leaders for students and should be prepared to provide leadership during an incident. Faculty and staff should understand this Emergency Plan and building evacuation procedures in areas where they work and teach. Faculty and staff may often be the first people to arrive at an incident scene and are responsible for following standard operating procedures and contacting appropriate individuals. They should familiarize themselves with the basic concepts for personal and departmental incident response as outlined in departmental emergency response procedures.

Faculty and staff involved in an incident should assess a situation quickly and thoroughly and employ common sense when determining how to respond. When responding, faculty and staff should follow departmental emergency procedures. Faculty and staff are to report emergencies by calling 911. Faculty and staff should direct first responders to where the incident occurred if possible and cooperate fully with first responders. If evacuation of a building is necessary, faculty and staff are expected to evacuate immediately and, if safe to do so, to aid students in evacuating the building.

B. External Emergency First Responders

CHSU does not maintain internal emergency response professionals such as fire, police or emergency medical personnel. The external first responder(s) include city fire, police and emergency medical personnel. The first responder to arrive at the scene of an incident will establish and assume the position of Incident Commander ("IC"). The IC

has overall responsibility for on-scene operations for the incident. In most cases, leadership staff from the fire or police department will serve in the role of IC. If the incident is large or requires multiple agencies or departments, a unified command of primary response agencies may take responsibility for the overall field operations.

Depending on the situation, the IC or unified command may conduct operations from an on-scene operations for the incident. In most cases, leadership staff from the first responder agency or agencies will serve in the role of IC. If the incident is large or requires multiple agencies or departments, a unified command of primary response agencies (“Unified Command” or “UC”) may take responsibility for the overall field operations.

Depending on the situation, the IC or UC may conduct operations from an on-scene Incident Command Post ("ICP"). The ICP is a location where field staff convenes meetings, arriving resources check-in, and CHSU Emergency Response Team communicate with the IC or UC about the incident.

C. Role and Responsibility of CHSU Emergency Response Team

During an emergency, members of the CHSU ERT shall generally be responsible for the duties described below, in addition to other duties assigned by the President:

CHSU ERT Member	Roles and Responsibilities
President	<ul style="list-style-type: none"> ❖ Oversee implementation of the Emergency Plan and internal decision making of the ERT. ❖ Appoint the IC/UC liaison.
IC/UC Liaison	<ul style="list-style-type: none"> ❖ Ensure all appropriate external emergency first responders have been notified. ❖ Coordinate with external emergency first respond and other government and non-profit agencies providing emergency assistance. ❖ Coordinate law enforcement activities.
Operations	<ul style="list-style-type: none"> ❖ Initiate Rave Mobile Safety alert system to notify campus community regarding the emergency including a description of the nature of the incident, location, and actions to be taken by campus community members. ❖ Manage the movement of people, materials and resources. ❖ Coordinate transportation resources. ❖ Protect, assess, and restore critical campus infrastructure. ❖ Coordinate debris management operations. ❖ Assess, repair and restore energy and utility infrastructure and coordinate restoration with utility providers. ❖ Coordinate activities to support preparedness. ❖ Manage volunteer donations. ❖ Coordinate campus recovery initiatives. ❖ Coordinate construction and/or restoration of campus facilities.

Communications	<ul style="list-style-type: none"> ❖ Provide information to the public regarding status of emergency response. ❖ Coordinate media and community relations. ❖ Ensure the provision and coordination of voice and data communications in support of response operations. ❖ Facilitate the restoration of the communication infrastructure.
Business	<ul style="list-style-type: none"> ❖ Ensure tender of claims are timely reported to insurance carriers. ❖ Coordinate with members of the ERT to analyze and mitigate financial risk to the University, as needed. ❖ Document expenditures, purchase authorizations, damage to property, equipment usage, and vendor contracting.
Legal Counsel	<ul style="list-style-type: none"> ❖ Coordinate with members of the ERT to analyze and mitigate legal risk to the University, as needed. ❖ Advise as to implementation of relevant policies and governance issues. ❖ Oversee CHSU's investigation efforts related to the emergency, if needed.
Provost	<ul style="list-style-type: none"> ❖ Oversee University-level student services support to affected members of the student population. ❖ Provide for mental health services required to address trauma and other emotional response to the emergency. ❖ Coordinate needs regarding off-campus students during the emergency. ❖ Advise ERT as to impact of decision-making on the student body. ❖ Decision-making regarding mitigation of disruption to education and education continuity.
Deans of the Component Colleges	<ul style="list-style-type: none"> ❖ Advise ERT as to the impact of decision-making on the college-level. ❖ Coordinate college-specific communications with Communications and the IC/UC liaison.

H. Recovery

Recovery is the time between the end of life saving operations and the time when the campus has returned to normal operational status.

The President shall be responsible for implementation of CHSU's business continuity plan following the end of life saving operations.

At the direction of the President, the IC/UC liaison will confirm with emergency first responders when it is deemed it safe for re-entry into campus, or, alternatively, if operations should resume

ata different location due to catastrophic loss.

APPENDIX A TO CHSU SAFETY, SECURITY AND EMERGENCY RESPONSE POLICY

1. Power Outage Procedure

Incidents sometimes occur where the University suffers a total or partial power failure. In the event of a power outage, follow the following procedure:

- Step 1 - Remain calm and provide assistance to others if necessary
Step 2 – Move cautiously to a lighted area, follow the exit signs
Step 3 - Go to chsu.edu/emergency-contacts for information on extended outages

2. Earthquake Procedure

In the event of an earthquake, follow the following procedure:

- Step 1 - Take cover under desk or table
Step 2 – Protect Head and neck, wait for shaking to stop
Step 3 – Stay away from windows
Step 4 – Evacuate building after shaking has stopped, do not use elevators

3. Fire Procedure

In the event of a fire:

- Step 1 – Activate fire alarm
Step 2 – Call 9-1-1
Step 3 – Evacuate the building, move away from fire and smoke
Step 4 – Use stairs only, do not use elevators
Step 5 – Provide assistance to others

4. Bomb Threat or Suspicious Object Procedure

Immediately upon finding a suspicious object or receiving a bomb threat:

- Step 1 – Do not touch or disturb the suspicious object. If you receive a bomb threat via phone call, write down as many details of the call as possible.
Step 2 – Report suspicious object or threat to local law enforcement by calling 9-1-1
Step 3 – Alert others to stay away from the area

5. Active Shooter Procedure

- Step 1 – RUN: Run from danger, run to safety. Plan in advance how you would get out. When safe, call 9-1-1
Step 2 – HIDE: If you cannot run then hide by find location away from windows, lock and barricade doors. Turn off lights, silence your cell phone. Be quiet.

Step 3 – FIGHT: Last Resort! If you cannot run or hide, attempt to disrupt or incapacitate the shooter. Be aggressive. Commit to your actions. Throw items to improvise weapons (e.g., chair, fire extinguisher).

6. Hazardous Materials Release Procedure

Step 1 – Move away from hazard area.

Step 2 – Move upwind and uphill if possible. Step 3 – Alert others to keep clear of the area. Step 4 – Call 9-1-1.

7. Medical Emergency Procedure

Step 1 – Call 9-1-1. Be prepared to provide the 911 dispatcher the following information if known: Name of victim; Campus address and telephone number; Exact location of victim; Apparent nature of illness or injury; Age of victim (if known); Your name; Standby at the scene to direct Emergency personnel to the victim.

Step 2 – Follow directions of 911 dispatcher. Look out for emergency first responders/ambulance. Help direct first responders to victim.

Step 3 – Contact Human Resources if employee, Student Affairs if student. File incident paperwork as directed.

JOB SAFETY

I. STATEMENT ON SAFETY

- A. In keeping with our goal of creating a safe and healthy working environment, CHSU welcomes any and all safety related employee suggestions, concerns and complaints. If an employee has a question or concern regarding the safety of their working environment, they are encouraged to discuss the matter with their supervisor or the Office of Human Resources. Employees who wish to remain anonymous may submit a written report of the concern. CHSU will follow-up on all received suggestions and take corrective action when necessary.

II. INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)

- A. CHSU maintains an Injury and Illness Prevention Program (IIPP), which outlines the University's commitment to preserving its employee's health and safety. Employees will receive training in order to enable them to safely perform their job duties. The IIPP is available to review during working hours. Employees are also required to participate in periodic training meetings. If an employee has any questions related to health and safety, they are to refer to the IIPP, or speak with the Office of Human Resources.

III. REPORTING ON-THE-JOB-ACCIDENTS

- A. All accidents or injuries that occur in the course of one's employment must be reported to a supervisor and/or the Office of Human Resources immediately upon the occurrence,

regardless of how minor the injury may appear. Failure to report a work-related injury or illness could result in disciplinary action. Members of the University have an obligation to report accidents or injuries that happen to themselves or that they observe.

IV. SAFETY WHILE DRIVING

- A. Safety is the first priority when driving. The following rules apply when driving on University business, whether in a personal vehicle or in a University vehicle:
- B. Operate the vehicle safely. Observe all traffic laws and drive courteously. The way you drive reflects on you and the University.
- C. Wear your seat belt at all times while operating the vehicle.
- D. Report any accident, regardless of how minor, to your supervisor as soon as possible, and no later than the end of your shift.
- E. Do not carry unauthorized riders or passengers. "Unauthorized" includes non-employees and/or others not specifically assigned to accompany the authorized driver.
- F. Employees must have a valid driver's license and minimum auto insurance as required by law in order to drive on University business, whether in a personal vehicle or in a University vehicle.

TUITION ASSISTANCE

I. ELIGIBLE EDUCATIONAL PROGRAMS

Eligible employees may receive reimbursement of up to a maximum of One Thousand Five Hundred Dollars (\$1,500) per fiscal year (July 1 -June 30) for payment of tuition for pre-approved classes that are available outside of CHSU. No expenses other than tuition are eligible for reimbursement.

For undergraduate or certificate programs, courses that may be approved for reimbursement are only those that will assist the employee in the performance of their current position or will help them prepare for promotion to another position within the University. The course must be either a course that leads to a baccalaureate degree or a professional development certificate program.

Courses toward a master's level degree are eligible for tuition reimbursement provided the degree is directly related to and required for the employee's current or future position with CHSU. Master's degree courses that are not directly related to the employee's current or future position will not be approved under this program.

Courses toward a doctoral program are not reimbursable and specifically excluded from this policy.

All courses must be taken at, or online through, a regionally-accredited institution recognized by the U.S. Department of Education in order to be eligible for reimbursement. Employees are responsible for making sure that their school is regionally accredited before applying. Additional accreditation information can be obtained from the school, from the Council of Higher Education Accreditation (CHEA) at its website: www.chea.org, or from

the U.S. Department of Education at its website: <http://ope.ed.gov/accreditation/>.

All courses must be pre-approved by the employee's direct supervisor and the Office of Human Resources prior to an eligible employee's enrollment.

II. ELIGIBLE EMPLOYEES

Full-time employees in good standing who have completed one year of continuous service are eligible to participate in the Tuition Assistance Program.

"Good Standing" means employees who are not on a Performance Improvement Plan (PIP) and have not received a final written warning within the last 6 months. If an employee is on a PIP or has received a final written warning within the last six months, the employee is not eligible for the Tuition Assistance Program.

III. POST-APPROVAL CRITERIA FOR REIMBURSEMENT

Eligible employees who receive prior approval for participation in the Tuition Assistance Program must meet the following criteria in order for CHSU to issue reimbursement:

- A.** Within sixty (60) calendar days of completion of the course(s), the employee must submit a copy of the payment receipt and grade or certificate of completion to the Office of Human Resources. Requests for reimbursement beyond the sixty (60) days may be denied.
- B.** In order to receive reimbursement, the employee must receive a "C" or better in the course for a bachelor's degree program, or, in the case of masters degree program a "B" or better, or, in the case of a "Pass/Fail" Certificate program, a passing grade.
- C.** The employee must meet eligibility criteria listed above at the time reimbursement is issued.
- D.** The employee must be currently employed at the time reimbursement is issued. If an employee separates, either voluntarily or involuntarily, from employment with CHSU, the employee is no longer eligible for reimbursement.

IV. TAX IMPACT

An employee's receipt of reimbursement under the Tuition Assistance Program may be taxable as income to the employee. CHSU is not responsible for any additional tax liability incurred by an employee as a result of the employee's participation in the Tuition Assistance Program. For determination of individual tax liability, participants in the Tuition Assistance Program are encouraged to consult a qualified tax advisor, at the participant's expense, for applicability of Internal Revenue or State of California tax codes.

COMPENSATION AND BENEFITS

I. Salary

Every faculty member may be considered for an annual salary modification. Salaries must be corresponding with faculty rank, responsibilities, and performance. When salary inequities exist, salary adjustments may be made by the appropriate Chair and or Dean in consultation with the other

administrative officers. Recommendations for a change in faculty salary shall be based on uniformity considerations, a change in duties or responsibilities, and/or merit. Salary adjustments based on uniformity or changes in responsibilities may be recommended by the appropriate Chair or Dean. Merit salary increases shall be based on a faculty member's performance in teaching, scholarly activities, and professional service and shall be made by the appropriate Chair or Dean in consultation with other administrative officers.

II. Benefits

Benefits for full-time faculty include but are not limited to health care coverage, retirement benefits, life insurance coverage, and a tuition remission program. With the ongoing changes in applicable federal and governmental regulations and the need of the University to keep necessary operational flexibility in the administration of policies and procedures, the University reserves the right to change or revise policies, procedures, and benefits without notice, whenever the University determines that such action is warranted.

III. State Disability Insurance (SDI)

Pursuant to the California Unemployment Insurance Code, disability insurance is payable when you cannot work because of illness or injury not caused by employment. If you are ill and cannot work, you may apply to receive State Disability (SDI) benefits that generally begin on the eighth day after you leave work. Compensation payments received through SDI may be supplemented by the use of your accumulated sick leave and/or vacation credits

VACATION

Faculty accrue twenty (20) days (i.e., 160 hours) of vacation per fiscal year irrespective of the number of years the faculty member has been employed by CHSU. Thus, the accrual per pay period is 6.67 days for all faculty members. For further details refer CHSU Vacation Policy.

CHSU HOLIDAYS

CHSU provides paid holidays to full-time employees. The University reserves the right to change the holiday schedule to meet the needs of the business. However, the following holidays are currently recognized:

- A. New Year's Day
- B. Martin Luther King Jr. Day
- C. Presidents' Day
- D. Memorial Day
- E. Juneteenth Day
- F. Independence Day
- G. Labor Day

- H. Veterans Day
- I. Thanksgiving Day
- J. The Day after Thanksgiving
- K. Christmas Day
- L. Employee Anniversary

One day to be taken during the month of an employee’s anniversary; **use it or lose it.** *Not to be used in any other month.*

- M. Employee Birthday

One day to be taken during the employee’s birthday month. **The employee must be employed at CHSU for three years minimum to be eligible. Use it or lose it.** *Not to be used in any other month.*

A total of 13 paid holidays

Winter Shutdown Holiday

Additionally, all offices of CHSU are closed December 26th through December 31st. This period is known as "Winter Shutdown." Winder Shutdown is considered paid holiday. Winter Shutdown is not considered vacation, and employees shall have no right to be paid out for such days upon separation from CHSU.

Holiday Observance

If a holiday falls on a Saturday, it will be observed on the preceding Friday. If a holiday falls on a Sunday, it will be observed the following Monday.

Holiday Pay for Employees on Leave of Absence, Vacation or Those Required to Work

If a holiday falls during any employee's approved vacation period or during an employee's use of sick leave and the employee would have otherwise been scheduled to work, the employee will be paid for the holiday and will not be charged a vacation or sick day.

LEAVE OF ABSENSE

I. Notice Prior to Taking a Leave

Eligible employees are required to provide reasonable notice of the need for all leaves, in writing, to their supervisor as soon as practicable, and in advance if foreseeable. If an employee develops a need to leave work during the workday, the employee must notify their supervisor before leaving work. Additionally, employees are required to record their leave in the University’s electronic payroll system. Exceptions to this advance notice requirement shall be made for unexpected events or emergencies as determined by

their supervisor.

II. Documentation Regarding Taking Leaves

Employees may be required to provide documentation before taking leave or upon return from leave as may be requested by the Office of Human Resources. The Office of Human Resources will explain the type of documentation that is required to the employee based on the type of leave sought and will provide the employee with a reasonable time period to provide the requested documentation.

III. No Pay-Out For Any Time Off Under This Policy

Employees will not receive payment (i.e., pay-out) for any type of leave provided by this policy under any circumstance, including at resignation, retirement, termination or other separation.

IV. Abuse of Leave/Discipline

Abuse of leave in any form can have serious impact on the morale and effectiveness of all CHSU employees and students. Abuse of leave is prohibited and may result in discipline, up to and including termination of employment. Abuse of leave includes, but is not limited to: (1) dishonesty regarding the need for or use of leave; (2) submission of fraudulent documentation supporting the need for leave; (3) failure to timely provide notification or documentation regarding need for or return from leave. Supervisors may review attendance records for evidence of possible abuse of leave, such as patterns of absences on Fridays/Mondays, seasonable absences, or absences when a vacation request has been denied.

V. Accrual of Leave

For leaves which accrue over time, eligible employees will continue to accrue leave time while they are in paid-status, unless otherwise specified by state or federal law for the particular type of leave.

VI. Immediate Family Member Defined

Immediate Family Member as used in this policy, unless otherwise stated or required by law, shall include: (1) a child (biological, adopted, foster, step or legal ward); (2) parent or parent of an employee's spouse or registered domestic partner (biological, adoptive, foster, legal guardian or step); (3) child to whom the employee stands in loco parentis or a parent who stood in loco parentis to the employee when the employee was a minor; (4) spouse or registered domestic partner; (5) grandparent; (6) grandchild; or (7) sibling (biological, adopted, foster, step).

VII. Use of Leave while On Vacation

If an employee qualifies for another type of leave while on vacation, the employee may notify the Office of Human Resources. Employees qualifying for other types of leave during their vacation may elect to use these other leaves and to reschedule their vacation for another time. However, the leaves described in this policy may not be used to supplement time taken for vacation if the employee is not otherwise eligible for the types of leaves contained in this policy.

VIII. Changes In Law

Legal requirements related to employee leaves change frequently. To the extent this policy conflicts with or does not include a type of leave provided under applicable law, CHSU will comply with such law. This includes, but is not limited to, federal, state or local leave laws related to the COVID-19 pandemic.

SICK LEAVE

I. Eligibility

Employees eligible for CHSU Sick Leave are full-time Administration, Faculty and Staff. Full-Time for purposes of CHSU Sick Leave benefits are those employees regularly scheduled to work 40 hours or more per week. Employees in positions other than full-time administration, faculty and staff, including but not limited to Adjunct Faculty, per diem and part-time employees, are not eligible for CHSU Sick Leave, but will receive California Paid Sick Leave, as described below.

II. Accrual

Employees eligible for CHSU Sick Leave accrue fifteen (15) days (i.e., 120 hours) of paid sick time per twelve (12) months of work (i.e., accrual is at a rate of five (5) hours per pay period). The maximum amount of sick days that a full-time employee may accrue is thirty (30) days. Thereafter, the employee will stop accruing sick time until the sick leave balance falls below the maximum amount.

III. Use

Eligible employees may use CHSU Sick Leave during the same pay period in which it accrues. Sick leave is paid at the employee's regular rate of pay. Sick leave benefits may be used for an employee's own injury or illness, for medical, mental health or dental appointments, to care for an Immediate Family Member, for specified purposes under state and federal law (including seeking care, psychological counseling, or a to help ensure the safety of yourself or your child if you or your child is a victim of domestic violence, sexual assault or stalking), or for any other purpose allowed under this Policy (e.g., Bereavement, discussed below).

IV. Family Medical Leave Act

The Company provides leave according to the federal Family and Medical Leave Act of 1993 ("FMLA"), which provides for unpaid, job-protected leave to covered employees in certain circumstances. Such leave shall run concurrently with all other paid and unpaid leave to the extent permitted by law.

a. Eligibility

To qualify for FMLA leave, you must: (1) have worked for the Company for at least 12 months, although it need not be consecutive; (2) worked at least 1,250 hours in the last 12 months; and

(3) be employed at a worksite that has 50 or more employees within 75 miles.

b. Use

If eligible, you may take up to 12 workweeks of family or medical leave within the relevant 12-month period defined below. While you are on FMLA leave, the Company will maintain your group health insurance coverage at the same level and under the same circumstances as when you were actively working, as explained more fully under the section titled, "Medical and Other Benefits." On returning from approved FMLA leave, you have the right to be restored to the same job or an equivalent position, subject to the terms, limitations, and exceptions provided by law. If you are eligible and need leave to care for a military service member additional leave of up to 26 weeks may be available; contact Human Resources for more information.

c. Leave Entitlement

You may take up to 12 weeks of unpaid FMLA leave in a 12-month period, which is a "rolling" method that is measured backward from the date you use any FMLA leave for any of the following reasons:

- the birth of a son or daughter and in order to care for that son or daughter (leave to be completed within one year of the child's birth);
- the placement of a son or daughter with you for adoption or foster care and in order to care for the newly placed son or daughter (leave to be completed within one year of the child's placement);
- to care for a spouse, son, daughter, or parent with a serious health condition;
- to care for your own serious health condition, which renders you unable to perform any of the essential functions of your position; or
- a qualifying exigency of a spouse, son, daughter, or parent who is a military member on covered active duty or called to covered active duty status (or has been notified of an impending call or order to covered active duty).

You may take up to 26 weeks of unpaid FMLA leave in a single 12-month period, beginning on the first day that you take FMLA leave to care for a spouse, son, daughter, or next of kin who is a covered service member and who has a serious injury or illness related to active duty service, as defined by the FMLA's regulations (known as military caregiver leave).

d. Both Spouses Employed by Company

Spouses who are both employed by the Company and eligible for FMLA leave may be limited to a:

- Combined total of 12 weeks of leave during the 12-month period if leave is requested:
 - for the birth of a son or daughter and in order to care for that son or daughter;

- for the placement of a son or daughter with the employee for adoption or foster care and in order to care for the newly placed son or daughter; or
 - to care for an employee's parent with a serious health condition.
- Combined total of 26 weeks in a single 12-month period if the leave is either for:
- military caregiver leave; or
 - a combination of military caregiver leave and leave for other FMLA-qualifying reasons.

e. Notice of Leave

If your need for FMLA leave is foreseeable, you must give at least 30 days' prior written notice. If this is not possible, you must at least give notice as soon as practicable (within one to two business days of learning of your need for leave). Failure to provide this notice may be grounds for delaying FMLA-protected leave, depending on the particular facts and circumstances. Additionally, if you are planning a medical treatment or a series of treatments or you are taking military caregiver leave, you must consult with Human Resources first regarding the dates of this treatment to work out a schedule that best suits the needs of the employee or the covered military member, if applicable, and the Company.

Where the need for leave is not foreseeable, you are expected to notify the Company within one to two business days of learning of your need for leave, except in extraordinary circumstances. The Company has Family and Medical Leave Act request forms available from Human Resources.

Please submit a written request, using this form, when requesting leave.

f. Certification of Need for Leave

If you are requesting leave because of your own or a covered relative's serious health condition, you and the relevant health care provider must supply appropriate medical certification. You may obtain Medical Certification forms from the Human Resources. When you request leave, the Company will notify you of the requirement for medical certification and when it is due (at least 15 days after you request leave). If you provide at least 30 days' notice of medical leave, you should also provide the medical certification before leave begins. Failure to provide requested medical certification in a timely manner may result in denial of FMLA-covered leave until it is provided.

The Company, at its expense, may require an examination by a second health care provider designated by the Company. If the second health care provider's opinion conflicts with the

original medical certification, the Company, at its expense, may require a third, mutually agreeable, health care provider to conduct an examination and provide a final and binding opinion. The Company may require subsequent medical recertification. Failure to provide requested certification within 15 days, when practicable, may result in delay of further leave until it is provided.

The Company also reserves the right to require certification from a covered military member's health care provider if you are requesting military caregiver leave and certification in connection with military exigency leave.

g. Reporting While on Leave

If you take leave because of your own serious health condition or to care for a covered relative, you must contact the Company on periodically regarding the status of the condition and your intention to return to work. The Company may also reach out to you for such information periodically while you are on leave. In addition, you must give notice as soon as practicable (within two business days if feasible) if the dates of leave change or are extended or initially were unknown.

h. Medical and Other Benefits

During approved FMLA leave, the Company will maintain your health benefits as if you continued to be actively employed. If paid leave is used concurrently, the Company will deduct your portion of the health plan premium (if any) as a regular payroll deduction. If your leave is unpaid, you must pay your portion of the premium (if any) as directed by Human Resources. Your health care coverage will cease if your premium payment is more than 30 days late. If your payment is more than 15 days late, we will send you a letter to this effect. If we do not receive your premium payment within 15 days after the date of this letter, your coverage may cease. If you elect not to return to work for at least 30 calendar days at the end of the leave period, you will be required to reimburse the Company for the cost of the health benefit premiums paid by the Company for maintaining coverage during your unpaid leave, unless you cannot return to work because of a serious health condition or other circumstances beyond your control.

i. Exemption for Key Employees

The Company reserves all rights under law not to return a key employee to their former or equivalent position.

j. Intermittent and Reduced Leave Schedule

If medically necessary, FMLA leave occasioned by a serious health condition may be taken intermittently (in separate blocks of time due to a serious health condition) or on a reduced leave

schedule (reducing the usual number of hours you work per workweek or workday). FMLA leave may also be taken intermittently or on a reduced leave schedule for a qualifying exigency relating to covered military service. While you are on an intermittent or reduced leave schedule, the Company may temporarily transfer you to an available alternative position that better accommodates your leave schedule and has equivalent pay and benefits.

k. Returning from Leave

If you take leave because of your own serious health condition (except if you are taking intermittent leave), you are required, as are all employees returning from other types of medical leave, to provide medical certification that you are fit to resume work. Otherwise, you will not be permitted to resume work until it is provided.

l. State or Local Family and Medical Leave Laws and Other Company Policies

Where state or local family and medical leave laws offer more protections or benefits to employees, the protections or benefits that are more favorable to the employee, as provided by these laws, will apply.

V. CALIFORNIA FAMILY RIGHTS ACT

Eligible employees will be provided with leave under the California Family Medical Rights Act ("CFRA") in accordance with the requirements of applicable state law. An "eligible employee" for purposes of CFRA leave is an employee that: (1) has worked with the Company continuously for at least twelve (12) months; (2) has actually provided at least 1,250 hours of service in the 12-month period preceding the leave.

CFRA leave will be granted for any of the following reasons:

- Birth of a child, or to care or bond with a newly born child, including incapacity due to pregnancy or prenatal medical care.
- Placement of a child with the employee and/or the employee's registered domestic partner for adoption or foster care or to care or bond with the child.
- To care for a CFRA Qualified Family Member defined below, with a serious health condition.
- Because of the employee's serious health condition that makes the employee unable to perform his or her job.
- A qualifying exigency related to the covered active duty or call to covered active duty of an employee's spouse, domestic partner, child or parent in the Armed Forces of the United States, as defined by law.

A "serious health condition" is an illness, injury, impairment or physical or mental condition that

involves either an overnight stay in a medical care facility or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job or prevents the qualified family member from participating in school or other daily activities.

A "CFRA Qualified Family Member" includes child, parent, grandparent, grandchild, sibling, spouse or domestic partner. Child includes a biological, adopted or foster child, a stepchild, a legal ward or child of a person standing in loco parentis. Parent means a biological, adopted, step or foster parent, or any other individual who stood in loco parentis to the employee when the employee was a child. A Qualified Family Member does not include parents of an employee's spouse or parents of an employee's registered domestic partner.

Eligible employees may receive up to a maximum of twelve (12) workweeks of unpaid leave for all eligible reasons combined during a twelve-month period. The twelve-month period begins on the date of an employee's first day of leave. This leave may be taken intermittently, or by reducing the employee's normal weekly or daily work schedule. CFRA leave is unpaid.

If the leave is used for bonding with a child (i.e., baby-bonding), all leave must be used within twelve (12) months of the birth or placement and intermittent leave must be taken in increments no less than two weeks.

The Company will grant baby-bonding leave of less than two weeks' duration on any two occasions. Depending on the purpose of the employee's leave request, the Company may require employees to use accrued paid leave such as sick leave, extended sick leave or vacation concurrently with some or all the CFRA leave. To use paid leave concurrently with CFRA, eligible employees must comply with the Company's normal procedures for the applicable paid leave policy. Whenever permitted by law, CFRA will run concurrently any other leave provided by the Company.

VI. CALIFORNIA PREGNANCY DISABILITY LEAVE ("PDL")

In compliance with California State law under the California Fair Employment and Housing Act ("FEHA"), if an employee is disabled by pregnancy, childbirth or related medical conditions, the employee is eligible to take a Pregnancy Disability Leave (PDL), as described below. CHSU provides reasonable accommodations, to the extent required by law, for conditions related to pregnancy, childbirth or related medical conditions. All employees who experience disabilities relating to pregnancy, childbirth or related medical conditions (i.e., physical or mental conditions intrinsic to pregnancy or childbirth) may request leave or a reasonable accommodation under this policy. For example, a transfer to a less strenuous or hazardous position or duties may be available pursuant to an employee's request, if such a transfer is medically advisable. Employees requesting a leave absence or

any other reasonable accommodation under this policy should promptly notify the Office of Human Resources.

a. Eligibility

All employees who experience disabilities relating to pregnancy, childbirth or related medical conditions (i.e., physical or mental conditions intrinsic to pregnancy or childbirth) may request leave or a reasonable accommodation under this policy.

b. Use

CHSU provides eligible employees with up to four months of job-protected unpaid leave. For purposes of PDL, four months means the number of days the employee would normally work within four calendar months (equal to 17 and 1/3 calendar weeks), if the leave is taken continuously, following the date the pregnancy leave commences.

c. Use of Accrued Paid Leave Concurrently with PDL

Accrued paid sick leave or extended sick leave must be used concurrently with leave taken under this policy. Employees may choose to use accrued paid vacation concurrently with some or all of the leave under this policy. To receive any paid leave, employees must comply with the company's normal policies and procedures for the applicable paid leave.

Additionally, employees may be eligible for California state disability insurance during pregnancy leave and should consult the appropriate California state agency to determine eligibility for disability insurance.

VII. EXTENDED SICK LEAVE

CHSU recognizes the burden that extended time off from work due to their illness or the illness of a family member can take on employees. In order to assist employees during those difficult times, CHSU provides a generous Extended Sick Leave program for eligible employees that runs concurrently with unpaid leave under FMLA/CFRA and/or PDL, as described below.

a. Eligibility

Full-time Administration, Staff, and Faculty are eligible for Extended Sick Leave if they qualify for FMLA/CFRA due to their need to care for a Qualified Family Member (as defined above under section IV) with a serious health condition or because of the employee's own serious health condition (all other eligibility requirements for FMLA/CFRA must also be met, as described above). Employees are also eligible for Extended Sick Leave if they qualify for PDL, as described above. Employees are not eligible for Extended Sick Leave for purposes of Child/Baby Bonding. Full-time for purposes of Extended Sick Leave is defined as being regularly scheduled to work 40 hours or more per week. Part-time, temporary, per diem and

Adjunct Faculty are not eligible for Extended Sick Leave.

b. Use

Eligible full-time employees receive up to thirty (30) days of extended sick leave if they become eligible for FMLA/CFRA and/or PDL. However, CHSU Sick Leave must be exhausted prior to utilizing Extended Sick Leave.

VIII. BONE MARROW AND ORGAN DONATION

Employees donating bone marrow or an organ who have exhausted all available sick leave will be permitted to take a leave of absence with pay in any twelve (12) month period as follows: (a) for up to thirty (30) days for the purpose of organ donation; and/or (b) for up to five (5) days for bone marrow donation. Employees are required to take up to five (5) days of accrued but unused sick leave or vacation for bone marrow donation. Employees are required to take up to two (2) weeks of accrued but unused sick leave or vacation for organ donation. Employees who donate an organ and need additional time off may take an additional unpaid leave of up to thirty (30) days in a 12-month period.

Other requirements under California state law may apply to use of leave under this section. Employees shall consult the Office of Human Resources for additional information.

IX. DOMESTIC VIOLENCE, SEXUAL ASSAULT OR STALKING LEAVE

CHSU will provide unpaid leave for victims of domestic violence, sexual assault or stalking in accordance with state law. Employees may use accrued, unused sick time or vacation time during the leave. Leave under this section may be used for the following purposes:

1. To seek medical attention for injuries caused by domestic violence, sexual assault, or stalking.
2. To obtain services from a domestic violence shelter, program, or rape crisis center.
3. To obtain psychological counseling relating to an experience of domestic violence, sexual assault, or stalking
4. To participate in safety planning and to take other actions to increase safety from future domestic violence, sexual assault, or stalking, including temporary or permanent relocation

X. CRIME VICTIMS LEAVE – JUDICIAL PROCEEDINGS

The Company provides employees who are the victim of a violent felony or serious felony (or the family member of a victim of a violent felony or serious felony) with unpaid leave in order to attend judicial proceedings related to the crime. A family member under this policy includes a spouse, domestic partner, child, stepchild, brother, stepbrother, sister, stepsister, mother, stepmother,

father, or stepfather. When the need for leave is foreseeable, you must provide documentation of the scheduled proceeding. Such notice is typically given to the victim of the crime by a court or government agency setting the hearing, a district attorney or prosecuting attorney's office, or a victim/witness office. If advance notice is not possible, you must provide appropriate documentation within a reasonable time after the absence. Any absence from work to attend judicial proceedings will be unpaid, unless you choose to take paid time off, such as accrued vacation or personal holiday.

The Company will not retaliate against an employee who requests or takes leave under this policy.

XI. OTHER LEAVE FOR VICTIMS OF CRIME OR ABUSE

The Company provides employees who are victims of crime or abuse with unpaid leave to:

- Seek medical attention for injuries caused by the crime or abuse.
- Obtain services from a domestic violence shelter or program, rape crisis center, or victim services organization or agency as a result of the crime or abuse.
- Obtain psychological counseling or mental health services related to the experience of crime or abuse.
- Participate in safety planning and take other actions to increase safety from future crime or abuse, including temporary or permanent relocation.

Victim includes: (a) a victim of stalking, domestic violence, or sexual assault; (b) a victim of a crime that caused physical injury or that caused mental injury and a threat of physical injury; (c) a person whose immediate family member is deceased as the direct result of a crime. Crime means a crime or public offense anywhere that would constitute a misdemeanor or a felony if the crime had been committed in California by a competent adult, regardless of whether any person is arrested or prosecuted for, or convicted of, committing the crime.

Immediate family member under this policy means:

- Your spouse or domestic partner.
- Your child, which includes, regardless of age, a biological, adopted, or foster child; stepchild or legal ward; the child of your domestic partner; a child to whom you stand in loco parentis; or a person to whom you stood in loco parentis when the person was a minor.
- You, or your spouse's or domestic partner's, biological, adoptive, or foster parent, stepparent, or legal guardian, or a person who stood in loco parentis of you or your spouse or domestic partner when you/they were a minor child.
- Your biological, foster, or adoptive sibling, step-sibling, or half-sibling.
- Any other individual whose close association with you is the equivalent of a family relationship described above.

You must provide reasonable advance notice of your intention to take leave for the above reasons unless advance notice is not feasible. If an unscheduled absence occurs, you must provide the following documentation within a reasonable amount of time after your absence:

- A police report indicating that you were a victim;
- A court order protecting or separating you from the perpetrator of the crime or abuse, or other evidence from the court or prosecuting attorney stating that you have appeared in court;
- Documentation from a licensed medical professional, domestic violence counselor, sexual assault counselor, licensed health care provider, or counselor stating that you were undergoing treatment for physical or mental injuries or abuse resulting from the crime or abuse; or
- Any other form of documentation that reasonably verifies that the crime or abuse occurred, including but not limited to a written statement signed by you, or an individual acting on your behalf, certifying that the absence is for an authorized purpose.

You may use available vacation, personal leave, accrued paid sick leave, or compensatory time off for your leave unless you are covered by a collective-bargaining agreement that states otherwise. Leave under this policy will run concurrently with other types of leave where permitted under applicable law. The Company will maintain the confidentiality of anyone requesting time off under this policy, except as required by federal or state law or as necessary to protect your safety in the workplace. The Company will not retaliate against an employee who is a victim of crime or abuse, or who requests or takes leave in accordance with this policy.

XII. JURY DUTY AND WITNESS LEAVE

Employees are permitted to take a leave of absence for jury duty or to appear as a witness in a court of law, as is required by state law. CHSU will pay for up to forty (40) hours of jury duty leave, subject to documentation requirements imposed by the Office of Human Resources.

Employees may use accrued, unused vacation time for additional jury duty days or witness leave. Employees serving jury duty must report to work on days when they are scheduled to work but are not required to serve as a juror. Employees serving jury duty for only part of a work day must also report back to work for the remainder of their regularly scheduled time. Other requirements under California state law may apply to use of leave under this section. Employees shall consult the Office of Human Resources for additional information.

XIII. TIME OFF TO VOTE

CHSU will provide employees with time off to vote in accordance with state law. When possible, the employee should make every effort to vote prior to or after their scheduled working hours. Employees

unable to do so should communicate their need for time off to vote to the Office of Human Resources and their immediate supervisor, in advance whenever possible. No employee will be penalized or retaliated against for requesting time off to vote.

XIV. TIME OFF FOR CHILD OR GRANDCHILD'S SCHOOL OR CHILD CARE PROVIDER

In accordance with California state law, the Company will permit employees to take up to eight (8) hours each month off to: (1) find, enroll or re-enroll his or her child or grandchild in a school or with a licensed childcare provider; or (2) to participate in activities of the school or licensed child care provider of the employee's child or grandchild. In all cases, the maximum amount of such time off is forty (40) hours per year. Employees are also allowed to take time off to attend appearances related a child's suspension from school. Leave taken under this section will be unpaid, but employees with accrued but unused vacation may choose to use such vacation time for leave under this section.

XV. MILITARY, NATIONAL GUARD, MILITARY CARE GIVER AND VOLUNTEER EMERGENCY SERVICES LEAVE

CHSU will provide military leave, National Guard leave, military care giver and volunteer emergency services leave, as required by federal and California state law.

XVI. BEREAVEMENT LEAVE

CHSU employees may take up to five (5) days of Bereavement Leave for the death of an Immediate Family Member, or up to ten (10) days if travel outside of California is required. Bereavement Leave is deducted from the employee's CHSU Sick Leave balance or vacation balance, whichever is elected by the employee. If an employee does not have accrued but unused CHSU Sick Leave or vacation, the Bereavement Leave may be taken as an unpaid leave.

XVII. SABBATICAL LEAVE

If an opportunity arises for a member of the Faculty to work or undertake a special project outside of CHSU for a period of twenty-four (24) months or less, the employee may request an unpaid sabbatical. Such a sabbatical may be approved at CHSU's sole discretion. Faculty members interested in a sabbatical leave should consult the Office of Human Resources.

XVIII. CHSU DONATED LEAVE PROGRAM

CHSU recognizes that there are instances when an employee who has not accrued or has exhausted all

of their vacation, sick leave and extended sick leave, has an unusual or extraordinary need for additional time off due to a medical emergency.

Accordingly, CHSU permits employees to voluntarily donate accrued, unused CHSU Sick Leave or vacation to a designated colleague, as described below.

Employees are eligible to request donated sick leave if they meet the following criteria: (1) the employee or an employee's family member has suffered a medical emergency which requires a prolonged absence from work; (2) employee has exhausted all CHSU Sick Leave or California PSL; (2) employee has exhausted or is not eligible for vacation; (3) employee has exhausted or is not eligible for all Extended Sick Leave; (4) the employee's absence from work will result in loss of income to the employee; and (5) employee has completed and submitted all required donation request forms to the Office of Human Resources. The Office of Human Resources will make a determination regarding eligibility for donated leave and contact the donor to notify the appropriate parties of the decision. If approved, the Office of Human Resources will solicit donations from other CHSU employees. To donate CHSU Sick Leave, an employee must leave a minimum sick leave balance of five (5) CHSU sick days. An employee may donate all of their accrued, unused vacation. Employees who donate time will have their accrued sick leave and/or vacation balances permanently reduced by the amount donated. Employees who donate vacation will have no right to be paid out for the donated vacation upon termination as long as it is actually used by the employee seeking donated leave; in this case, it is as if the donor used the time themselves. California PSL and Extended Sick Leave may not be donated under this policy.

All requests and donation offer are subject to approval by the Office of Human Resources. CHSU's donated leave program is intended to comply with all IRS requirements for such programs. To the extent the law or regulations require modification to this program to comply with IRS requirements, those modifications will be incorporated into the program.

TERMINATION

AT-WILL EMPLOYMENT STATUS

All employees of the University, regardless of classification, are considered at-will employees unless otherwise specified in a signed written employment agreement with the employee. At-will employees are free to terminate their employment at any time, with or without a reason or notice. The University also has the right to terminate the employment of at-will employees at any time, with or without a reason or notice. Cause is not required for an at-will employee's termination. The University also reserves the right to change an at-will employee's compensation, position, duties, hours of work and any other term or condition of employment without notice, reason or cause. No one at CHSU is

authorized to enter into an employment contract, or make representations which are contrary to this policy, unless such representations are made in writing and are signed by the employee and CHSU. Only the CHSU Board President for the Board of Trustees, CHSU President, CHSU Provost or a Dean of a component college is authorized to sign an employment contract. For those employees who are employed pursuant to an employment contract with the University, in the event of a conflict between University policy and the terms of the employment contract, the terms of the contract will govern their employment.

PERSONNEL RECORDS

It is important that your personnel records contain accurate and up-to-date information. Any changes of name, address, telephone number, or number of dependents should be reported to the Office of Human Resources promptly. We also request that you supply us with the name, address, and telephone number of the person you wish to have contacted in the event of an emergency. CHSU will not take adverse action against an employee who updates his/her personal information based on a lawful change of name, social security number, or federal employment authorization document.

CHSU will not display, disseminate, or require you to use your social security number for any purposes, unless strict security devices are in place or required by law.

CHSU shall immediately disclose to affected employees, any breach of the security of our computerized systems that includes personal information. Personal information is a first name or first initial and last name in combination with the individual's social security, driver's license or California Identification Card number. A breach of security includes unauthorized acquisition of computerized data that compromises the security, confidentiality or integrity of personal information. Good faith acquisition of personal information by an employee or agent of CHSU in the course of performing work-related duties is not considered a breach, provided the personal information is not used or subject to further unauthorized disclosure.

If a current employee's personal information is released, CHSU will provide written e-mail notification to the individual. Former employees will be notified through written correspondence to the most recent address on file. Notification may be delayed if a law enforcement agency determines the notification will impede a criminal investigation.

Upon written request, employees may inspect their own personnel files relating to their performance or to any grievance concerning you. You are entitled to a copy of any document that you have signed, including documents relating to the obtaining or holding of employment. If CHSU receives a written request from you or your representative, we will make personnel records available for inspection or

provide a copy of those records within 30 days. Please arrange a mutually convenient time with the Office of Human Resources for review of your file.

CHSU will not provide you with records relating to the investigation of a possible criminal offense, letters of reference or rating reports or records obtained prior to your employment, California Health Sciences University 2 prepared by examination committee members or obtained in connection with a promotional examination. Prior to production CHSU may redact

FACULTY WORKLOAD

The workload of each the full-time or part-time faculty should reflect the philosophy, mission, and goals of CHSU, including adequate time for the professional growth and carrier development of the individual faculty member. The leadership and administration of CHSU consider the available faculty time and their skills as its most important sources.

The university will therefore make sure that a conducive environment exists that should facilitate the faculty work, preserve the academic freedom, and promotes effective teamwork according to the institutional faculty workload policy. Faculty workload should include the total teaching load, available time for scholarly/research activities, and academic administration and/or clinical services

During assignment of the teaching load to an individual faculty member, the nature of the department/discipline, mode of curriculum delivery and assessments, class size, review and updating of existing courses, development of new courses, administrative support, coordination of different departments with each other, supervision and counseling of students should be carefully considered

Scholarly activities should be consistent with the carrier goals of the faculty, and include grant writing, laboratory-based and clinical research, abstract and/or oral presentations, and publications in peer-reviewed or non-peer reviewed journals. These scholarship activities should aim for significant advances in new information and scientific knowledge. Scholarship workload must consider the existing intramural university funds, extra-mural grant opportunities, technical assistance, available laboratory bench space and/or clinical side space

The active participation in academic and/or clinical services within the university is a core responsibility of each of the faculty. Faculty services to the nearby community and to the local, state, national and international governmental and non-governmental groups are in alignment with CHSU vision and mission. Faculty services on appropriate unit and university wide committees and

participation in the related administrative tasks are essentially required for the effective functioning of the university, as well as for the personal carrier growth of the faculty

Thus, the full workload for the faculty should be worked out, negotiated, and agreed upon after discussion between the concerned faculty and the respective Dean and departmental Chair as per requirement for that college/unit and the department. Workload percentage for teaching, scholarly/research activities, academic administration, and clinical service should be clearly mentioned in the hiring contract and these should be subsequently revised and agreed upon on an annual basis after discussion between faculty and the departmental Chair and Dean of the college

It is understood that additional assignments (overload assignments) and responsibilities are sometimes required to meet the student demand and unforeseen situations and permit the timely completion of the teaching and/or scholarly projects. Overload assignments should be explained, discussed, and negotiated with each concerned faculty

Section III. CHSU – Faculty Related Academic Policies and Procedures

CHSU ACADEMIC FREEDOM, INTELLECTUAL HONESTY AND ACADEMIC INTEGRITY

1. Academic Freedom

Academic freedom is indispensable to institutions of higher learning in order to educate students and advance knowledge. Academic freedom gives faculty and students the freedom to investigate and discuss topics without fear of reprisal for alternative opinions in order to gain the best possible understanding of an issue. All members of the University shall support and protect this fundamental principle and work collaboratively to provide an environment of tolerance and mutual respect.

Academic freedom is essential to both teaching and research for faculty, and to learning for students. Freedom in research is fundamental to the advancement of truth. Academic freedom in its teaching aspect is fundamental for the protection of the rights of the teacher in teaching and of the student to freedom in learning. It carries with it responsibilities correlative with rights.

CHSU expects that its members exercise academic freedom responsibly. As highly trained professionals, faculty have the responsibility to their students and community for the quality of their teaching, scholarship, and student learning. The faculty has primary responsibility for contributing their knowledge to such fundamental areas as curriculum, subject matter, methods

of instruction and assessment, and research. Faculty input is sought for those aspects of student life which relate to the educational process.

Faculty are entitled to freedom in the classroom in discussing related subject matter. Faculty are free to pursue research and to publish their results. The exercise of these freedoms is not to impinge upon the full and adequate performance of their responsibilities, including, but not limited to, teaching, service, and research.

2. Academic Freedom has the following limitations:

- a) Academic freedom does not give faculty or students the right to say anything they want. Abuse of academic freedom to say or behave in a way that causes physical or emotional harm to others, for example, is not acceptable.
- b) Students do not have the right to interfere or interrupt the education of others in the name of academic freedom.
- c) Students do not have the right to avoid teachings in which they do not agree.
- d) No faculty members (full-time or part-time) of the University shall use or attempt to use their official authority or position in the University, directly or indirectly to:
 - i. Affect the nomination or election of any candidate for any political office,
 - ii. Affect the voting or legal political affiliation of any other employee of the College or of any student, or
 - iii. Cause any other employee of the College or any student to contribute any time or money (whether as payment, loan, or gift) to the support of any political organization or cause, or
 - iv. Represent that any political party, political candidate, political issue, or partisan activity has the official or unofficial support of California Health Sciences University or any of its colleges.
- e) The faculty member is a citizen as well as a member of a learned profession and an educational institution. While speaking or writing as a citizen, faculty are free from institutional censorship or discipline, but should realize they hold a special position in the community which imposes unique obligations. As a person of learning and an educational officer, the faculty member should remember the public may judge the teaching profession and this institution by his or her statements and behavior. Hence, at all times faculty should be accurate, exercise appropriate restraint, show respect for the opinions of others, and make every effort to indicate they do not speak for the institution.
- f) Procedural safeguards for academic freedom and individual responsibility, including,
- g) but not limited to contracts of employment, are in place to ensure the maintenance of intellectual liberty and high standards in teaching and scholarship.
- h) Administration, staff, and other stakeholders have important roles to play in order to protect the fundamental principles of academic freedom on campus, but the faculty and students have the primary responsibility to practice and uphold academic freedom.

3. Intellectual Honesty/Academic Integrity

As members of an academic community, faculty bear the responsibility to participate in scholarly discourse and research in a manner characterized by intellectual honesty and scholarly integrity. Collaborative scholarship requires the study of other scholars' work, the free discussion of such work, and the explicit

acknowledgement of those ideas in any work that informs a faculty member's own work. This exchange of ideas relies upon a mutual trust that sources, opinions, facts, and insights of faculty members in their teaching, scholarship, and service will be properly noted and carefully credited.

Any breach of this intellectual responsibility is a breach of faith with the rest of CHSU's academic community. It undermines CHSU's shared intellectual culture, and it will not be tolerated. Unacceptable conduct includes, but is not limited to, the following:

- a) Knowingly furnishing false, falsified, or forged information to any member of the University community, such as falsification or misuse of documents, accounts, records, identification, or financial instruments;
- b) Acts of academic dishonesty, as defined in the University's General Catalog;
- c) Plagiarism defined as the copying of words, facts, or ideas, belonging to another individual, without proper acknowledgment. Failure to reference any such material used is both ethically and legally improper.

FACULTY ROLES AND RESPONSIBILITIES

I. STATEMENT

The University recognizes three broad areas of faculty endeavor – teaching, scholarship, and service – and expects that faculty members will be active in each of these areas, as described below.

II. TEACHING

Teaching is a core activity of the University and all faculty members are expected to achieve excellence in this role. Teaching includes not only traditional classroom and laboratory instruction and experiential instruction, but also service-learning courses designed to enable student engagement in the community and other non-classroom instruction such as independent study. All faculty members are expected to teach the equivalent of at least one standard course (defined as 3-4 credit hours) that contributes to the instructional load of her or his program each semester. Teaching may include preparation of TBL readiness materials, TBL iRATs and tRATs, TBL application questions, as well as facilitating a TBL module or experiential laboratory session. Finally, all faculty members are expected to engage regularly in activities designed to enhance the effectiveness of their own teaching.

III. SCHOLARSHIP

Scholarship is a core activity of the University, and all faculty members are expected to be productive scholars. Included in the University's definition of scholarship are the scholarships of:

- A. *Discovery*: scholarship that adds to the field of knowledge of a particular discipline or combination of disciplines;
- B. *Pedagogy*: scholarship that adds to the knowledge and understanding of teaching;
- C. *Integration*: scholarship that makes connections among existing ideas within and/or across disciplines

to provide new understandings;

D. *Application*: scholarship that applies knowledge to issues of contemporary social concern in a manner that generates new intellectual understandings;

E. *Engagement*: scholarship that applies knowledge and skills to elucidate the relationship between theory and practice in order to address significant local, national, and global issues.

IV. SERVICE

Faculty service is the foundation upon which effective shared governance is nurtured at the University. All faculty members are expected to engage in activities at the department, College, and university levels that contribute in a substantial manner to the important work of the institution. Additionally, faculty members are expected to contribute their disciplinary expertise to address issues of importance in the region, state, and nation. Further, all faculty members are expected to engage in academic advisement and/or mentoring of students. Of particular importance are

activities in regional, state or national organizations relevant to their field of expertise, providing professional expertise to the community beyond the University, and to deliberations about important regional, state and national issues. The University expects that faculty members will become increasingly active in service, assuming increased responsibilities over the course of their careers at the University.

While most service activities are considered to be part of a faculty member's normal responsibilities, there are times the faculty member might be asked to assume a mission-critical responsibility that is beyond what would normally be expected of a faculty member. In these cases the faculty member may receive reassigned instructional time to perform her or his responsibilities.

PROFESSIONAL ETHICS FOR FACULTY

The statement that follows was originally adopted in 1966. Revisions were made and approved by the American Association of University Professors' Council in 1987 and 2009.

I. INTRODUCTION

From its inception, the American Association of University Professors has recognized that membership in the academic profession carries with it special responsibilities. The Association has consistently affirmed these responsibilities in major policy statements, providing guidance to professors in such matters as their utterances as citizens, the exercise of their responsibilities to students and colleagues, and their conduct when resigning from an institution or when undertaking sponsored research. The Statement on Professional Ethics that follows sets forth those general standards that serve as a reminder of the variety of responsibilities assumed by all members of the profession.

In the enforcement of ethical standards, the academic profession differs from those of law and medicine, whose associations act to ensure the integrity of members engaged in private practice. In the academic profession the individual institution of higher learning provides this assurance

and should normally handle questions concerning propriety of conduct within its own framework by reference to a faculty group. The Association supports such local action and stands ready, through the general secretary and the Committee on Professional Ethics, to counsel with members of the academic community concerning questions of professional ethics and to inquire into complaints when local consideration is impossible or inappropriate. If the

alleged offense is deemed sufficiently serious to raise the possibility of adverse action, the procedures should be in accordance with the 1940 Statement of Principles on Academic Freedom and Tenure, the 1958 Statement on Procedural Standards in Faculty Dismissal Proceedings, or the applicable provisions of the Association's Recommended Institutional Regulations on Academic Freedom and Tenure.

II. THE STATEMENT

1. Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.

2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.

3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.

4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within

their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.

5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

CREDENTIALING OF THE FACULTY

I. PURPOSE

This policy is in place to ensure that all instructors of record are academically qualified to teach in the content area, or precept students in the courses or rotations to which they are assigned. The hiring of highly qualified and appropriately credentialed teaching faculty is essential in accomplishing the mission and goals of the component colleges of CHSU. The policy provides a foundation for faculty credentialing that is aligned with best practices in the health sciences. To conform to the highest academic standards of excellence, the CHSU conducts regular verification of faculty credentials for teaching at both the CHSU and CHSU-affiliated educational teaching sites. This policy includes all the information necessary to guide faculty, department chairs, administrators and others through the credentialing process.

II. CREDENTIALING

Responsibility for credentialing is vested with the Office of the Dean which is uniquely qualified to make credentialing decisions. As part of this process, the Dean considers a variety of factors when making credentialing decisions including graduate degrees, professional licensure and certifications, related work experiences in the field, honors and awards, competence, effectiveness, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes.

A faculty member must be credentialed upon hire before the faculty member begins teaching or precepting students at the CHSU or at CHSU-affiliated sites. Furthermore, the faculty member must be credentialed again each time the faculty member plans to teach or precept a different course or rotation

(e.g., substantively different, not just at a different site). As part of this process, each time a faculty member is credentialed, the

CHSU must have a documented case showing with persuasive evidence that the faculty

member is qualified to teach the specific course or precept students as part of a particular rotation. The Dean or designee will collect all required credentialing information from each faculty member and will review such information to determine whether the faculty are appropriately credentialed to teach the course or precept CHSU students in their rotation(s). The Dean makes all final credentialing decisions. Such credentialing decisions will be documented and maintained in the Office of Human Resources.

The Dean or designee will be responsible for verifying and documenting the following information to the extent it is applicable for the particular instructor of record or preceptor. Accordingly, the Dean or designee will determine what documents from the below list are required of the faculty member for teaching a particular course or precepting a particular rotation. (Note: These requirements will differ for full-time clinical faculty, adjunct faculty/ clinical preceptors, and basic science faculty.)

- 1) Curriculum vitae from the faculty member and attestation regarding any changes that have been made to the curriculum vitae after initial submittal;
- 2) Terminal degree earned in or sufficiently related to the discipline being taught as verified by the Dean, and transcripts from degree-granting institution;
- 3) Pharmacy, medical or other professional license as verified directly with the state licensing board (only clinical faculty);
- 4) Board certification in relevant disciplines (only for clinical faculty);
- 5) Current competence in practice or discipline as verified through participation in continuing education and/or professional development, including, but not limited to, that which is required by the individual's professional licensing body; and
- 6) All other academic accomplishments including but not limited to research and publications, post-graduate education and special training, related work experience, leadership and administrative experience, documented teaching excellence in the discipline, honors, awards or other special recognitions that may be relevant to the course taught or course precepted.

STUDENT ADVISING

The Student Advising Program is under the direction of the Provost's designee. This program provides information for successful matriculation and professional development of our students, and key faculty members are utilized as resource personnel. Students are encouraged to meet with their faculty advisors as often as necessary, or once per semester at a minimum.

Students who are identified through academic alerts are required to participate in a formal academic advising program.

I. FACULTY MEMBERS

Faculty members may be assigned to provide advice to students regarding academics and professional development (“Faculty Advisors”). The responsibilities of faculty advisors are to:

- A.** Participate in training programs provided by the Director of Student Affairs
- B.** Advise students as appropriate
- C.** Meet with advisees at least once per semester
- D.** Consult with advisees who have received an Academic Alert to monitor their progress.
- E.** Provide status reports on each advisee to the office of Student Affairs at the end of each semester

II. STUDENT ADVISEES

It is the student’s responsibility to be aware of all departments, College, and University degree requirements as published in the academic catalog, and to insure that such requirements have been met or that appropriate waivers have been secured and filed in the Office of the Registrar. The specific responsibilities of the advisees under this program are to:

- A.** Complete the process for Formal Academic Advising in the case of an Academic Alert.
- B.** Meet with advisor at least once per semester.

FACULTY MENTORING

I. PURPOSE

The purpose of this document is to provide guidelines to assist in the mentoring process for junior faculty members. The mentoring program is part of the University’s overall faculty development program. This program is mandatory for newly hired faculty at the rank of instructor or assistant professor who have less than three (3) years of experience in academia.

The Dean of each College and Department Chairs should provide the environment and resources for effective mentoring to occur. This includes time allocations that allow for proper faculty development and start up resources for research. Additional time and resources in the form of supplemental training may also be required.

The mentor assigned to the junior faculty member must be higher ranked than the mentee and have an interest and desire to mentor. Mentors must be willing to make a time commitment to the mentee. Serving as a mentor is highly encouraged. The mentee must be willing to spend the necessary time to develop as a faculty member.

The mentoring program shall strive to meet the following goals:

1. To provide an effective program that will assist junior faculty with learning their academic

responsibilities.

2. To provide an effective program that will assist faculty with gaining additional expertise in a specific area.
3. To provide the necessary understanding of the academic process for promotion.
4. To provide the mentee with regular feedback regarding his/her professional development.
5. To assist the mentee with career development.
6. To assist the mentee with balancing his/her academic responsibilities.
7. To assist the mentee in becoming an effective educator, including utilizing team-based learning and other methodologies.

Mentors shall have the following responsibilities:

1. Serve as a mentor for one academic year.
2. Obtain a copy of the mentee's curriculum vitae and decide with the mentee what the goals of the mentorship relationship will be.
3. Meet with the mentee at regularly scheduled intervals and provide feedback regarding the mentee's progress.
4. Develop a written plan of development for the mentee with measurable and obtainable endpoints. This should be done in consultation with the mentee's Department Chair and the mentee.
5. Depending on the area of mentoring (teaching, research or service), activities of the mentor may include:
 - a. Assist the mentee with preparation of TBL materials including course learning outcomes, guided learning materials, assessment tools, and test questions.
 - b. Invite the mentee to their clinical site to observe student-faculty interactions.
 - c. Discuss evaluation of student performance.
 - d. Assist the mentee with identifying grant sources for research, review ideas for research, review proposals, review the written results of research, discuss and assist with poster/platform presentation of research, and assist with review for publication of research.
 - e. Discuss and assist the mentee with understanding their service responsibilities to the University, College, Department, and the profession.

The effectiveness of the mentoring program may be evaluated by the Department Chair as evidenced by the mentees' accomplishment of academic goals in accordance with procedures of appropriate college.

EXAM AND ASSESSMENT ITEM REUSE

CHSU faculty will reuse only a small percentage of multiple-choice items on subsequent tests. The reuse of items must be requested during syllabus submission to the college specific Curriculum Committee, which will approve, deny or modify the request.

SECURE STUDENT RECORD-KEEPING

This policy defines how CHSU will ensure that all student records, including but not limited to admissions, advisement, academic and career counseling, evaluation, grading and credits, are secured and retained as required by regulatory agencies and accreditation standards.

1. All student records, whether the records are paper or electronic, are stored in a secure site. Records stored electronically are password protected and accessible only to authorized users. If unable to scan certain paper records, they will be stored in locked, fireproof file cabinets in a secure storage room.
2. In compliance with the Family Federal Educational Rights and Privacy Act of 1974 (FERPA), students will be permitted to review their educational records within 45 days of written request to the Registrar's office. Also, students may restrict disclosure of directory information by completing a "Nondisclosure of Directory Information Form" available from the Registrar's office. The FERPA restriction will remain in effect until the Registrar's office is notified in writing to remove the restriction.
3. Complaints lodged by students through the different pathways will be maintained securely and according to all the provisions of FERPA in the Office of the Dean. The documentation will be maintained separately from the academic records of the student and be made available only for the purposes and to the individuals as permitted by CHSU policies.
4. Training on FERPA compliance will be offered to all CHSU. The Office of Human Resources shall maintain records of such training. Periodically, CHSU will send FERPA reminders and information through a variety of distribution methods.

STUDENT EVALUATION OF COURSES AND INSTRUCTORS

Student evaluation of instruction and courses at all CHSU Colleges currently serves two purposes:

1. To provide an opportunity for faculty and course improvement through student feedback.
2. To aid in arriving at faculty reward and promotion decisions.

Instruments utilized for student evaluation of courses and instructions must be designed and developed by the Assessment committee in collaboration with Curriculum committee and academic affairs. The instruments must allow students to provide written comments in addition to providing numeric ratings of

predetermined criteria.

Evaluation of Courses

All didactic courses and Practical Experiences (including preceptors) will be evaluated each time the course is offered, at its conclusion.

Process of Evaluation

The Office of Academic Affairs and Assessment disburses and manages all course and instructional evaluations. The evaluation will be conducted in a manner that will maintain the anonymity of the students and remove the faculty from direct participation in the process. In the case of either electronic or paper evaluations, student names or identification numbers will not be linked to their completed evaluations.

Results of Evaluation

The results of these evaluations are distributed by the Office of Academic Affairs and Assessment at the end of the course in which the evaluation occurs and only after assignment of grades.

Focus Groups

Focus liaison groups of students are nominated by their peers and selected by Office of Academic Affairs and Assessment to serve as a means of course and instructional assessment at the discretion of the colleges.

CHSU SUBMISSION OF NEW ELECTIVE COURSES FOR APPROVAL OR CHANGES

The proposal for a new course, either required or elective, can be submitted by a Department Chair, individual faculty member, or by the faculty of a department as a whole. The proposal must first be approved by the Department Chair, then the whole department before being submitted to the Curriculum Committee of the appropriate College. A Course Director will be appointed by the Dean (if it involves multiple departments) or the relevant Department Chair to develop a detailed outline of the course and then the course syllabus. The faculty as a whole must approve the syllabus.

Once final approval for the course and syllabus has been obtained from the department, the syllabus will be submitted to the Curriculum Committee at least one week prior to the meeting at which the proposed course is scheduled to be reviewed.

The Course Director for the proposed course will be invited to the Curriculum Committee to present the proposed course. The ensuing discussion will address the need for the course, resource implications, quality of course planning, planned assessment and CQI of the course, and the likelihood that the planned activities will achieve the intended outcomes.

The Course Director will make revisions to the syllabus and course as suggested by the Curriculum Committee. The revised proposal and syllabus will be resubmitted, if necessary, until the course design and syllabus are approved. Internal Interprofessional Courses must be approved by all relevant Colleges' Curriculum Committees.

Once initiated, the course will undergo intermittent assessment (to make real-time adjustments, as necessary)

and the standard evaluation by survey of the students. These data, at minimum, will be used by the Course Director to assess and suggest improvements using an SII-PDCA form. The form, assessments and evaluations will be reviewed by the Curriculum Committee and additional revisions will be suggested as necessary. The syllabus will then be revised and approved. The Course Director will implement the suggested changes the next time the course is offered. This process will continue yearly as with all courses in the curriculum.

COURSE SCHEDULING AND ACADEMIC CALENDERING

The academic calendar for the University is developed and maintained by the Registrar. The academic calendar is based upon the dates for graduation as designated by the President of the University. Included in the academic calendar are deadlines for course changes and withdrawals, dates for final examinations, holidays and breaks, and event dates. The academic calendar is set for the entire year, fall through summer semesters, and is published annually in the University Catalog.

The appropriate designee of the dean of each College shall arrange the class schedule each semester after consultation with the Department Chairs and Curriculum Committee within the appropriate College(s). A preliminary schedule is distributed to the faculty so that any possible conflicts can be identified and resolved prior to the preparation of the final schedule.

CURRICULUM STRUCTURE AND DELIVERY

The educational programs at CHSU are planned to inculcate the knowledge and skills required by the contemporary practice of health care in the United States. The curriculum and assessments are planned and vetted by curriculum and assessment committees in each program.

All activities are designed to ultimately ensure that students demonstrate achievement of each of the respective Program Learning Outcomes and CHSU Global Learning Outcomes at the time of graduation. Activities are designed to appeal to the various learning styles of our students, and to help expand that repertoire of learning competencies, such that students develop the lifelong abilities necessary to becoming and remaining a competent provider of quality health care.

TEACH OUT

California Health Sciences University intends for all University programs to remain viable for long periods of time. Should a program fail to meet expectations, however, and the program is deemed not viable through the decision process described in this document, no new students will be admitted to the degree program. Nevertheless, the University will make every reasonable effort to honor the commitment to graduate all students remaining in the program.

Any plan for termination or action to implement the termination of a University degree program must comply fully with the WASC Senior College and University Commission (WSCUC) Teach-Out Policy (attached). The guidelines and agreement that govern the termination of University degree programs can be found in the Teach-out plans and agreement policy.

Section IV: CHSU Research Policies

CHSU RESEARCH STRATEGIC PLAN

I. STRATEGIC VISION

In concert with the University's academic vision to become a model of interprofessional team-based education, CHSU aspires to be a preeminent health sciences university in the scholarship of teaching and learning. Also, through the provision of the necessary infrastructure, resources and facilities, CHSU scientists will be recognized nationally through publications, presentations and funded grant proposals in their respective areas of scholarship and research.

II. STRATEGIC PRIORITIES

Strategic Priority #1

A significant number of faculty are or become engaged in the scholarship of teaching and learning to support our academic vision of becoming a model of interprofessional team-based education.

Measures of Success

1. Preparation – numbers of faculty who have completed a variety of professional development programs in teaching and learning (examples: TBL certificate, process education institutes, etc.)
2. Outcomes - metrics on presentations, publications, recognitions, consultations, etc.

Strategic Priority #2

Establish and staff an Office of Sponsored Research (OSR) to support all scholars' ability to undertake scholarship and research and obtain and manage external funding.

Measures of Success

1. Budget is in place to support establishment of an Office of Sponsored Research and a hiring plan is developed to retain appropriately qualified staff.
2. Once established, OSR will ensure that all necessary policies and procedures are in place to support scholarly activity across all CHSU units.
3. Infrastructure is in place to assist faculty development in project planning, budgeting, study design, grant writing, biostatistics, etc.
4. Registration with grants.gov is in place
5. Internal Institutional Review Board is in place
6. Institutional Animal Care and Use Committee is in place

Strategic Priority #3

Establish internal and external partnerships to: a) Facilitate less experienced faculty in developing a research agenda; b) Enhance research and training opportunities in areas such as translational research, population health and health disparities.

Measures of Success

1. Numbers of partnership exploration initiatives;
2. Numbers and quality/productivity/impact of partnerships;
3. Diversity of research programs including number of unique funding agencies and journals to which faculty submit.

Strategic Priority #4

Enhance and expand research opportunities for students.

Measures of Success

1. Numbers of students per year engaged in research (curricular, extracurricular or as independent study)
2. Student posters, presentations and publications (internal, local, regional, national, international)

Strategic Priority #5

Explore potential for establishment of research centers of excellence and enhance research strengths by facilitating collaborations among scientists and clinicians and target faculty hires in relation to research foci.

Measures of Success

1. Conduct regular research “summits” or “roundtables” to discuss existing research foci and collaborations.
2. One or more research foci supported by external funding
3. Critical mass of faculty in a research focus
4. Others TBD

Strategic Priority #6

Explore the feasibility and advisability of establishing graduate programs.

Measures of Success

1. Feasibility studies
2. Substantive change / structural change applications to WSCUC

Strategic Priority #7

Facilities and equipment are in place to support the CHSU research enterprise.

Measures of Success

1. Planned research facility and vivarium is built, equipped and occupied
2. Other facilities built, according to new needs

CHSU INTELLECTUAL PROPERTY POLICY

I. PURPOSE

The purpose of this Intellectual Property policy of California Health Sciences University (the “University”) is to balance the interests of the many contributors to the substantial creation of intellectual property at and by the University by: 1) providing certainty in research and technology-based relationships with third parties; 2) creating a positive environment in support of research, development and commercialization with private industry; and 3) encouraging the timely and efficient protection and management of intellectual property.

II. APPLICATION

The Intellectual Property policy as set forth herein applies to all types of Intellectual Property (defined hereinafter) conceived and/or reduced to practice or otherwise made, created, discovered, or generated, in whole in or in part, by a University Personnel (defined hereinafter), in the course of or as a result of performance of any of his or her University obligations, responsibilities, activities, and functions, or with use of any of the University facilities or resources, except when such use is insignificant and incidental, such as, occasionally answering a phone call or receive a facsimile and the like. All such Intellectual Property mentioned hereinabove shall be referenced hereinafter as “University Intellectual Property.”

III. USE OF UNIVERSITY FACILITIES OR RESOURCES

No person or entity may use any of the University facilities or resources, including personnel equipment, supplies, lab space, etc., for any non-University purposes, including outside consulting activities or other activities for pursuit or personal gain, except in a purely insignificant and incidental way. For purposes of clarity, the facilities and resources of the University may not be used 1) to create, develop, or commercialize Intellectual Property outside the course and scope of employment or 2) to further or commercialize Intellectual Property that has been released to the creator.

IV. DEFINITIONS

1. "Intellectual Property," as used herein, is defined as works discovered, invented, made or created by one or more persons, jointly or separately, including but not limited to, any ideas, invention, design, discovery, creation, know-how, trade secret, scientific or technological improvement or development, including but not limited to research data, procedures, protocols, results, conclusions, compositions and materials generated during research, works of authorship, and computer software, regardless of whether subject to protection under patent, trademark, copyright or otherwise.
2. "University Personnel" as used herein, is defined to include: 1) all persons employed by the University, including but not limited to full-time faculty members, part-time faculty members, visiting faculty members, staff and researches; 2) anyone using any of the facilities or resources of the University, including but not limited to, graduate students enrolled at the University in any graduate degree or certificate program, and postdoctoral fellows; and 3) undergraduate students, non-employees, contractors, and other third parties engaged in University projects such as, without limitation, individuals participating in research projects, except when use of University facilities or resources under the circumstances is insignificant and incidental.

V. OWNERSHIP OF INTELLECTUAL PROPERTY

1. Title to University Intellectual Property

Except as otherwise provided herein, title to all University Intellectual Property resides and vests in the University. The University owns all rights, title and interest to University Intellectual Property, including all laboratory notebooks, data, printouts, files, and folders in which University Intellectual Property is recorded or documented, electronically or otherwise, and all materials generated, biologically or chemically. Nothing herein shall limit the University from transferring any University Intellectual Property to another by license or by assignment, provided that the University shall maintain a nonexclusive right to use such University Intellectual Property for non-profit educational, research, and scholarly purposes or for patient care.

2. Title to Intellectual Property Involving Sponsored Research

Intellectual Property resulting from research at the University and/or by a University Personnel that is supported by a grant or contract with the government (federal and/or state), or an agency thereof, or with a nonprofit or for-profit nongovernmental entity, or by a private

gift or grant to the University, shall be owned by the University.

3. Title to Non-University Intellectual Property

Intellectual Property developed or created by a University Personnel entirely on his or her own time and without use of the University's facilities, resources, or confidential or trade secret information, shall be the exclusive property of the creator except for those Intellectual Property that either: 1) relate at the time of conception or reduction to practice to the University's business, or directly or indirectly anticipates research or development of the University; or 2) result from any work performed by the University Personnel for the University. University may promulgate rules, regulations, or policies defining the course and scope of employment for University Personnel or class of University Personnel, the amount of time such University Personnel may engage in non-University related consulting work, and the requirement for clearance with the Office of the President prior to entering into a relationship with a third party for conducting any paid non-University related work.

4. Assignment

All University Personnel must assign and do hereby assign his or her rights in any and all University Intellectual Property to the University effective as of commencement of employment by University. Each University Personnel who creates any University Intellectual Property (each, a "Creator") shall promptly sign and deliver any and all documents or other instruments as are reasonably necessary to reflect the University's ownership of such University Intellectual Property. Such University Personnel has no independent right or authority to convey, assign, encumber, or license such University Intellectual Property to any entity. Any attempt to convey, assign, encumber or license such University Intellectual Property without University authorization shall be deemed null and void.

VI. COPYRIGHT POLICY

1. Scholarly Works

Scholarly Works (traditional or non-directed works) are andragogical, scholarly, literary, or aesthetic works resulting from non-directed effort which may be embodied in a professional-, faculty-, researcher-, or student-authored scholarly, educational (i.e. course materials), artistic, musical, literary or architectural work in the author's field of expertise. Consistent with academic tradition, except to the extent set forth in this policy, Scholarly Works are owned by the creator, even though such a work may be within the scope of employment and even if some University resources were used, unless it is a Scholarly Work 1) created by someone who was specifically hired or required to create it, or 2) commissioned by the University, or 3) makes significant use of University resources or the services of University non-faculty employees working within the scope of their employment, or 4) that is part of an on-line course, in which case, the University, not the creator, will own the Intellectual Property.

2. Directed Works

Directed Works (institutional works) are specifically funded or created at the direction of the University for a specific University purpose or are supported by a specific allocation of

University funds. Such funding need not constitute exceptional use of University resources in order for the work to be considered a Directed Work. Directed Works also include works whose authorship cannot be attributed to one or a discrete number of authors but rather result from the simultaneous or sequential contributions over time by multiple faculty and students. The University shall own copyright in Directed Works.

3. Works Made for Hire

Works produced for the University by independent contractors shall be considered Works Made for Hire and shall be owned by the University. No unit or department shall enter into arrangements for work to be produced by an independent contractor without a written contract, signed by an authorized University official delegated by the President, including but not limited to, a provision that the University shall own copyrighted works produced by the independent contractor.

4. Student Works

Student Works are papers, computer programs, theses, dissertations, artistic and musical works, and other creative works made by University students. Students shall own copyright in Student Works except in the following cases: 1) copyright to Scholarly Works authored by faculty with assistance from a student shall be owned by the University; 2) the University shall own a Student Work that is sponsored or externally contracted; 3) Student Works created in the course of the student's employment by the University shall be considered Works Made for Hire, and the University shall own such works.

5. Limited License to Instructor Materials

Notwithstanding the University's copyright policy as to Scholarly Works, and as reasonable required for the purpose of continuing the University's scheduled course offerings, the University retains a perpetual, royalty-free, nonexclusive worldwide license to use, copy, distribute, display, perform, and create derivative works of materials prepared by the University Personnel for use in teaching a course (including lectures, lecture notes, syllabi, study guides, bibliographies, visual aids, images, diagrams, multimedia presentations, examinations, web-ready content, and educational software).

VII. PATENT POLICY

1. Invention Disclosure

Each University Personnel who is a creator must individually or jointly with other creators, prepare and timely submit an invention disclosure on a form provided by the University for each University Intellectual Property. Each such invention disclosure must be submitted to the Provost (or designee) at the University before the invention is disclosed to any person or entity within or outside the University, such as, as part of an application for sponsored research or government funding, or to the public generally, or for commercial purposes, and before publishing same, in sufficient time to allow the University to evaluate the invention for potential patentability and commercial value, and determine the University's interest therein. The invention disclosure must provide information about the identity of the creator(s), what was invented, date of conception and/or reduction to practice, state of the art prior to the

claimed invention, the technical advance in the state of the art made or created by the claimed invention, circumstances leading to the invention, and facts concerning subsequent activities, in sufficient detail on the form provided by the University to provide a basis for a determination of patentability and commercial value.

2. Authority Over Inventions

The University President's Executive Council shall be responsible for all actions relating to any new inventions disclosed to the University, and shall have all decision-making authority over any University Intellectual Property, including without limitation: 1) whether to seek patent protection; 2) the countries in which patent protection may be sought; 3) oversight and control over the prosecution of any patent application whether to discontinue any patent protection or abandon an application; 4) whether to market the invention including the manner of any such marketing; 5) whether to license the invention including the terms and conditions of any such license;

6) whether to maintain any patents obtained on the invention; and/or 7) whether to assign or release the invention to the individual creator(s) or others. The President's Executive Council shall adopt a process for receiving, evaluating, and acting on invention disclosures.

3. Election Not to Assert Ownership Interest

The University may elect not to assert its interest in any invention. In such an event, the creator or creators shall be notified in writing, and the University may, at its discretion, offer the Intellectual Property to the creator(s) to seek patent protection, provided, however, that the University retains a non-exclusive, irrevocable, non-transferable license to practice the invention for educational, research or scholarly purposes or for patient care.

4. Patent Application Fees and Costs

If the University decides to file a patent application based on an invention disclosure submitted by a University Personnel, unless funding for pursuing the patent application is provided by a licensee or by a sponsor (private or government), the University will advance the fees and costs for filing such patent application and shall designate the University as the applicant on such patent application. The University may specify the amount of funds it is willing to advance. Nothing herein shall require the University to continue prosecution of any patent application that is filed, and the University may abandon any patent application filed at any time at its sole discretion. The University is also under no obligation to release the patent application to the Creator(s), unless such Creator(s) first reimburse the University for all the fees and costs paid by the University on account of such patent application. The University shall also be entitled to reimbursement of fees, costs, overhead, and administrative expenses it incurred on account of a patent application or patent from any licensing or royalty arrangement involving such patent or application. The University shall house and maintain all original Letters Patent and Assignments held by the University.

5. Release of Invention to Creators

The University may allow the Creator(s) to take over the responsibility for payment of any patent prosecution or maintenance fees and costs if the University determines, in its sole discretion that it does not wish to continue the pursuit of such patent application. If the

University makes such a determination, it shall inform the Creator(s) in writing, and the Creator(s) shall thereafter be responsible for all future fees and costs for such patent application, which shall be billed directly to the Creator(s). Failure to make timely payments for such bills may result in a decision by the University to discontinue pursuit of such patent application. The University shall be entitled to reimbursement of all advanced fees and costs: 1) from the first payments made from any licensing or royalty arrangement involving the invention; or 2) as a condition of releasing the invention back to the creator.

6. **Geographic Scope of Patent Protection**

A decision by the University to seek patent or other available protection for University Intellectual Property shall not obligate the University to pursue such protection in all national jurisdictions. The University's decisions relating to the geographic scope and duration of such protection shall be final.

7. **Later Release of Invention**

Except where prohibited by law or contractual obligations or requirements, the University may elect to release an invention to its creator at any time after asserting the University's interest; provided, however, that such release must include provisions for the recovery by the University of patent and licensing expenses, if any, as well as the retention of income rights, retention of non-exclusive rights to the invention for educational, research or scholarly purposes and for patient care, and may include certain other limitations or obligations.

VIII. COMMERCIALIZATION

1. **Creator Input**

Any person who creates University Intellectual Property may give reasonable input on commercialization of their invention; provided however, that the University President's Executive Council will make final decisions concerning whether and how, when, where and under what circumstances such Intellectual Property is to be protected, developed and/or commercialized. The University President's Executive Council shall have full authority to negotiate and enter into any and all licenses for any University Intellectual Property.

2. **Reimbursement of Patent and Licensing Costs and Allocation of Income**

In those instances where the University licenses rights in University Intellectual Property to one or more third parties, the costs of obtaining and maintaining patent or other protection for such University Intellectual Property must first be recaptured from the income generated thereby, including but not limited to, fees, prepaid royalties, minimum royalties, running royalties, upfront and milestone payments, and sublicense payments. The remainder of such income, as it is collected, shall be divided as follows:

- A. 10% to cover the administrative costs of licensing and operating a technology transfer department;
- B. 30% to all the creator(s) of the relevant University Intellectual Property;
- C. 30% to the college, school or department from which the invention was generated;
- D. 30% to the University;

Provided, however, that a creator may disclaim their interest in such income, in which case the University shall receive such creator's share and shall decide, in its sole discretion, if, how, and when to disburse such income. The department or school indicated on the Invention Disclosure form submitted by the Creator shall be deemed the department or school that supported the development of the invention. Unless the University is notified otherwise, the indicated department or school will receive the department or school's share of income.

3. Research Collaboration or Grants

License agreements are separate and distinct from sponsored research agreements or research grants. Sponsored research funds and grant funds are not shared among creators or school or department except as specified therein.

4. Monitoring Licensees

The University President's Executive Council shall monitor the performance of any license of University Intellectual Property for the duration of the license, including periodic financial or development reports from the licensees.

IX. GOVERNMENT GRANTS/ SPONSORED RESEARCH

1. **Prior Approval Required for Sponsored Research or Government-Funded Research**

All University Personnel must disclose to the University any intention to seek outside sponsorship or government funding for any research or other project that may result in the development of Intellectual Property. No application for such outside sponsorship or government funding shall be made without prior review and approval per University policy.

2. U.S. Government-Funded Inventions

The University, along with all universities that undertake federally funded research, is governed by the Bayh-Dole Act (P.L. 95-517 as amended) which sets out the disposition of inventions made with Federal assistance. The law provides that nonprofit organizations and small businesses may elect to retain title to inventions conceived or first actually reduced to practice in the performance of work under a funding agreement. The University must disclose each subject invention in a timely manner and comply with other regulatory actions. In addition, the University must grant the U.S. government a royalty-free license for governmental purposes, give preference to U.S. manufacturers, give preference to small businesses and share royalties with creators. The University must periodically report its licensing activity to the government. By submission of an application for the U.S. government funding, a University Personnel agrees to assist the University in complying with all government law and regulations to which the funding is subject.

3. Waiver

To the extent that any rights and obligations provided by one or more provisions of this Intellectual Property policy differs from that provided in any state and/or federal grants and contracts, or grants and contracts with nonprofit for-profit nongovernmental entities or private donors, the University reserves the right to waive any inconsistent provision in this Intellectual Property policy.

4. Cooperation with Necessary Assignments

Those University Personnel whose Intellectual Property creations result from a grant or contract with the government (federal and/or state), or any agency thereof, or with a nonprofit or for-profit nongovernmental entity, or by private gift, shall promptly execute and deliver such documents and other instruments as are reasonably necessary for the University to assert its rights or discharge its obligations, expressed or implied, under the particular agreement or grant, as determined by the University in its sole discretion.

X. MODIFICATIONS

The University reserves the right to amend this Intellectual Property policy at any time, with or without notice.

XI. VIOLATIONS

Violation of any of the provisions of this Intellectual Property policy may be grounds for discipline up to and including termination.

CHSU RESEARCH MISCONDUCT POLICY

I. APPLICABILITY

This policy applies to all individuals who are engaged in the design, conduct or reporting of research whether or not the research is funded. The policy also applies to anyone engaged in the design, conduct or reporting of research through a sponsored program administered through CHSU either in whole or in collaboration with other institutions.

II. DEFINITIONS

The following definitions apply:

Fabrication is making up data or results and recording or reporting them.

Falsification is manipulating research materials, equipment or processes, or changing or omitting data or results such that the research is not accurately represented in the research record. The research record is the record of data or results that embody the facts resulting from scientific inquiry, and includes, but is not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports and journal articles.

Plagiarism is defined by the University's policy on Academic Freedom and Integrity, or as otherwise required by law.

III. FINDINGS OF RESEARCH MISCONDUCT

A finding of research misconduct requires that there be a significant departure from accepted practices of the relevant research community, and that the misconduct be committed intentionally or knowingly or recklessly, and the allegation be proven by a preponderance of evidence.

IV. PROCEDURES

A. Reporting

Any accusation of research misconduct from any source should be reported to the Provost's Office either verbally or in writing. The Provost shall make a determination as to whether the accusations constitute good faith allegations of research misconduct and warrant further investigation. The Provost should also notify the accused party(s) in writing that an accusation has been made and whether or not an investigation will be initiated. Any person bringing an accusation of research misconduct is protected from retaliation by University policy; the University prohibits any such retaliation. Any person who knowingly brings a fraudulent accusation of research misconduct may be subject to discipline, up to and including dismissal or termination of employment.

B. Investigation

Should the Provost determine that further investigation is warranted, the Provost will select a single neutral investigator external to the University. This investigator will make findings of fact regarding the allegations based on a preponderance of the evidence.

Generally, the investigator will conduct the necessary business and issue a report to the Provost within thirty (30) calendar days of their appointment, unless more time is required to complete a thorough investigation. Both the accused and the accuser will receive copies of the investigator's findings, but the full investigation report is confidential and neither party has a right to that document. Following the investigation, the Provost may appoint an internal adjudicating panel to review the findings and make recommendations to the Provost as to an appropriate outcome. If an internal adjudicating panel is used, the Provost will make the final determination after reviewing the panel's recommendations. If no internal adjudicating panel is used, the Provost alone will be responsible for making a final determination based on the investigator's findings.

C. Reporting to Federal Agencies

The University will notify the funding agency (or agencies in some cases) of an allegation of research misconduct if (1) the allegation involves Federally funded research (or an application for Federal funding) and meets the Federal definition of research misconduct given above, or (2) as otherwise required by law or requirements of the grant funding such research. The University will provide any such documentation and information to the funding agency(ies) as required by law.

Notwithstanding the above, at any time during an investigation, the institution will immediately notify the appropriate Federal agency if public health or safety is at risk; if agency resources or interests are threatened; if research activities should be suspended; if there is reasonable indication of possible violations of civil or criminal law; if Federal action is required to protect the interests of those

involved in the investigation; if the research institution believes the inquiry or investigation may be made public prematurely so that appropriate steps can be taken to safeguard evidence and protect the rights of those involved; or if the research community or public should be informed.

D. Investigation Outcome and Disciplinary Procedures

The accused and complaining party will be notified by the Provost of the outcome of the complaint. If research misconduct is found to occur, the accused may be subject to discipline up to and including dismissal or termination of employment. The Provost's decision shall be final.

CHSU POLICY FOR HUMAN SUBJECTS RESEARCH

I. POLICY SUMMARY and SCOPE

This Policy describes the responsibilities of California Health Sciences University in protecting the rights and welfare of human subjects who participate in research in which the University is engaged. This applies to all CHSU Colleges, CHSU faculty and staff who are conducting research involving human subjects within the course and scope of their University duties, and CHSU students who are conducting research involving human subjects within the course and scope of their studies.

II. INTRODUCTION

California Health Sciences University is committed to the ethical principles of the protection of human subjects in research set forth in the Belmont Report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research that underlie relevant federal regulations. The principles include:

Respect for Persons involves the recognition of the personal autonomy and dignity of individuals, and the need for special protection of individuals with diminished autonomy. Under this principle, individuals must be given sufficient and comprehensible information to decide whether to participate in a study, and their consent must be voluntarily given, free from coercion and undue influence.

Beneficence entails an obligation to protect persons from harm by maximizing anticipated benefits and minimizing possible risks of harm. This principle requires assessing the nature and scope of the risks and benefits, and systematically assessing the risks and benefits.

Justice requires that the selection of human subjects should be fair and equitable and that the risks and benefits of research should be distributed among subjects in a fair and equitable manner, with particular concern for subjects whose personal status or condition-- as children, prisoners, patients, impoverished persons, and others--places them in a vulnerable or dependent position.

III. POLICY STATEMENT

1. In order to safeguard the rights and welfare of human subjects in research, CHSU follows the ethical principles of the Belmont Report and the Revised Common Rule. CHSU adheres to all applicable federal or state law or regulations and University policies and guidelines governing the participation and protection of human subjects in research.
2. CHSU holds a current Federal wide Assurance (FWA) filed with the U. S. Department of Health and Human Services Office of Human Research Protections (OHRP) for the protection of human subjects.
3. CHSU's commitment to protecting human subjects applies to all human subject research in which it is engaged, regardless of funding source or the institution that provided the IRB review. See below, under Revised Common Rule for the updated OHRP regulation on Single IRB review process (sIRB).
4. Under the sponsorship of OHRP, CHSU is to establish CHSU-Institutional Review Board (CHSU-IRB). CHSU-IRB must comply with HHS and FDA regulations in 45 CFR Part 46 and 21 CFR parts 50 and 56, respectively, when reviewing research subject to those regulations. CHSU-IRB is charged with the review and continuing oversight of research involving human subjects, in accordance with CHSU policies and federal regulations. CHSU-IRB has the authority and the responsibility to the following:
 - Conduct initial and continuing review of research and report findings and actions to the investigator and the institution;
 - Approve, disapprove, or require modifications and/or clarification to research protocols;
 - Suspend or terminate approval of human subject research not being conducted in accordance with the IRB's requirements or that has been associated with unexpected serious harm to subjects;
 - Determine which projects require review more often than annually and determine which projects need verification from sources other than the investigator that no material changes have occurred since previous IRB review;
 - Ensure prompt reporting to the IRB of proposed changes in a research activity and ensure that changes in approved research, during the period for which IRB approval has already been given, may not be initiated without IRB review and approval, except where necessary to eliminate immediate hazards to the human subjects;
 - Ensure prompt reporting to the IRB and institutional officials for research conducted of any:
 - Unanticipated problems involving risks to human subjects or others;
 - Instance of serious or continuing noncompliance with the HHS and FDA regulations or the requirements or determinations of the IRB;
 - Suspension or termination of IRB approval.
5. Revised Common Rule. The U.S. Department of Health and Human Services and fifteen other Federal Departments and Agencies issued final revisions to the Federal Policy for the Protection of Human Subjects (the Common Rule).

The revised Common Rule is effective July 19, 2018.

The HHS press release encompasses the most significant changes adopted in the Final Revisions to the Common Rule.

Final Rule changes include:

- Improving the informed consent document and process to increase subject understanding;
- Requiring that consent forms for certain federally funded clinical trials be posted on a publicly available federal website;
- Requiring single Institutional Review Board (sIRB) review for cooperative research for some studies. When IRB review is performed by another institution and before the human subject research is underway, CHSU investigators are required to submit all application materials to CHSU-IRB and to receive a Letter of Endorsement from CHSU-IRB;
- Allowing the use of broad consent for future research for secondary studies on stored identifiable data or identifiable biospecimens;
- Eliminating continuing review for certain minimal risk research;
- Establishing new exempt categories of research based on level of risk posed to subjects;
- Adopting the definition of “clinical trial” that includes behavioral health-related outcomes.

IV. DEFINITIONS

Common Rule means the Federal Policy for the Protection of Human Subjects as adopted by (and codified in the regulations of) multiple federal agencies. For the purposes of this Policy and related policy guidance or procedure documents, the Common Rule refers to Subpart A of Department of Health and Human Services (HHS) regulations at Title 45, Part 46 of the Code of Federal Regulations (45 CFR 46, Subpart A).

Human Subject generally means an individual who becomes a participant in Research. However, more specific definitions must be applied depending upon the type of Research and its funding source: As defined in HHS regulation 45 CFR 46.102(e), Human Subject means “a living individual about whom an investigator (whether professional or student)

conducting research: (i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or (ii) Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens.”

As defined in Food and Drug Administration (FDA) regulation 21 CFR 50.3(g) and 21 CFR 56.102(e), Human Subject means “an individual who is or becomes a participant in research,

either as a recipient of the test article or as a control. A subject may be either a healthy human or a patient.” See also 21 CFR 312.3(b) for additional definitions related to Human Subjects Research. Regulation 21 CFR 812.3(p) defines subject as “a human who participates in an investigation, either as an individual on whom or on whose specimen an investigational device is used or as a control. A subject may be in normal health or may have a medical condition or disease.”

Research means the systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge, consistent with the HHS definition of research (45 CFR 46.102(l)).

CHSU POLICY FOR START-UP RESEARCH

I. POLICY STATEMENT

Recruiting faculty, either inexperienced or experienced, is a competitive process. As such, it is relatively common to provide some initial funds for inexperienced faculty to establish their scholarly programs and to aid the transition of experienced investigators from their previous positions. This policy serves as a guide for hiring units in the negotiation of start-up research funds (SURF) with prospective new faculty, and the expenditure of such funds in the case of successful hires.

II. BUDGET REQUEST

The process of negotiating SURF begins with the responsible hiring unit (department). In those cases where the search process has determined that an offer to hire is in order, the hiring unit will discuss with the potential hire his/her needs/expectations with respect to SURF. Each SURF package is negotiated individually within that year's budget. The request for a SURF package should be accompanied by a documented proposal stating the need, research requirements and proposed budget for spending. Both the hiring unit and the prospective faculty member are expected to be reasonable in their expectations. In the course of the negotiation, the hiring unit should be clear with the candidate that there are no commitments until all necessary approvals are obtained and no SURF package can be made as a final offer until all approvals as detailed below have been obtained and signed off on.

Once the hiring unit and the candidate have discussed the potential SURF package, the request should be committed to writing. The request should be specific and detail each item and cost in the request. The written request is then forwarded to the appropriate Dean for his/her approval, and then to the Provost for final approval. Only after all indicated approvals have been obtained in writing can the hiring unit convey this information to the candidate as part of the employment offer.

In the case of a successful hire, the approved SURF package becomes a part of the new faculty hire's personnel file. The business office should also be provided a copy of the approved SURF package.

Expenditures from the new hire's SURF package must follow all CHSU procedures and approvals. All expenditures must be for specific items and materials detailed in the approved SURF package. Any deviations from approved items requires prior approval of the department and Dean and should be conveyed, in writing, to the Business Office in advance.

All start-up funds must be spent or obligated within three (3) years of the initial hiring date. Only in unusual circumstances and with strong justification will exceptions to this time frame be granted and only with approval of the Provost. Prospective hires should be made aware of this timeframe at the time of the initial offer. Any unexpected funds after the three (2) year period will revert to the funding source and are not available for use to the department or college for other purposes.

CHSU POLICY FOR FACULTY RESEARCH AND SCHOLARSHIP FUND

I. POLICY STATEMENT

This policy defines the CHSU Research and Scholarship Fund (RSF) and the process for university faculty to request funding for scholarly activities.

II. RESEARCH AND SCHOLARSHIP FUND

The purpose of the RSF is to provide resources annually (on a competitive basis) to support scholarly activities that can generate new knowledge, lead to scholarly publications and presentations, and/or produce preliminary data that can lead to more substantial external funding.

All full-time CHSU faculty are eligible to submit applications to the RSF. Multidisciplinary proposals and collaborations are encouraged.

The RSF will be administered on a fiscal year basis, procedures for timing of proposal submissions, review and recommendations for funding must be made such that projects can commence on July 1. The amount of funding available may vary depending on the University's needs and priorities.

Awards are on a one-year basis (July 1 – June 30). There is no minimum request, but maximum requests are \$15,000. Guidelines for proposal submission and review are established by the Research and Scholarship Committee (RSC).

III. BUDGET REQUESTS

A. Original Requests:

Funding requests from the RSF are to be submitted as part of the normal University budget process. There is no predetermined budget for RSF. Instead, such requests will be considered in the context of overall University priorities.

RSF requests are initiated at the department level. Each University department shall consider and request RSF funding as it prepares its annual budget on a timetable established by University

administration. If a department has multiple RSF request, they should be rank-ordered in terms of priority. Each RSF request should include a justification and a listing of investigators whose research will benefit from the funding. Requests that will benefit multiple investigators should be given priority. A faculty member cannot be the Principal investigator (PI) on more than one active RSF grant at a time.

The Dean of each University college shall submit the recommended RSF portion of their budget request to the University RSC. The RSC will consider all RSF requests and propose a final rank-order of all requests. In their ranking, the RSC is encouraged to give preference to collaborations across disciplines, departments and colleges. The RSC's recommendations will then constitute the final RSF budget request to University administration through the normal budget process on the timetable established by the University.

Departments requesting RSF grants will be notified as soon as practical if their requests have been approved as a part of the University's fiscal year budget. Once notification of approval has been received, departments may proceed to process RSF expense requests following prescribed University procedures for the fiscal year of approval.

B. Carry Over:

Any funds not expended during the period of the award may be "carried over" for a period of up to 6-months in order to bring the project to completion. Requests for carry-over of funds must be made and approved by the RSC. Carry-over requests should be made timely to ensure the annual budget timetable established by the University is followed. Requests for projects that aren't made timely will be considered complete and any unexpended funds will be forfeited.

C. Renewals:

Approved proposals can be "renewed" for up to one fiscal year, based on a competitive proposal submission. The same budget request guidelines (i.e. maximum \$15,000) apply as in the original application. The primary criteria for approving renewal applications shall be submission of a detailed progress report showing substantial results and solid prospects for the renewal leading to publications and external funding. Projects that have expended less than 75% of the funds originally awarded are not eligible for renewal. Any successfully renewed project shall not be eligible to carry over any unexpended funds at the conclusion of the renewal period. Renewal applications shall be evaluated for funding along with all other applications for that grant period pursuant to funding availability. Requests for renewal of funds must be made and approved by the RSC. Renewal requests should be made timely to ensure the annual budget timetable established by the University is followed. Requests for projects that aren't made timely will be considered complete and any unexpended funds will be forfeited.

D. Future Funding:

Investigators receiving funds from the RSF (including those who have received renewals) are not eligible to apply to the RSF for a period of two (2) fiscal years following the end date of the grant period. Faculty submitting new RSF proposals after the two (2) fiscal years waiting period will be expected to demonstrate productive use of past awards in their new application.

CHSU POLICY FOR SUBMISSION OF RESEARCH GRANT APPLICATION TO EXTERNAL AGENCIES

I. SECTION ONE

While the Principal Investigator (PI) of an externally funded grant has overall responsibility for both the technical and fiscal management of a sponsored project, the University has both ethical and fiscal responsibilities for the management of any externally funded project. All awards, regardless of the source of funding and the use of funds, must be officially accepted by the University on behalf of investigators. Therefore, it is necessary that proposals to any external agency be submitted on behalf of the University, and that the following procedures be followed prior to submission of a proposal to any outside agency. Investigators that are preparing proposals that have specific deadlines must ensure that they allow sufficient time for necessary reviews and approvals to take place prior to submission.

Proposal submissions prepared by an individual faculty member or group of faculty must first be reviewed and approved by the chair of their department and the respective dean. It is the Department Chair and Dean's responsibilities to ensure that resources (space, equipment, time) are available for the investigator to meet the obligations detailed in the proposal, and that the requested budget is appropriate for the proposed work. CHSU does not currently have a federally negotiated Indirect Cost Rate. Until such is in place it is recommended that budgets to outside agencies (unless specifically prohibited) include a provision for 10% indirect cost recovery.

All proposals require a commitment of effort on the part of the PI(s) during the period in which the work is to be performed. The PI, CHSU Co-Investigators, Department Chair and Dean, therefore, must agree that those responsible for conducting the proposed research have the time to meet their teaching and service responsibilities in addition to the responsibilities of the proposed research. Department Chair and Dean approvals indicate their agreement that this requirement has been met. In addition, the proposal may include any necessary approvals (IRB, IACUC, etc.) pending funding agency requirements (see note 1).

Only after the full proposal has been vetted and approved by the chair and dean as indicated above, can it (with required approvals) be forwarded to the Provost (in the absence currently of an official Office of Sponsored Research). The Provost will work with designated individuals within the business office of the University to ensure that the budget is appropriate for the proposed work.

The provost will also serve (at this time) as the University officer responsible for ensuring that all University requirements have been met, and give final approval for proposal submission. Should an award be made, the award is to the University. The PI shall be responsible for the administrative and technical conduct of the research as well as working within the budget as proposed. Expenditures must follow all University policies and procedures. The designated business officer shall ensure that such policies are adhered to and that they are within the budget as proposed. Any post-award communication with the granting agency requesting modifications of research scope and/or budget should be coordinated with appropriate University officials

(Department Chair, Dean, Provost, business officer) and not undertaken unilaterally by the PI.

II. ADDENDUM

Faculty who wish to collaborate on research projects with entities outside of CHSU (e.g. other universities, hospitals, etc.) whether on funded or non-funded projects must obtain prior approval from their department chair and dean to ensure that their commitments of time and possibly CHSU resources are appropriate and do not interfere with other responsibilities.

III. NOTES

- (1) CHSU does not currently have an internal IRB. However, CHSU has arrangements with two external agencies to conduct IRB reviews when such approvals may be necessary. Therefore, research involving human subjects that may need a determination as to their IRB status (exempt, expedited or full board review) must have this determination made prior to commencement of such research or proposal submission. The need to have such a determination made will be handled through the Provost's office (or the Provost's designee) at this time.
- (2) Although for-profit institutions such as CHSU are (in general) eligible to receive research grant funding from federal agencies, some programs specifically exclude for-profits. In such cases, CHSU has an affiliation agreement with a 501(c) (3) organization (RMOPTI) through which CHSU investigators may submit applications to programs that exclude for-profits. Information on submitting grant applications via this affiliated entity is available from the Provost's Office (or the Provost's designee) at this time.

CHSU LABORATORY SAFETY POLICY

I. PURPOSE

The safety of students, employee, and community environment are of the utmost importance at both College of Pharmacy (COP) and College of Osteopathic Medicine (COM) campuses of California Health Sciences University (CHSU). Lab safety policy is prepared comprehensively to ensure the safety and wellbeing of CHSU community. This policy is prepared in compliance with California state laboratory guidelines and OSHA guidelines.

II. POLICY STATEMENT

It is the policy of the California Health Sciences University to provide a safe work environment that is free from recognized hazards for its employees in accordance with the General Duty clause of the OSHA Act (Public Law 91-596, Section 5(a)(I)). CHSU is also required by the OSHA Laboratory Standard to ensure that the necessary work practices, procedures, and policies are implemented to protect laboratory employees from all potentially hazardous chemicals in use in their work area.

This policy serves as the Laboratory Safety Plan (LSP) for the CHSU. The LSP is designed to help any employee/student/researcher reduce occupational hazards while working inside the laboratory. After reading this policy any person should be able to identify, recognize, prevent, respond, and report any exposure to hazardous chemicals in a laboratory.

This policy is issued by provost in compliance to environmental health & safety regulations.

III. SCOPE OF THE POLICY

This policy applies all the members of CHSU and visitors who works for laboratory sessions, research and any other field work related activities.

IV. DEFINITIONS

Laboratory: A place equipped for experimental study which provides opportunity for experimentation, observation, or practice.

Principal investigator (PI): The person in-charge of the grant funding who governs the ongoing research effectively.

Research supervisor: A person who assists the student research program and enables successful achievement of the research goals of the student.

V. INTRODUCTION

The Occupational Safety and Health Administration (OSHA) finalized a safety and health standard entitled "Occupational Exposure to Hazardous Chemicals in Laboratories" in 1990, which was written into Title 29 of the Code of Federal Regulations Part 1910.1450. The Standard became effective in May 1990 with a compliance date of January 31, 1991 set. For Universities in California state, the requirements of Title 8 of the California Code of Regulations Section 5190 and Article 110, Regulated Carcinogens of the General Industry Safety Orders must be complied.

A. Objectives of the Policy

- To provide ample information and training to prevent exposure to hazardous chemicals through good laboratory practices.
- To comply OSHA's and California state requirements for everyone working in laboratory.
- To serve as a guide to avoid physical and chemical hazards and right to know program and chemical hygiene plan as per OSHA requirements.
- To maintain standards and safety of all working in CHSU laboratories.

VI. LABORATORY CHEMICAL SAFETY REQUIREMENTS

This Laboratory Safety policy helps to safely limit laboratory workers' exposure to OSHA regulated substances. Section 5a(1) of the Occupational Safety and Health Act of 1970, the General Duty Clause, requires that employers "shall furnish to each of its employees employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees." Of importance to note, the general duty clause allows the university to enforce best practices by non-regulatory agencies such as National Institute for Occupational Safety and Health (NIOSH), the Centers for Disease Control and prevention (CDC), the National Research Council (NRC), the National Science Foundation (NSF), and the National Institutes of Health (NIH).

Current OSHA Standards addressed in this safety plan include:

- The Occupational Exposure to Hazardous Chemicals in Laboratories Standard (29 CFR 1910.1450)
- The Personal Protective Equipment (PPE) Standard (29 CFR 1910.132)
- The Bloodborne Pathogens Standard (29 CFR 1910.1030)
- The Hazard Communication Standard (29 CFR 1910.1200)

Person working in laboratory must not be exposed to chemicals beyond their permissible exposure limits specified in OSHA rule 29 CFR 1910, Subpart Z, Toxic and Hazardous Substances. Any person exposure to any regulated substance exceed permissible exposure limits in eight hours of a day must be monitored and if this exposure is continuous, medical exposure surveillance must be enforced. If laboratory requires controlled substances usage, the supervisor/researcher must be registered with the Drug Enforcement Administration (DEA). According to the Toxic Substances Control Act (TSCA), standard laboratory practices and documentation must be in place if research involves chemicals where safety is not known.

Hazardous material shipping is regulated thoroughly in all stages of transport. The United States Department of Transportation (DOT) defines the guidelines for shipping hazardous material package. The person who ships or accepts the hazardous chemicals through domestic transport must complete DOT HAZMAT training and International Air Transport Association (IATA) training. Any laboratory holding chemicals which pose risk to homeland security must complete a "Top Screen" which allows Department of Homeland Security to assess the chemical security threat the facility poses. CHSU does not allow usage of extremely hazardous substances as it requires emergency planning protocols and services in place according to The Emergency Planning and Community Right-to-Know Act of 1986 is a U.S federal law. Chemical, Biological waste, and Hazardous waste disposal should be performed as per the standard guidelines. Resource Conservation and Recovery Act (RCRA) which was enacted in 1976 defines cradle to grave model where the hazardous chemical must be tracked initial to end point disposal.

VII. LABORATORY PROCEDURES

- A) CHSU encourages reporting of safety issues and possible hazards to Lab Safety Officer and supervisors.
- B) Lab Safety Officer must ensure the availability of all personal protective equipment in laboratory.
- C) Environment, Health, and Safety Committee holds the authority to close any laboratory identified with health and safety concerns.
- D) Lab Safety Officer / Supervisor must provide and maintain training record for all the students and researchers. The training should include location of emergency equipment such as fire alarms, fire extinguishers, eye washes, emergency showers, spill kits and emergency exits.
- E) EHS must maintain records of accidents and incidents.
- F) Lab entry should be restricted to authorized personnel only. Keep laboratory doors locked

when no one is working in the lab.

VIII. TRAINING REQUIREMENTS FOR PERSON WORKING IN CLASSROOM LABORATORY OR RESEARCH LABORATORY

Laboratory safety trainings must be provided according to the federal law for all before they work inside the laboratory.

Researcher/student/trainee/supervisor/visitor who works in laboratory must complete the following trainings according to their level of research requirements.

- Initial training: This training includes laboratory attire (Lab coat, dress code, gloves, goggles, laminar hood usage when handling hazardous chemicals, precautions, lab response protocols if there is hazard and disposal guidelines)
- Lab specific training:
 - Basic chemical and laboratory training
 - Blood borne pathogen training through Collaborative Institutional Training Initiative (CITI) Program
 - Laboratory safety refresher training must be completed annually
 - Training with specific equipment and handling of hazardous chemicals (If required)
 - Formaldehyde awareness training (If required)
 - Study of SOPs and chemical safety data sheets (if required)

IX. RESPONSIBILITIES

Deans and Department Chairs have the primary responsibility for ensuring that this document is accessible to all who have access to laboratories, work in laboratories, or assign people to work in laboratories. Lab Safety Officer (LSO) provides initial training yearly to everyone and ensures regular monitoring of the good laboratory practices. LSO also supports PI or lab supervisors to ensure health and safety of CHSU employees and students to implement this plan.

Lab supervisors and PI are responsible for the chemical hygiene in laboratory and appropriate training provided to each person who works in the laboratory. Lab supervisors and PI are responsible to ensure that protective equipment and first aid kits are available and eye wash and emergency wash are in ready to use condition. Also, Lab supervisor, PIs, and students must follow the dress code and food restrictions according to OSHA guidelines while working in lab. Lab supervisor or lab workers are responsible to develop best chemical hygiene practices, standard lab waste disposal practices, react and perform according to standard protocols if there are chemical spill overs in the lab. Chemical accidents or potential exposures must be immediately reported. Chemicals disposal must be performed according to the manufacturer/laboratory guidelines. Operations Department is responsible for functional maintenance of the laboratory equipment and repair.

Important contact information in emergency or non-emergency situations

Emergency Phone Numbers

CHSU Security	24 Hours/Day	559-495-3000
Clovis Police Department - Emergency	24 Hours/Day	911
Fire Emergency	24 Hours/Day	911
Emergency Transportation to Emergency Room	24 Hours/Day	911
Lab Safety Officer	Normal Business Hours	309-216 - 4381
California Poison Center	24 Hours/Day	1-800-222-1222
V.P. of Operations	Normal Business Hours	559-549 - 6375
Principal Investigator	Normal Business Hours	

ADDENDUM

COVID-19 RETURN TO RESEARCH GUIDELINES

Part One: Health and Safety

To resume **in-person laboratory research** at CHSU, below is current guidance for higher education institutions. Points offered here are in addition to (and do not supersede) any guidelines and protocols implemented by CHSU and/or federal, state, and local officials.

The paramount principle is the health and wellbeing of faculty and student researchers, and that of the university community. This guidance is offered to help ensure health and safety for the CHSU community and will change as public health guidance and understanding of the virus change.

This guidance is to provide steps for resuming in-person laboratory research activities and to provide guidance to researchers who are expected to create their own specific plans for their activities and personnel, in consultation (or approval) with their Department Chair and/or College Dean. Please be aware that resuming in-person laboratory research should be a phased approach. If there is a significant increase in COVID-19 infections or changes in CHSU policies and/or federal, state, and local guidelines, a return to more restricted operations may be necessary.

The guidance below also is subject to reasonable accommodations and adjustments. Faculty, staff, and students who fall within the CDC's definition of a "vulnerable person" for COVID-19 and CHSU's definition for an "impacted employee" will be able to request reasonable accommodations to their work or learning environment through the Office of Human Resources or Student Affairs of their college.

Until further notice, no national or international travel for research or laboratory work is allowed.

As preparation for and resumption of in-person laboratory research activities are commenced, protective measures will remain essential. These include

- Self-screen before coming to campus for new or worsening signs or symptoms of possible COVID-19. As per current guidelines, do not come to campus if ill or exhibiting signs or symptoms of COVID-19.

- Always maintain six-foot social distancing.
- Use of appropriate laboratory PPE and all current required precautions including use of face masks, etc.
- Cleaning regimens for laboratories and other research facilities.
- Maintain good personal hygiene, including proper hand washing, cough/sneeze etiquette, avoid touching your face, eyes, nose, and mouth.
- Clean/disinfect high-touch locations in shared laboratory spaces.
- Adhere to all posted signage throughout laboratories and campus wide.

Laboratory occupancy should be limited to those necessary to conduct the research and in accordance with revised posted maximum occupancies. Social distancing may require significant revision of normal procedures.

- For impacted employees, continuing temporary remote work to the extent possible for activities such as literature review, data analysis, and writing.
- Laboratories should maximize capacity while minimizing occupancy rates.
- Expect a return at significantly decreased density compared with normal operations and return at different times for different research spaces.
- Time in a laboratory should be spent performing necessary experiments and other activities that require physical presence; other work should continue to be performed outside of the lab.
- Reducing the number of researchers present per laboratory, depending on the size of the lab.
- Establishing one-way flow through doorways and adhere to posted entrance and exit signage for each laboratory.
- Posting schedules for the use of each laboratory space and/or piece of shared equipment. This includes facilities that are shared by multiple research groups.

In the event of a suspected COVID-19 infection in the lab:

- The lab director must notify and consult with the Office of Human Resources and university Operations.
- All the lab areas that the affected individual inhabited will be subject to quarantine until disinfection has been completed. Leave space(s) unoccupied for a minimum of three hours and increase ventilation/open windows.
- **Disinfection can be performed by either lab personnel or a third-party cleaner, at the discretion of university Operations.**

If the lab decides, in/upon consultation with Operations, to undertake cleaning by lab personnel, cleaning is to be done with standard procedures/PPE (gloves and face covering). No special materials or protocols are required. In areas that have higher air movement and exchange, larger particles will settle quickly while smaller particles would be removed by air exchange in relatively short time spans (i.e. under 3 hours). Some labs may only need 1-2 hours depending on air exchange, and reduced access time will be coordinated with Operations. In areas with little air movement or exchange, small particles will be in the air longer. Enclosed rooms with no or extremely limited ventilation, would need to be vacant for

24 hours before entering without higher levels of PPE.

Part Two: PI Preparation

A central premise of this guidance is that return-to-research planning should, wherever possible, consist of a PI-driven approach, with appropriate consultation with lab members and oversight from program, departmental, and school leadership. While all conditions around the current situation are fluid and no recommendations should be considered final, the following approach reflects the best current methods for establishing needed modifications for resumption of research with respect to health and safety, equitable access to research laboratories, or any of the evolving institutional requirements and precautions.

PIs are responsible for developing and implementing appropriate management plans for their laboratories and for training their personnel on appropriate cleaning and disinfecting, and hand hygiene.

Every laboratory must have in place an approved reopening plan, as well as a shutdown plan (in the event of increased infection rates) before occupancy. Approval of reopening plans is by the relevant Dean's Office.

PIs working in the same laboratory space are asked to:

- provide the lab reopening plan to a program/department chair and Dean's Office. Once approved, the lab becomes eligible for reopening.
- ensure that lab members other than the PI understand the plan, agree with the implementation, and become conduits for best practices. This will be done within the programs that house a given laboratory, therefore program/department chairs should provide the first level of approval.
- coordinate with each other to best achieve safety-first protocols and procedures.
- establish a set of critical maintenance procedures necessary to maintain safety or long-term viability of laboratories during a full or partial campus shutdown.
- establish research ramp-up policies and procedures that ensure labs are prepared for safe resumption of activities and researchers have arranged spaces, and developed protocols that ensure social and temporal distancing, cleaning of shared equipment, and use of appropriate PPE.

PIs need to consider what steps will be necessary to safely shut the lab down again if necessary. Given the possibility that research may have to be scaled back again with little notice, PIs are strongly advised to ramp up only those projects that can be ramped down quickly and at relatively little cost and complexity. For the time being, PIs should deprioritize projects that depend on non-renewable resources, such as primary cell cultures or animal experiments, for which scaling back would be costly. PIs need to

- Develop a ramp-down policy for laboratories during a full or partial campus shutdown and create checklists for safe closure of labs to ensure that equipment is cleaned, samples safely stored, and waste properly disposed.
- Develop policies on what may be removed from laboratories during periods in which research activities are conducted remotely

CHSU POLICY FOR CAPITAL REQUESTS FOR RESEARCH EQUIPMENT

I. POLICY STATEMENT

This policy defines capital expenditures and the process for University employees to request procuring capital equipment for research.

II. CAPITAL EXPENDITURES

A purchase is considered a capital expenditure (CAPEX) if a single asset which has an acquisition cost of \$2,500 or more and a useful life of more than one year, whether purchased outright, acquired through a capital lease or through donation.

Items purchased with a useful life of less than one year, are not considered CAPEX and are expensed in the year purchased through the normal course of business.

III. BUDGET REQUESTS

Capital requests for research equipment (CRRE) are to be submitted as part of the normal University budget process. There is no predetermined budget for capital research equipment. Instead, such requests will be considered in the context of overall university priorities.

CRRE requests are initiated at the department level. Each university department shall consider and request research equipment as it prepares its annual budget on a timetable established by university administration. If a department has multiple CRRE's they should be rank-ordered in terms of priority. Each CRRE should include a justification and a listing of investigators whose research will benefit from the equipment. Requests that will benefit multiple investigators should be given priority.

The Dean of each university college shall submit the recommended CRRE portion of his/her budget request to the Research and Scholarship Committee (RSC). The RSC will consider all CRRE's and propose a final rank-order of all requests. The RSC's recommendations will then constitute the final CRRE budget request to university administration through the normal budget process on the timetable established by the university.

Departments requesting CRRE's will be notified as soon as practical if their requests have been approved as a part of the university's fiscal year budget. Once notification of approval has been received, departments may proceed to process Capital Expenditure Authorizations (CEA) following prescribed university procedures for the fiscal year of approval.

All CAPEX should be purchased timely to ensure the items are "in-use" prior to academic year-end to ensure the expense occurs in the correct budget year.

IV. CAPITAL EXPENDITURE AUTHORIZATION FORM (CEA)

One CEA should be used to authorize the purchase of each asset. Do not combine multiple assets on one CEA. The department or lead investigator will complete the CEA Form as follows:

1. Lead investigator/faculty requesting the CAPEX should print their name, title, and date the form.
2. Complete, in detail, the item name and description/use. The CAPEX description should be in sufficient detail for the accounting department to identify the asset. Also provide a description of the proposed physical location of the asset.
3. Also, provide a business purpose of the expenditure. This description will also be used in recording the asset in the University's fixed asset records. Accordingly, the description should be simplistic, but sufficient enough to readily identify the asset.
4. Provide cost detail related to the expenditure. If available, attach a copy of the vendor quote, proposal, etc. as additional support. A minimum of 2 quotes is required by the Business Office.
5. Include information about installation needs and costs. Identify whether a maintenance contract is needed. Provide supporting information that details the terms and conditions of the contract and whether the contract was reviewed.
6. Include the date the purchase is needed.
7. Sign and forward the CEA for approvals.

Approvals:

After the CEA has been completed in accordance with the above instructions, it will need to be approved by the RSC President. The RSC president will forward the CEA to the Business Office for budget review as well as the Assistant Vice President for Operations of the University.

Submissions of CEA:

Once the CEA has been completed and the proper approvals obtained, the CEA should be submitted to the accounting department for processing. At this time, the accounting department will issue a purchase order number. A copy of the CEA will be made and the original CEA will be given to the person/department requesting the expenditure.

Ordering of Equipment:

The department/lead investigator requesting the expenditure generally will initiate the order with the vendor. It is the requesting department's responsibility to manage the order and inspect the item(s) when they are received to insure that the correct make and model has been shipped, the item is in an acceptable condition and keep the packing slip.

Submission of Invoice for Payment:

Invoices sent from the vendor will be routed to the department that initiated the order. The department/lead investigator should sign and date the invoice acknowledging that the item(s) ordered were received in an acceptable condition. After the invoice is reviewed for accuracy and matched up against the original CEA, the invoice, packing slip and the original CEA should be submitted to the accounts payable department for processing.

Conclusion:

The request of capital expenditures requires internal controls to manage the procurement process. These procedures will insure clear communication and payment controls in managing the accounting of capital acquisitions.

Section V: Faculty Participation in the Governance of the University

FACULTY ASSEMBLY

The Faculty Assembly is composed of all faculty at each college level, including voting and non-voting members. The Faculty Assembly shall meet in open session at least once in the fall and once in the spring. Administrators are welcome to attend and may request to address the Faculty Assembly. As this is a “town-hall” type forum, a summary will be composed and shared with those not in attendance.

FACULTY COUNCIL

Faculty council is college specific and are discussed under each college in Section VI and VII.

The Faculty Council Chair will serve as a ex-officio member of the COM-CAC and COP executive committee to facilitate information exchange and is responsible for organizing and facilitating the meetings of the Faculty Council and the Faculty Assembly.

Faculty members participate in all university and college specific committees as voting members.

STANDING UNIVERSITY COMMITTEES

The University-level standing committees are listed below. For all such committees, members are appointed by the University President in consultation with applicable stakeholder groups including the college deans. The President shall also appoint a member of each committee to serve as chair. The Chair of each committee shall be responsible for ensuring the committee is carrying out its mandates and shall periodically report the committee’s work to the President.

Unless otherwise stated below, University committees are advisory to the President. The President may require any proposals or recommendations to be submitted for consideration by the President’s Executive Council prior to final approval by the President. Each committee is required to conduct its activities in compliance with applicable law and University policy.

1. University Wellness Committee (UWC)

The Committee oversees the CHSU campus Wellness programming efforts. It is composed of students, faculty, and staff representatives from all professional programs on campus. The CHSU Wellness activities are developed with input solicited from students, faculty, and staff. Wellness activities are planned accordingly to

promote and encourage healthy diet, physical activity, stress management, resilience, life balance, sleep and time management and fatigue mitigation, and other elements of a healthy lifestyle among the campus community. Some resources and events are specifically aimed at empowering medical students and pharmacy students to cultivate physical, emotional, and interpersonal/community wellness habits as part of their professional development. The CHSU Wellness Committee may also provide student life advising, wellness programming and learning environment initiatives to enable students to thrive academically and personally throughout their professional school experience and beyond.

2. Research and Scholarship Committee (RSC)

The RSC facilitates the development of the CHSU research strategic plan and infrastructure development in collaboration with the University's research administration. The RSC is charged with include:

- Working with college faculty development committees to help assure training for new faculty in research methodologies.
- Establishing and maintaining policies that allow for efficient decision making regarding the distribution of internal seed funding.
- Reviewing and recommending policies related to research activities by students, faculty and staff, in compliance with the University's policy development policy and procedures.
- Providing a forum to collaborate and organize and prioritize a primary research interest or focus for pursuing extramural research grant support.
- Collaborating with community partners to provide refereed research related events sponsored by the University.

The RSC consults with Deans and faculty in all colleges to facilitate interdisciplinary and interprofessional scholarship and research collaboration and submits recommended announcements of scholarly work and similar accomplishments to the VP of communications for distribution to the campus community.

3. Assessment and Outcomes Committee (AOC)

AOC reviews policies and guidelines that help ensure all CHSU graduates achieve competency in the CHSU Global Learning Outcomes (GLOs) and makes general policy recommendations to the College Deans and faculty to guide the continuous quality improvement processes specific to education, research and service of all University resources and programs. AOC prioritizes and makes recommendations for the institution-wide performance improvement activities, such as quality improvement projects, institutional assessments and progress towards strategic plan goals.

With direction from the college Deans, the AOC is specifically responsible for ensuring that:

- The University GLOs are appropriate for professional and graduate-level health professions programs;
- The GLOs are current, challenging, and if achieved, likely to produce the kind of professional leaders to which all the programs aspire;
- The GLOs are assessable and that the instruments used for assessment and evaluation are valid, produce reliable results, and are understood and used;
- Assessment and evaluation of student performance of the GLOs is undertaken;
- The assessment of the GLOs plays a significant role in program review and improvement
- Work with the faculty of both colleges to improve GLO rubrics, through faculty input, and offer training in their use
- Develop and implement a strategy to ensure documentation of CQI

4. Enterprise Risk Management Council (ERMC)

The Enterprise Risk Management Council (ERMC) evaluates significant risks and exposures that CHSU might face and provides informed advice on which risks merit sustained high-level attention. In addition to identifying risks, the ERMC makes recommendations on managing and mitigating risks and determines whether the threat outlook for a particular risk should be downgraded or increased based on the effectiveness of risk mitigation efforts. In support of the risk evaluation process, the ERMC may consult with risk owners, faculty, staff, students, outside advisors and the Board of Trustees. The types of risks ERMC tracks include, but are not limited to, high level legal and compliance risks. The ERMC shall coordinate with the PDC when risk mitigation strategies include policy development work.

Annual review of the risk register is a component of the CHSU assessment plan. High level risks are aligned with the University Strategic Plan to ensure the compatibility of action plans. The Committee is advisory to the President and the Board of Trustees' Audit and Compliance Committee. The Committee shall submit updates for the Board of Trustees to the President.

ERMC Charge, Approach and Methodology

A. Charge:

As delegated by the Board of Trustees and charged by the President, the University Enterprise Risk Management (ERM) Council is responsible for providing oversight, guidance, and coordination of University-wide efforts to identify, assess and reduce organizational risks that may jeopardize life and safety of individuals; and/or impact the financial, operational, reputational, and/or legal interests of the institution.

The ERM Council assists the administrator(s) who manage risks within their assigned areas with monitoring risks, mitigation strategies, and accountability.

The ERM Council advises the CHSU Board of Trustees concerning strategic risks to the institution and coordinates the presentation of an annual status report to the CHSU Board of Trustees.

The ERM Council and Subcommittees consider legal and compliance requirements in executing their work, with support from the University's legal counsel who provides regular updates to members of the Council and other stakeholders on changes in law impacting university operations. The findings of the Council and its efforts at mitigation should inform the development of policies, procedures, trainings and other activities designed to minimize risk for CHSU.

B. Approach:

The risk management process at CHSU undertakes a best practices approach. It focuses on analyzing exposure to key risks and managing them within acceptable levels through specific risk mitigation planning. Risk response plans are developed collaboratively with the stakeholders who understand the risks and are best able to manage them.

The following steps outline the University's approach to risk management:

- **Identify:** Assign Subcommittees for specific areas of operations to identify the most significant risks arising from operations on an on-going basis.
- **Prioritize:** Prioritize risks based on the probability of occurrence and potential impact, giving each risk a numerical score.
 - **This is a two-step** process to first determine the “Current Risks” that are ranked based on the current conditions without any mitigation efforts.
 - Then the same risk is ranked for the “Residual Risk,” which is the risk score that remains after the mitigation activities occur.
 - Only the “Current Risks” with scores of 9 have risk mitigation plan documents completed and are communicated to the Board of Trustees.
- **Mitigate:** Develop a specific risk mitigation plan (e.g., policies, procedures, trainings, other activities) aimed at mitigating the occurrence or impact of the risk; Stakeholders implement the risk mitigation plan.
- **Monitoring & Oversight:** ERM Council monitors the work performed at each of the above stages, including consulting with and taking advice from University legal counsel to ensure legal and compliance considerations are included in risk rankings, monitoring activities, and mitigation efforts.
- **Annual Report:** ERM Council works on a January-December calendar year basis in consultation with legal counsel and the subcommittee members, then presents the above described process and information in an annual report. The report is presented in draft form to the CHSU Board of Trustees's Audit & Compliance subcommittee, and a final report is then submitted to the full CHSU Board of Trustees, typically in February of each year.

C. Methodology:

- **Identify** – Each Subcommittee is tasked with the on-going evaluation of risk in their area, with support from legal counsel, professional associations, accreditation resources, and licensure resources, such as the Higher Education Compliance Alliance matrix <http://higheredcompliance.org>.

The Higher Education Compliance Alliance (HECA) provides the higher education community with a centralized repository of information and resources for compliance with federal laws and regulations. The alliance is intended to be an informational clearinghouse for laws, rules, and regulations that may impact colleges and universities.

In addition to HECA, other materials from professional associations specific to the higher education sector which support the University's compliance programming are utilized by subcommittee members to identify risks.

The University's legal counsel is made available to subcommittees at the outset of the process and advises each subcommittee on legal and compliance risk identification.

- **Prioritize** – Subcommittees maintain a master risk evaluation worksheet and risk mitigation plan documents to guide their work and share on the ERM Microsoft Teams channel.

- **This is a two-step** process to first determine the “Current Risks” that are ranked based on the current conditions without any mitigation efforts.
- Then the same risk is ranked for the “Residual Risk,” which is the risk score that will remain after the mitigation activity(s) occurs.
- Only the “Current Risks” with scores of 9 have risk mitigation plan documents completed and are communicated to the Board of Trustees.

Annually, each risk is evaluated and scored on two criteria: Probability (P) and Impact (I):

- Probability (P) relates to *likelihood and/or potential time frame of risk*.
- Impact (I) relates to *severity of risk*.

Probability and Impact scores are ranked on a scale of 1-3:

- 1 = low or minor probability/impact; and/or may occur in 3-5 years.
- 2 = medium or moderate probability/impact; and/or may occur in 1-2 years.
- 3 = high or serious probability/impact; and/or likely to occur within 1 year.
- NOTE: Score 0 (zero) can be used to track potential, future risks that are not applicable at this time.

Probability (P) and Impact (I) scores are *multiplied together* to get the Total Risk Score.

Total Risk Scores are viewed in these three (3) risk categories:

- Low Risk – Total Risk Score of 1, 2 or 3
 - Requires monitoring, but little or no mitigation efforts.
- Medium Risk – Total Risk Score of 4 or 6
 - Requires monitoring and mitigation to ensure risk doesn’t increase.
- High Risk – Total Risk Score of 9
 - Requires frequent monitoring and mitigation efforts to reduce risk
 - Requires a risk mitigation plan document to be completed and updated quarterly.
 - “Current Risk” Scores of 9 are reported to the CHSU Board of Trustees
- **Mitigation** – The ERM Council, with the assistance of legal counsel, oversees each subcommittee’s development of and implementation of specific risk mitigation plans for each identified risk. Risk mitigation planning includes identifying new or revised policies, procedures, internal protocols, staff or student training programs, or other activities aimed at reducing the likelihood and/or the impact of each risk to the University. After a plan is developed, the ERM Council serves an accountability function by requiring each subcommittee to provide ongoing progress reports on implementation of the risk mitigation plan developed for each identified risk. Adjustments are made to risk scores as needed as the mitigation plan is implemented.
- **Monitoring & Oversight** – The ERM Council, with the assistance of legal counsel, has an oversight role at each of the above stages of the ERM program. It accomplishes this oversight role by monitoring the work completed at each stage, consulting with legal counsel and campus stakeholders regarding the work, and holding each subcommittee accountable for identifying, prioritizing, and mitigating each risk.
- **Annual Report** – The ERM Council prepares an annual report summarizing the activities of the ERM Council and its subcommittees during the January-December calendar year. The report includes information regarding the committee’s process and protocols and provides a list of risks identified as a

level 9 for board review. A draft is reviewed by legal counsel who provides advice to the ERM council on recommended revisions to the report. The updated draft is then submitted to the President for delivery to the CHSU Board of Trustee's Audit and Compliance subcommittee for review. The Audit and Compliance Subcommittee then provides feedback to the President on the draft report to the ERM Council. The ERM Council finalizes the report, seeking additional input and review from legal counsel, subcommittee members and other stakeholders as appropriate. The final report is then submitted to the President for delivery to the Board of Trustees, generally in February of each year.

5. Policy Development Committee (PDC)

The Policy Development Committee's (PDC) goal is to administer a clear, coherent, and well-communicated process for creating new policy, and amending current policies, as a way to improve the University's agility, effectiveness, and compliance with law and accreditation standards. PDC guides best practices in university policy governance and ensures collaboration and consistency in university policy development.

PDC tracks approval for all policies throughout the University and each college, including maintaining the RACI for each policy. RACI is a responsibility charting protocol used to ensure that appropriate parties have been involved in the development of or revision to a policy. Under RACI: R is the administrator ultimately responsible for the policy; A is the administrator accountable for implementation of the policy and is typically the policy owner responsible for drafting or revising a policy; C is those stakeholders that should be consulted on the policy and revisions to the policy; and I is those who should be informed following approval of the policy. Before a policy is presented to PDC for initiation of the approval and tracking process, the policy owner must identify a RACI and must ensure that the final draft has been reviewed and approved by the R, A, and C.

PDC is the collaborative body with the authority to:

- a. Inventory all institutional policies, including those contained in student and employee handbooks or similar documents.
- b. Develop a process and governance framework through which institutional policies are formulated, vetted, approved, reviewed and maintained, communicated and enforced.
- c. Review, approve, and recommend for adoption, new and significant changes to existing University policy to the President.
- d. Advise the President and President's Executive Council regarding policy development protocols.
- e. Serve as the final locus for dialogue in collaborative policy formulation after the opportunity for comment by key stakeholders.
- f. Create a policy repository to serve as an authoritative source for policies, as well as maintain an archive of past policies.

- g. Work collaboratively with department heads, Deans, committee chairs and others to ensure widespread understanding of the PDC process and the policies needed pursuant to law, accreditation standards or higher education best practices.
- h. Assess and improve existing policies for consistency or conflict with other policies and evaluate current practice of compliance with the policies.
- i. Manage responsibility charting for the university using the RACI or similar framework.

Standing members of PDC shall include at least one representative from the Office of Human Resources, the Business Office, and each college. PDC is a management-level committee. As such, members of PDC shall not include employees who do not hold an administrative or management-level appointment.

6. Environmental Health and Safety Committee (EHSC)

The Environmental Health and Safety Committee ensures a safe and healthy work and learning environments for all members of the University community. The Committee promotes a safe work and campus environment by coordinating programs and services to improve safety and reduce health and environmental risks to the University in a manner consistent with responsible fiscal and environmental stewardship.

7. Diversity, Equity and Inclusion Committee (DEIC)

The Committee's purpose is to:

- a. Foster a climate that promotes a better understanding of, and an appreciation for, diversity within their sphere of influence of the CHSU community and encourage others to do the same;
- b. Facilitate the implementation of existing diversity strategies, programs, and initiatives;
- c. Develop programs that promote mutual respect, valuing differences, as well as cross-cultural understanding;
- d. Assist in highlighting, recognizing, and publicizing diversity initiatives to promote campus-wide cooperation and participation;
- e. Share and vet diversity strategies, initiatives and information within their campus communities and constituents;
- f. Prepare students for a leadership role in a competitive global community.

The Title IX, Diversity & Equity Coordinator, in collaboration with each college's student affairs offices and the Office of Human Resources, is required to approve any of the Committees recommended activities aimed at promoting diversity and inclusion efforts.

8. The Interprofessional Education Committee (IPEC)

The Interprofessional Education Committee works to promote and advance the educational mission to build an interprofessional health sciences program, deliberately developmental university, graduating principled, patient-centered, practice-ready clinicians for Central California.

The IPEC is responsible for:

- a. Ensuring opportunities exist that allow all CHSU graduates achieve competency in the CHSU Global Learning Outcome: Interprofessional Collaboration.
- b. Advising on budgets and resources for supporting IPE across the University.
- c. Promote faculty and staff development and engagement with IPE.
- d. Encourage scholarship in the area of IPE.
- e. Ensuring interprofessional education (IPE) is designed, delivered and assessed in a manner that aligns to best practices and outcomes that meet the accreditation requirements of our colleges and strategic partners.
- f. Coordinating curriculum and learning experiences where appropriate across the College's didactic, experiential/clinical/clerkships and co-curriculum and ensuring continuous quality improvement.

This committee is advisory to the College Deans.

Section VI: CHSU – COP Statutes and Policies

COP GOVERNING STATUTE NUMBER 1 MISSION, VISION AND GOALS

I. CHSU COP VISION

To transform pharmacy into a primary care profession.

II. CHSU COP MISSION

We exist to improve the health care outcomes of people living in the Central Valley by:

- A. Inspiring diverse students from our region to commit to healthcare careers that serve our region;
- B. Developing compassionate, highly trained, intellectually curious, adaptive leaders capable of meeting the healthcare needs of the future through a performance-based education;
- C. Empowering people to teach, serve, research, innovate, and practice collaboratively in areas of skill and expertise in disciplines related to pharmacy.

III. CHSU COP GOALS

- A. T.E.A.M. – Together everyone achieves more: CHSU COP is highly effective as an educational program and a great place to work because we coordinate effectively with each other through shared goals, shared knowledge and mutual respect, supported by frequent, timely, accurate, problem-solving communication. Students love coming here because, despite the challenging nature of the professional program, they feel respected, safe and supported. This outcome is evidenced by extremely positive focus groups, Q12, and faculty, staff and student surveys.
- B. Student Success: We employ assessments, support systems and education that ensure we minimize or eradicate the need for costly remediation and alternative progression plans, and that enable near perfect on-time graduation rates, board passage rates, and remarkable success in graduates' securing residencies and fellowships.
- C. Pipelines: CHSU has reliable enrollment of highly qualified students whose diversity and communities of origin reflect the Central Valley as a whole. Enrollment is stable, CHSU COP is financially sustainable, and all enrolled students are successful.
- D. Healthy Central Valley: CHSU students are participating members of health-directed, interprofessional communities of practice (CoPr) that engage impactfully with communities to help them reach their health-related goals. CoPr are united by a common mission, shared learning, practices, explicit roles, rules, and procedures, and a communal, practice-centered identity.
- E. Future Practice Model: Pharmacists who graduated from CHSU are actively engaged in pursuing the quadruple aim as an integral part of their approach to practice, making them highly desirable providers of care. CHSU pharmacists are avidly sought as collaborators in patient care in all practice settings, especially underserved communities. For example, patients are referred to community practitioners for consultation and management, CHSU pharmacists are commonly employed in medical practices, and CHSU pharmacists are competitive in clinical health systems settings.
- F. Post-Graduate Education: CHSU COP will develop and implement post-graduate educational opportunities for our graduates, including residencies, fellowships and potentially additional certificates or degrees.

COP GOVERNING STATUTE NUMBER 2 AMERICAN PHARMACISTS ASSOCIATION CODE OF ETHICS

Members of the community of California Health Sciences University's ("University") College of Pharmacy ("COP") shall abide by the American Pharmacists Association's ("APhA") Code of Ethics ("APhA Code"), as that code may be change over time. The APhA Code is re-stated below. To the extent

the APhA makes modifications to the APhA Code, such changes are to be deemed incorporated below. Nothing in this document is intended to modify the University's Code of Conduct applicable to all members of the University community, including those members who are part of the COP. All members of the COP community are also expected to abide by the University's Code of Ethical Conduct.

I. CODE OF ETHICS FOR PHARMACISTS*

PREAMBLE

Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

II. A PHARMACIST RESPECTS THE COVENANTAL RELATIONSHIP BETWEEN THE PATIENT AND PHARMACIST

Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

III. A PHARMACIST PROMOTES THE GOOD OF EVERY PATIENT IN A CARING, COMPASSIONATE, AND CONFIDENTIAL MANNER

A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

IV. A PHARMACIST RESPECTS THE AUTONOMY AND DIGNITY OF EACH PATIENT

A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

V. A PHARMACIST ACTS WITH HONESTY AND INTEGRITY IN PROFESSIONAL RELATIONSHIPS

A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.

VI. A PHARMACIST MAINTAINS PROFESSIONAL COMPETENCE

A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.

VII. A PHARMACIST RESPECTS THE VALUES AND ABILITIES OF COLLEAGUES AND OTHER HEALTH PROFESSIONALS

When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

VIII. A PHARMACIST SERVES INDIVIDUAL, COMMUNITY, AND SOCIETAL NEEDS

The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

IX. A PHARMACIST SEEKS JUSTICE IN THE DISTRIBUTION OF HEALTH RESOURCES

When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

** adopted by the membership of the American Pharmacists Association October 27, 1994.*

COP GOVERNING STATUTE 3 - COLLEGE GOVERNANCE AND ROLES OF THE FACULTY / BYLAWS

(The last amendment was made on Sept 20, 2021, and this replaces the COP Governing Statutes III)

Preamble

The official name of the college is “California Health Sciences University – College of Pharmacy” and is referred to throughout this document as “College of Pharmacy (COP).”

The faculty of the COP, together with the Dean and the Executive Committee (EC) share the responsibility for the governance of its affairs, including, but not limited to, academic matters; student policies; faculty merit and equity issues; faculty appointment, promotion and policies; and other COP operational policies.

The purposes of COP Bylaws are to define the membership of general faculty of the COP and to provide a framework within which the administration and faculty of the COP participate in the decision-making processes of the COP. The overarching objective is to allow participation of faculty in formulating policies and procedures to effectively advance the mission and goals of the COP.

These Bylaws shall govern the organization and procedures of COP and shall conform to policies and

procedures of COP. Nothing in these Bylaws is intended to supersede or contravene the existing regulations of CHSU.

Executive Committee (EC)

The Executive Committee (EC) shall consist of the COP Dean, all Assistant and Associate Deans, all Department Chairs, Director of Experiential Education, Faculty Forum Chair and any other person designated by the COP Dean. The COP Dean shall serve as Chair of the EC and may appoint another member of EC to serve in his/her absence. The EC will meet as often as is necessary but at least once each quarter.

The main function of the EC is to advise the COP Dean on all internal affairs related to the COP. Specifically, the responsibilities of the EC include:

- Establish the initial administrative policies and procedures for the COP
- Review and approve all recommendations from all Standing or *ad hoc* committee
- Advise the COP Dean on budgetary issues
- Assist in the strategic planning for the COP

Definitions of Individuals and Groups

Membership:

- The COP Dean is an ex officio member of all committees.
- All College of Pharmacy committees are advisory to the Dean
- The typical term of membership for all committees shall be two years with approximately one half of the membership rotating off each year, serving staggered terms. The Dean may reappoint a member to a committee longer than the two-year period.
- A faculty or non-faculty member may request to the Chair of their respective department to serve on any committee which they are eligible.

Faculty:

- The faculty of the COP shall consist of all individuals holding > 0.50 Full Time Equivalent (FTE) appointments within the COP with the title of Professor, Associate Professor, Assistant Professor, Instructor. Unless otherwise stated, reference to the “Faculty” in this document refers to the full-time faculty of COP only.
- The faculty membership of each COP committee is appointed by the Dean at the start of each academic year.
- The composition of the committees shall be sent as a memo to the individual faculty, announced via email to the faculty and will be available on the will be provided via a shared file to all COP faculty of the COP.

Non-Faculty members:

- The non-faculty members of the COP shall consist of all individuals holding an appointment \leq 0.50 FTE within the COP with the title of Professor, Associate Professor, Assistant Professor, or Instructor. In addition, the non-faculty members shall also include individuals, visiting research or teaching faculty, or research scientists working in any research/teaching laboratory of the COP.
- The non-faculty members can be a non-voting member of any standing or ad hoc committee of COP as recommended by the chair of the respective department and approved by the COP Dean.
- staff members are not included in the definition of non-faculty

Instructors:

- Instructors are paid full time or part-time individuals that do not hold a terminal degree in their field, appointed by the Dean
- Adjunct faculty members can be appointed as non-voting members of committees.

Adjunct Faculty:

- Adjunct faculty of the COP shall be individuals that serve as part-time faculty appointed by the COP Dean.
- Adjunct faculty members can be appointed as non-voting members of committees by COP Dean.

Initial Rank:

At the time of initial hire, the typically assigned rank of full-time faculty will be Assistant Professor, for part-time faculty will be Adjunct Assistant Professor, and for preceptors will be Clinical Assistant Professor, unless otherwise determined. The COP Dean may assign a different initial rank during the contract negotiation phase after consultation with the candidate Department Chair and/or the Faculty Rank and Promotion Committee. For appointment at a rank higher than Assistant Professor the Dean will take into consideration Faculty Rank and Promotion recommendations, the applicant's rank at previous universities, teaching, research/scholarly activities, patient care, service and any other relevant factors in consideration of the promotion criteria outlined below.

Student Members:

- Student members participate in the select Standing or Ad hoc committees as described in the bylaws of that committee.
- The Assistant Dean for Student Affairs in consultation with committee chairs will solicit student volunteers and forward the names of selected students (from each class of the COP as described in the bylaws of the committee) to the COP Dean to be appointed as a regular or alternate student member of the Standing/ad hoc committee at an appropriate time in each academic year.
- Students are ineligible to serve on any committee in the COP during any period that they are on probation or not continuously enrolled as full-time students in the COP.
- Student member(s) who fails to attend three consecutive committee meetings of the regularly scheduled meetings of the respective committee or are unable to fulfill their term due to any academic or non-academic reason (such as leave of absence, failing grades, etc.) may be replaced by the alternate who will be informed by the Chair of the respective committee by official email.
- Once a student is removed from a committee, he/she can be reinstated to that committee by the

COP Dean, if recommended by the Chair of the respective committee.

- The Chair of the committee holds the right to approve of the presence of the student member(s) during meetings when confidential issues related to a faculty/student is/are discussed.
- Student members are voting members of the committee, unless stated otherwise in the bylaws of the committee. All student members in a committee will have one collective vote distributed equally amongst them.

Staff Members:

- Staff members participate in the select Standing or Ad hoc committees as described in the bylaws of that committee.
- The staff membership of each COP committee is appointed by the Dean at the start of each academic year.
- The composition of the committees shall be sent as a memo to the individual staff, announced via email to the staff, and will be available on the will be provided via a shared file to all COP faculty of the COP.
- Staff members are non-voting members of the committee, unless stated otherwise in the bylaws of the committee.

Quorum:

- A quorum is defined as a simple majority of the voting members of the respective committee.
- An ex officio or student member of the committee present at the meeting is included for determination of a quorum. However, her/his absence shall not count for determining the quorum.

Voting:

- An ex officio member of any committee will have voting privileges unless described otherwise.
- Vote count will be recorded in the personal presence of the voting member or via email or teleconference (video and/or audio/phone).
- Voting within committee meetings will be recorded as the number of votes for and the number of votes against a motion.
 - In the usual situation, where the rules require either a “majority vote” or a “two-thirds vote,” abstentions have absolutely no effect on the outcome of the vote since what is required is either a majority or two thirds of the votes cast. On the other hand, if the rules explicitly require a majority or two thirds of the members present, or a majority or two thirds of the entire membership, an abstention will have the same effect as a “no” vote. Even in such a case, however, an abstention is not a vote and is not counted as a vote.
- The vote of the Chair of the committee will count on par with other full voting members of the committee.
- All actions of the committee, unless otherwise specified in the bylaws of the specific committee, require an affirmative vote by a majority of the voting members in any committee.

Advance notice for voting: Any motion that needs voting by a committee shall be distributed to all the committee members at least 5 business days before the voting. Under special circumstances when all

members of a committee are present during a meeting, a new motion can be voted upon at the same meeting.

General Committee Policies

1. All committees will be conducted using the Robert's Rules of Order. Roberts Rules is used to protect the rights of everyone and keep things moving in an orderly fashion. General Robert said in his original edition of the rules that we should never be technical or more strict than is absolutely necessary for the good of the meeting. Use your judgment..."
2. Unless stated otherwise, the Chairs of the Standing Committees shall be full-time faculty members not serving on the Executive Committee (EC), barring extenuating circumstances in which a replacement should be appointed in appropriate time. Exception: student liaison committee and Student Professional Conduct Review Committee are chaired by the assistant dean for student affairs.
3. In order to realize the mission, vision, and specific goals of the COP and to advance the programmatic objectives, the Dean may appoint standing, *ad hoc*, advisory, or special committees and working groups or other entities, as deemed necessary.
4. All committees are maintained to represent the COP faculty organization in the governance of their affairs and to state and advance the mission, role and functions of the COP.
5. The Faculty, non-faculty, students or staff of COP, through participation in these committees, shall be engaged in setting priorities and directions for the COP.
6. The COP shall try to maintain equitable representation of faculty members from each of the two departments, i.e., Department of Pharmaceutical & Biomedical Sciences and Department of Clinical Sciences, wherever applicable.
7. The COP Dean shall appoint the Chair and members of the standing and ad-hoc committees (exception: faculty forum chair is elected by faculty) prior to July 1.
8. Each committee chair will be responsible for seeing that the committee carries out its assigned duties as communicated by the COP Dean.
9. All committees shall have their first meeting by start of the academic year or earlier as determined by the Chair of the committee. Each committee is responsible for stating the minimum number of meetings they will hold per year.
10. All committees (with the exception of the EC and Student Liaison Committee) shall keep and approve minutes of meetings and business. The Chair of each committee or designee shall be responsible for the timely preparation of the minutes.
11. Following approval by committee members, minutes shall be made available to the faculty by the committee chair, or another person appointed by the committee Chair on the shared drive of the COP.
12. When the minutes of any standing committee include a specific recommendation or policy for faculty consideration, the COP Dean shall submit it to the EC for discussion. COP Dean has the authority to veto any recommendations if they do not comply with ACPE guidelines or negatively impact student learning outcomes.
13. The Chair of the committee shall bring the specific recommendation(s) of any committee to the faculty meeting after its review and approval by the EC, for its ratification.
14. A simple majority vote is required for passage of the recommendation as per Robert's Rules of Order unless stated otherwise.
15. Each committee (standing or *ad hoc*) will submit an end-of-the-year report to the Office of the

COP Dean by the beginning of the Fall Term. The COP then generates a written annual report, which is made available to all faculty members.

16. Generally, faculty members will serve on a committee for a two year term

17. The COP Dean and all committee Chairs meet following submission of the annual report of the respective committee and prior to new assignments of every year to discuss and develop recommendations for changes for the subsequent academic year.

Membership and Scheduling:

Faculty Meetings

The COP faculty meetings shall consist of COP Dean, Assistant and Associate Deans, Chairs of departments, all teaching and non-teaching faculty (faculty and non-faculty). One of the voting members of the faculty shall be appointed by the COP Dean to serve as the secretary for one year. The COP Dean can appoint the secretary for a longer period of time.

Faculty meetings shall be held on a regularly scheduled basis, at least four times per year. The COP Dean shall call for and preside over all faculty meetings. In addition to regularly scheduled faculty meetings, the COP Dean may call for emergency meetings at any time. Faculty meetings can also be called on a request from voting member of the faculty supported by two-third voting members of faculty. The request for such a meeting should be sent to the COP Dean, who then shall call the faculty meeting.

Process of faculty meeting:

The COP Dean shall send a notice about all faculty meetings to all members of the faculty at least two working days in advance, except emergency faculty meetings. The agenda of the faculty meeting will be set by the COP Dean before it is circulated among faculty. Faculty members may request additional agenda items by sending an e-mail to the COP Dean, which will then be included in the finalized agenda of the faculty meeting.

If a faculty requests an agenda item that has its purpose to create, amend or rescind an existing COP policy, a written statement by the proposing faculty or any other supporting documents should be included while proposing such a change. This agenda item may be included by the COP Dean.

A quorum of the faculty meeting shall consist of majority of the voting members, including the presiding officer, present at the meeting.

Functions of the Faculty meeting:

Faculty meetings shall be conducted according to parliamentary procedures under the direction of parliamentarian, a faculty member selected and appointed by the COP Dean. *Robert's Rules of Order* shall serve as the authority for such procedures. The secretary will take the minutes of the faculty meeting.

The main function of the faculty meetings is to approve various policy and procedure decisions recommended by various standing and *ad hoc* committees. The COP Dean shall provide all administrative announcements related to the COP. The COP Dean may decide to include any additional agenda item during a course of discussion when a motion is moved by a faculty and supported by 2/3 of the voting members present in the meeting. The faculty meeting shall not serve as a platform for airing any personal grievances or issues related to an individual faculty. Such matters should be addressed through

consultation of the faculty with their supervisor or Human Resources. Issues affecting a small group of faculty or specific department, will not normally be addressed at the faculty meetings unless it is added to the agenda by the Dean.

Standing Committees

Membership:

Academic Performance and Standards Committee

The Academic Performance and Standards Committee (APSC) shall consist of the following:

Voting members:

Associate Dean of Academics (*ex officio*) Director of Experiential Education

At least two members from the Department of Pharmaceutical & Biomedical Sciences At
least two members from the Department of Clinical Sciences

Non-voting members

Academic Affairs Program Manager

Departmental representatives shall be selected by a method determined by the Department Chair in consultation with departmental members. The Chair of the committee will be appointed by the Dean of the College of Pharmacy. To be appointed as the Chair of the APSC, the selected individual should serve at least one year on the APSC prior to the beginning of the term as Chair.

The APSC will meet at least once each term (three times per annum); however, meetings may be scheduled more often if required.

Functions:

The APSC will develop and govern policies, procedures and regulations that adhere to the ACPE guidelines for providing an appropriate academic environment to the students enrolled in PharmD program of the COP. The committee will ensure that the COP regulations are in accordance with the general policies and procedures of CHSU and be available for use by the faculty and students alike for all academic and non-academic issues related to the PharmD program.

The APSC will review the student(s) performance and progression during professional PharmD program. Changes to policies and procedures for the academic performance and standards can be proposed by any faculty of the COP to be considered by the APSC.

The committee will assist in the development of guidelines, policies and procedures for minimum academic standards that should be maintained by PharmD students for their successful completion of the professional program. These policies include procedures regarding the following: academic progression guidelines, conditions for academic probation and dismissal from the pharmacy program.

Reporting:

The Chair of the APSC will report to the COP Dean.

Admissions Committee

Membership:

The Admissions committee (AC) shall consist of the following:

Voting members

Assistant Dean of Student Affairs (*ex officio*)

At least two members from the Department of Clinical Sciences

At least two members from the Department of Pharmaceutical and biomedical Sciences

Non-voting members

COP Director of Admissions (*ex officio*)

COP Assistant Director of Admissions (*ex officio*) Administrative Assistant

The Chair and AC members shall be appointed by the COP Dean and shall serve a minimum of two consecutive years and may be reappointed by the Dean without limits. The Chair of the AC will be responsible for calling meetings of the committee. Terms for faculty members will begin on July 1 and end on June 30th of the following year. The AC will meet at least three times a year, or as determined by the Chair.

Functions:

The main functions of the AC are to determine the policies and procedures for admission to the COP, determine minimum criteria for admissions, and recommend students for interviews and admissions based on such criteria to the COP Dean. The AC will coordinate to conduct interviews of select group of candidates seeking admission at the COP. The interviews will be conducted by the COP faculty, adjunct faculty, preceptors and students as per guidelines set by the AC. At least one member of the interview team must be selected from the COP faculty. The admissions process will strive to include students, adjunct faculty and preceptors as part of the admissions interview team. The AC will also be responsible for regular review of the admission policies, procedures, and admissions criteria to ensure effective recruitment of eligible students.

Reporting:

The AC reports to the COP Dean on all matters related to student admissions.

Curriculum Committee

Membership:

The Curriculum Committee shall consist of the following:

Voting members:

Associate Dean for Academic Affairs (*ex officio*)

At least two members from the Department of Pharmaceutical & Biomedical Sciences
At least three members from the Department of Clinical Sciences including the Director of

Experiential Education
One student each from the 1st and 2nd professional year PharmD class

Non-voting members:
Administrative Assistant

The Chair and the member of the Curriculum Committee will be appointed by the COP Dean in consultation with the Department Chairs and the Associate Dean for Academic affairs. The selected individual should serve at least one year on the Curriculum Committee prior to the beginning of term as Chair.

The Curriculum Committee will meet at least once each term (three times per annum); however, meetings may be scheduled more often if required.

Functions:

The Curriculum Committee is charged with oversight of the curricular offerings of the COP to maintain academic integrity, meet accrediting organization standards, and to fulfill the mission of the COP. To meet these goals, the Curriculum Committee is responsible for establishing and maintaining the curriculum offered by the COP, including but not restricted to the course number, title, description, content, credit hours, structure (lecture, laboratory, etc.), prerequisites and co requisites, grading system, attendance, required and recommended texts, scheduled meeting times, term offered, time period offered, length of each class session, and exam schedule.

The course coordinator, assigned by the respective department chair shall submit a course outline and proposed textbook to the Curriculum Committee and submit a complete course syllabus to Curriculum Committee for approval prior to the start of the term according to the rules set by the Curriculum Committee. The Curriculum Committee will review and respond to the Course Coordinator through the department Chair, if any changes are desired. The Course Coordinator should contact the Chair of the Curriculum Committee for final approval of the syllabus at least one month prior to the start of the term. In addition, changes to the curriculum can be proposed by the Curriculum Committee or, alternatively, by the faculty in consultation with respective department Chair. However, only the curriculum committee can introduce curricular changes before the full faculty for a vote

The COP Curriculum Committee will use the following criteria to assess, evaluate, modify the pre-pharmacy requirements and curricular offerings as required to fulfill the requirements of all accrediting organizations and to meet the mission of the COP:

- Evaluation of the course by students
- Evaluation of each course by faculty directly involved in delivery of the course
- Peer evaluations of the course
- Departmental evaluation of the course
- Alumni and other stakeholder input
- Current accrediting organizations standards including ACPE
- Any other pertinent data

Following review of these data the Curriculum Committee will determine the scope of any curricular changes required and establish a time frame for their implementation. Due to the closely integrated nature of the curriculum, careful consideration should be given not only to changes in a single course, but the impact these changes may have on other courses in the curriculum. The intent should be to minimize the

impact curricular changes might have on students that have already matriculated but to maximize the benefit to the integrity of the curriculum offered by the COP especially as it may impact future students and the profession.

Assistant Dean for Assessment would attend curriculum committee as needed

Co-curriculum subcommittee

Solicit and identify activities that supports, supplements, and reinforces the outcomes of the curriculum

At least one member from the Department of Pharmaceutical & Biomedical Sciences

At least one member from the Department of Clinical Sciences

Reporting:

The Chair of the Curriculum Committee will report to the COP Dean.

Assessment Committee

Membership:

The Assessment Committee shall consist of the following:

Voting members:

Assistant Dean for Assessment (*ex officio*)

At least two members from the Department of Pharmaceutical and Biomedical Sciences

At least two members from the Department of Clinical Sciences

One student each from the 1st and 2nd professional year PharmD class

Non-voting members

Administrative Assistant

The Chair and the members of the Assessment Committee will be appointed by the COP Dean in consultation with the Department Chairs and the Associate Dean for Academic affairs. The selected individual should serve at least one year on the Assessment Committee prior to the beginning of the term as Chair. One of the students shall be appointed as a regular and another as an alternate member by the Dean to serve a one-year term. The Assessment Committee will meet at least once each term (three times per year) or as determined by the Chair of the Assessment Committee.

Functions:

The Assessment Committee is responsible for establishing and maintaining the criteria, methods, forms, and timing of assessment of all functions by the faculty, administrators, staff, and students in the COP. The Assessment Committee is also responsible for the compilation and interpretation of the results of all assessment tools followed by dissemination of the results to the appropriate individual(s) or committee for appropriate action.

While aggregate data of faculty evaluations, without identifying information, can be generally released to the assessment committee, assessment results for individual faculty performance will be released only to the individual faculty member, the Chair of the faculty member's department, the COP Dean, the Associate Dean for Academic affairs and others as needed to effect the institutions human resources policies and

procedures.

The Assessment Committee will, at least annually, request input from any person or committee that receives assessment data directly from the committee for suggested improvements to assessment criteria, methods, forms, and timing. The assessment committee shall be responsible for both curricular and programmatic assessment of all activities of COP.

Reporting:

The Chair of the Assessment Committee will report to the COP Dean.

Awards and Recognition Committee

Membership:

The Awards and Scholarship Committee shall consist of the following:

Voting members:

At least two members from the Department of Clinical Sciences

At least two members from the Department of Pharmaceutical & Biomedical Sciences

The Chair and the members of the Awards and Recognition Committee will be appointed by the COP Dean in consultation with the Department Chairs. The Dean-COP may appoint a designee to the committee, as needed.

The Awards and Recognition Committee will meet at least once per year or as determined by the Chair of the Awards and Recognition Committee.

Functions:

The main functions of the Awards and Recognition Committee are to determine the policies and procedures for developing criteria of student awards, and to select student recipients for established awards.

The Awards and Recognition Committee will determine the policies and procedures for developing criteria of faculty awards. The Awards and Recognition committee Chair shall seek the names of faculty award recipients from the respective department chairs based on the criteria developed by the committee and submit to the COP Dean.

Reporting:

The Chair of Awards and Recognition committee will report to the COP Dean.

Faculty Development Committee

Membership:

The Faculty Development Committee (FDC) shall consist of the following:

Voting members:

- At least two members from the Department of Pharmaceutical and Biomedical Sciences
- At least two members from the Department of Clinical Sciences

The Chair and the members of the FDC will be appointed by the COP Dean in consultation with the Department Chairs. The Chair should serve at least one year on the FDC prior to the beginning of the term as Chair.

The FDC will meet at least once each term (three times per year) or as determined by the Chair of the Faculty Development Committee.

Functions:

The FDC is responsible for developing programs to facilitate progress of faculty in teaching, research and service. The FDC shall seek input from CHSU-COP faculty members regarding the kind of programs, workshops and other development activities that they wish to participate in and FDC will discuss it during its committee meeting and work towards organizing such a program. The FDC shall monitor the progress of the implementation of the programs.

Reporting:

The Chair of the FDC will report to the COP Dean.

Promotion Committee

Membership:

The Promotion Committee shall normally consist of the following:

Voting members:

At least four members from one COP Department

At least three members from the other COP Department Non-voting Members:

Administrative Assistant

The Department of Pharmaceutical and Biomedical Sciences and the Department of Clinical Sciences shall have the majority of members on the Promotion Committee in alternate years. Members of the Committee shall hold the rank of Associate Professor or Professor and shall not have an administrative appointment (as Chair of Department or higher) in the College of Pharmacy.

Committee members from each department shall be elected through a secret ballot among the Faculty Members in that department without an administrative appointment. The Dean of the College of Pharmacy shall officially make appointments to the Committee on the basis of the election results. Members shall serve staggered two-year or three-year terms on the Promotion Committee.

The Chair of the Promotion Committee shall be appointed by the COP Dean with the provision that the Chair should have served previously for at least one year when possible on the Committee. A priority in making this appointment shall be to ensure balanced representation for the two departments.

When there are insufficient Faculty Members in the College of Pharmacy to elect a Committee that meets the criteria in the preceding sections, the composition of the Promotion Committee will necessarily diverge

from that prescribed above. Under such circumstances, the Committee shall be limited to five members appointed in accord with specifically defined priorities. (additional policies and procedures for promotion will be prepared by the committee in consultation with the COP dean).

The Promotion Committee will meet at least once each term (three times a year). Meetings will be scheduled more frequently by the Chair of the Committee as required.

Functions:

The Promotion Committee is charged with the review of applications for appointment, promotion and Rank, and for status as Professor Emeritus, of faculty within the College of Pharmacy. Recommendations concerning appointment at a given rank shall be made to the Dean of the College of Pharmacy. Recommendations for promotion, and emeritus status shall be made to the Chair of the Promotion Committee. The Promotion Committee is also charged with the interim review of COP faculty mid-way through their progress towards promotion and with review of volunteer clinical faculty before appointment.

The procedures and criteria for review of all candidates for appointment, promotion shall be in accordance with the 'Guidelines for Promotion' in the CHSU College of Pharmacy *Faculty Handbook*.

All new faculty members in the College of Pharmacy shall be reviewed by the Promotion Committee to determine an appropriate rank prior to their appointment.

The main criteria to be considered in evaluating a candidate for promotion are: (a) proficiency in teaching, (b) research and other scholarly work, and (c) service to CHSU, the College of Pharmacy and the profession. Clinical activities and administrative duties should be allocated in an appropriate manner among these three categories of faculty responsibility. A candidate for promotion shall excel in at least two of these categories and exhibit competence in the third.

Interim review by the Promotion Committee shall be available to all Faculty Members at the rank of Assistant Professor or Associate Professor. The outcome of the interim review shall be provided to the Faculty Member and the Chair of the department. Though a goal is to advise the Faculty Member about potential deficiencies, the Promotion Committee cannot guarantee success for the Faculty Member when he or she subsequently applies for promotion.

Reporting:

The Chair of the Promotion Committee will report to the COP Dean.

Student Liaison Committee

Membership:

Members of the Student Liaison Committee shall consist of

Voting members

Assistant Dean for Student Affairs (Chair)

The Class Chair, or if vacant, Class Representative from each PharmD class At large representatives from each class (1-2 per class by volunteering).

The Student Liaison Committee will meet at least once each term (three times per year) or as determined by the Chair of the Student Liaison Committee. The Student Liaison Committee will be established in the fall term for each academic year.

Functions:

The Student Liaison Committee shall serve in an advisory capacity to the COP Dean on matters affecting students. It shall also serve as a communications link between the student body, the Faculty and the Executive Committee. The Student Liaison Committee may invite any COP student, faculty or Administration directly to address any academic or non-academic issues.

Reporting:

The Chair of the Student Liaison Committee shall report to the COP Dean.

Ad hoc Committees

Faculty Search Committee

The faculty search and selection process will be governed by the Faculty Search Committee (FSC) as described below.

Membership:

The FSC shall consist of the following: Voting members

Three members from the Department (Primary Department), where the selected individual will perform the function

One member of the other department (Secondary Department)

The Chair of the FSC and its members shall be appointed by the COP Dean in consultation with the Chair of the Primary Department. Out of the three members from the primary department, one member shall closely match with expected expertise of the candidate. The Chair of the FSC will be responsible for calling meetings of the committee. The FSC will function until the search is completed and the final offer is accepted by the candidate(s).

Functions:

The FSC shall be responsible for preparing suitable advertisement for the position in consultation with the respective department chair and the human resources department of CHSU. The committee shall also be responsible to develop the criteria for selection of the suitable candidate as per the rules and regulations of CHSU. The committee will provide a written assessment of each candidate's credential for the select position to the Chair of the department. On basis of the assessment of the committee, the Chair of the department will consult with the Dean and invite selected candidates for an onsite interview. Within three days following the completion of the interview, the Chair of the FSC shall submit the evaluation report to the Chair of the Primary Department and the COP Dean. The office of the Dean shall make the final selection of candidates

Reporting:

The Chair of the FSC shall report to the COP Dean.

Self-Study Steering Committee**Membership:**

Associate Dean for Academic affairs (Chair) Assistant Dean for Student Affairs Assistant Dean for Assessment
Department Chair of Clinical Sciences
Department Chair of Pharmaceutical and Biomedical Sciences Director of Experiential Education

The COP shall develop self-study sub-committees as needed

Each of the sub-committees shall work under leadership of the Self Study Steering Committee and consist of at least one member of the Department of Pharmaceutical and Biomedical Sciences and one member of the Department of Clinical Sciences. The Dean may also appoint students as sub-committee members. Each sub-committee shall be chaired by one of the members of the respective sub-committee and appointed by the COP Dean.

Functions:

The primary charge of Self Study Steering Committee is to oversee the COP's self-study process to systematically assess and document all COP activities in accordance with the current and newly developed ACPE accreditation standards. Each sub-committee will be responsible to responding to specific requests from ACPE for progress reports, including documentation, in order to maintain the accreditation of the College, as well as coordinating the Self Study Reports necessary for re-accreditation visits and preparing application for accreditation.

Reporting:

The Chair of the Self Study Steering Committee shall report to the COP Dean.

Bylaws Committee**Membership:**

The Bylaws Committee shall consist of the following: Voting members

At least two members from the Department of Clinical Sciences

At least two members from the Department of Pharmaceutical and Biomedical Sciences

Associate Dean for Academic affairs (*ex officio*)

The Chair of the Bylaws Committee, voting, members will be appointed by the COP Dean. The terms of the subsequent Bylaws Committee and its members will begin as soon as it is constituted and continue until the objectives of the Bylaws committee, defined by the COP Dean, are achieved.

The Chair of the Bylaws Committee will be responsible for calling meetings of the committee.

Functions:

The main function of the Bylaws Committee is to develop and define the composition, functions and reporting guidelines for Executive, Standing, ad hoc and special committees of the COP.

For adoption of any specific recommendation by the Bylaws Committee, the Chair of the Bylaws Committee will present the recommendations to the faculty meeting. A two third majority vote of the faculty shall be required for adoption of the recommendation of the Bylaw Committee.

The Bylaws adopted by the CHSU COP shall not supersede the Bylaws of CHSU.

Reporting:

The Chair of the Bylaws Committee shall report to the COP Dean.

Student Professional Conduct Review Committee

Membership:

The Student Professional Conduct Review Committee shall consist of the following: Voting members

- Assistant Dean for Student Affairs (chair)
- At least one member from the Department of Pharmaceutical and Biomedical Sciences
- At least one member from the Department of Clinical Sciences
- At least two students

The Chair of the Pharmacy Student Professional Conduct Review Committee and its members shall be appointed by the COP Dean. The Chair of the Student Professional Conduct Review Committee will be responsible for calling meetings of the committee.

Functions:

The Pharmacy Student Professional Conduct Review Committee shall be responsible for reviewing COP students for potential violations of academic integrity and other professional misconduct issues (excluding matters covered by the University's Unlawful Harassment, Discrimination, Sexual Misconduct & Title IX Policy and Procedures, unless such policy otherwise permits the role of the committee in such matters). . The Committee chair will collect and evaluate documentation and evidence, including personal interviews and present information to the committee and make recommendations to the Dean. The committee must comply with the University's due process and other policies applicable to student conduct

Reporting:

The Chair of the Pharmacy Student Professional Conduct Review Committee will report to the COP Dean.

Special Committee(s)

Faculty Forum

Membership:

The COP Faculty Forum shall consist of all *voting members of the General Faculty* as defined in the COP bylaws, who have appointments in the College of Pharmacy, CHSU.

The Faculty Forum shall elect a chair by a simple majority vote of the members of the faculty forum during an election at a faculty meeting. The Chair will be a member of the faculty forum and serve for a term of one year. The Chair will rotate annually between the Department of Clinical Sciences and the Department of Pharmaceutical and Biomedical Sciences. In the event that no nominations are received from the eligible department, faculty members from the other department will be eligible for the Chair position.

The faculty forum chair may be removed anytime during their term by a two-third majority vote by the members of the faculty forum during a faculty meeting. Upon removal of the faculty forum chair, a new chair shall be elected for the remainder of the term as per the process defined above.

In the event the faculty forum chair wishes to relinquish the chair position for any reason he/she would notify the Dean. A new faculty forum chair will be elected for the remainder of the term as per the process defined above.

Function:

The COP Faculty shall organize a meeting to be known as the "Faculty Forum." The purpose of the Faculty Forum shall be a platform for free discussion of matters of interest to the CHSU-College of Pharmacy (COP) Faculty members.

The Chair of the Faculty forum shall convene a meeting of the Faculty Forum at the request of one or more of the following: 1) any member of the faculty forum or 2) any administrative team member. The Chair will call for a Faculty Forum and announce the agenda at least twenty-four (24) hours before convening a session. This call shall be circulated to the Faculty by CHSU e-mail.

The Chair will serve as a member of the Executive Committee of the COP and will routinely report, in this meeting, the activities of the forum

Reporting:

The Chair of faculty forum will report to the COP Dean.

SECTION 7: CONSTRUCTION

A. Job Descriptions. Summaries of position descriptions and duties are not exhaustive. More detailed job descriptions of responsibilities are on file with the Office of Human Resources, as those job descriptions may change from time to time in CHSU COP's sole discretion. Nothing in the job duties described above limit CHSU COP's ability to change duties assigned to personnel

B. Compliance. Nothing in this policy will be interpreted, applied, or enforced in a manner inconsistent with applicable law, including but not limited to Section 7 of the National Labor Relations Act.

Amendment of the Bylaws and history

Procedure for amendment:

To amend Bylaws during a faculty meeting a written notice of the proposed amendment and a statement of the purpose and effect of the proposed amendment shall be distributed to each member of the Faculty by the Faculty Meeting Secretary at least seven days prior to the meeting at which the amendment will be considered.

The Bylaws can also be amended in a faculty meeting provided that the motion was originally presented at a previous faculty meeting.

The Bylaws shall be amended during the faculty meeting, when a quorum is present, by a two-thirds majority vote.

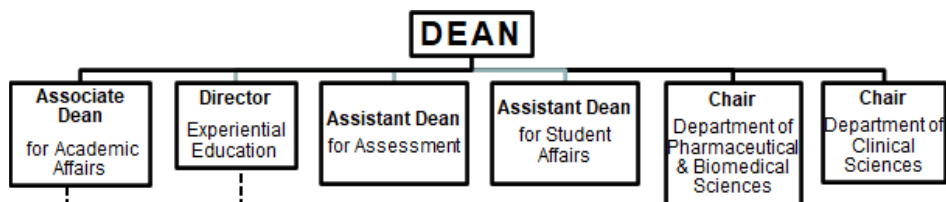
History of adoption and amendment of bylaws These bylaws replace any previous policies defined in governing statutes-3 of the COP.

1. **The first Bylaws were approved by the faculty of the COP on 23rd Sept, 2021. The committee members drafting the document were the administrative members of the COP: Dr. Harish Parihar (Chair), Dr. Mark Okamoto, Dr. Vinayak Shenoy, Dr. Sreenivasulu Pattipati, Dr. Anitha Shenoy, Dr. David Ombengi, Dr. Sunil Sonawane.**
2. **Edited bylaws were approved by the faculty of the COP on 30th Sept, 2021 via email vote**

COP ORGANIZATION

The Dean, as the Chief Academic Officer, is responsible for all faculty, student, and staff activities directed at achieving the mission of the College. The College shall be comprised of two Departments (namely, the (1) Departments of Clinical Sciences and (2) Department of Pharmaceutical and Biomedical Sciences (which includes a division of Social and Economic Sciences) and key administrative, functional units (namely, the Office of the Dean, Office of the Associate Dean for Academic affairs, Assistant Dean for Student Affairs, Assistant Dean for Assessment and Director of Experiential Education). The Dean may realign the organizational structure (Figure 1) or "appoint" additional or different admin in the Dean's sole discretion without further approval from the faculty, consistent with other University policies and procedures such as those of HR and the Business Office. . The Administrative team is comprised of the COP Dean, all Assistant and Associate Deans, Chairs of the Departments of Pharmaceutical and Biomedical Sciences and Clinical Sciences, Director of Experiential Education, and any other person appointed by the COP Dean.

Figure 1: Organization chart of COP Administration



COLLEGE OF PHARMACY FACULTY PROMOTION POLICY

I. PURPOSE

This promotion policy is intended to provide clarity and specificity regarding the types of activities that faculty can use to build a record of achievement worthy of promotion. Promotion represents an acknowledgement of demonstrated faculty excellence in teaching, scholarship, and service, as well as a consistent commitment to the mission, vision, goals and values of the college. The procedures of this policy are designed to assist faculty in meeting promotion requirements and complying with application deadlines in order to enhance the likelihood of a successful outcome. The policy also provides guidance to reviewers to ensure a fair and objective process. Faculty promotion shall be either from Assistant Professor to Associate Professor or from Associate Professor to Full Professor.

II. ELIGIBILITY

Faculty in the College Pharmacy (COP) are typically eligible to be promoted after having completed 5 years of service at CHSU COP at the current rank. A faculty member may initiate the promotion process at the start of the 5th year, after having completed 4 years of service. Credit for time served in rank at other institutions or for part-time service can be negotiated in advance with the Dean in consultation with the promotion committee. Any such agreements shall be documented in writing and a copy provided by the applicant to the Department Chair or immediate supervisor prior to joining CHSU. Any such credit received shall not exceed more than 3 years.

III. PROCESS AND TIMEFRAME

A. Letter of Intent

Faculty shall initiate the process of promotion by first submitting a letter of intent to their respective Department Chair (or immediate supervisor) and the Dean, outlining the justification for having met the promotion criteria and requesting a promotion review. If both the Department Chair (or immediate supervisor) and the Dean approve the request for promotion, the Dean shall appoint a Promotion Committee. If the request for promotion is denied (by either of them), the Department Chair (or

immediate supervisor) and the Dean will meet with the faculty member to discuss their concerns about the faculty member's qualifications for promotion and plan a course of action to place the faculty member on a path to promotion.

B. Submission of Dossier

The applicant shall prepare a dossier with content and format as described in this policy.

The purpose of the dossier is to showcase the faculty member's achievements so as to justify promotion by illustrating that all the required promotion criteria have been met. These guidelines are intended to help faculty effectively use the dossier as a tool to document and showcase their achievements in a clear and well-organized format. Applicants should be aware that when reviewers evaluate a dossier, the primary focus is on the content, but factors such as organization, labeling, and design can affect a reviewer's interpretation of the contents in relation to the criteria. It behooves the applicant to prepare a dossier that is "user-friendly" for those who must evaluate it. A dossier must be submitted in digital form.

Contents of the dossier should be arranged as follows:

1. Cover page with name, department, current rank and date submitted
2. Letter of intent from the applicant
3. Letter recommending promotion from the Department Chair or immediate supervisor
4. Table of Contents
5. Current curriculum vitae
6. Reports of the annual faculty performance evaluations conducted by the Department Chair or immediate supervisor (if available) for 3 years at the current rank
7. The percentage of workload distributed between the promotion categories, Teaching, Research and Scholarship, and Service and Leadership
8. The dossier shall then be divided into 3 sections according to the 3 promotion categories:
(a) Teaching, (b) Research and Scholarship, and (c) Service and Leadership
9. Each section should begin with two bulleted lists of accomplishments within the category, with the first list including achievements that meet the essential criteria to apply for promotion and the second list including achievements that are expected for promotion from Assistant professor to Associate professor and from Associate professor to Full Professor
10. Following the 2 bulleted lists for each category, additional supporting documentation should be included, as follows:

Teaching

- A statement of teaching philosophy
- A list of all courses taught (with percentage involvement) at the current rank
- End of the semester Instructor (and rotation) evaluations from students for all courses taught at the current rank
- Peer assessments available at the current rank (minimum 3 assessments from the preceding 3

years)

- A list of developmental or training activities undertaken to enhance teaching skills
- Other representative items, such as course syllabi, handouts, application exercise materials, assessment tools, teaching awards, etc. These items should be representative, not exhaustive

Research and Scholarship

- A statement of research philosophy or scholarly interests
- A full copy of at least one accepted primary/corresponding author article and the title page of other articles (include impact factor and number of citations, if known) published at the current rank
- A copy of any posters published abstracts presented, along with date, location and title of the conference
- The title page from any books or book chapters published at the current rank
- A description of any grants awarded, or funded research projects including applicant's role in project (principal or co-investigator, or other) at the current rank
- A description of any consultative services provided
- Flyers to illustrate presentations at local, state or national/international meetings, if applicable
- Other representative items that reflect scholarship or research activities.
- These items should be representative, not exhaustive

Service and Leadership

- A list of committee memberships at the College or University level
- A list of committees chaired at the College or University level
- A list of professional memberships, as well as any offices held, committees or task forces served on, or delegate responsibilities
- A list of Board Certifications
- A list of student advisees and a description of any student mentoring activities
- A list of any advisor responsibilities for student organizations
- A description of participation in student activities and functions
- A description of implementation of a novel pharmacy practice model
- A description of community service activities provided on behalf of CHSU
- Other representative items that reflect service or leadership activities. These items should be representative, not exhaustive

C. Formation of a Promotion Committee

A promotion committee shall be appointed by the Dean, consisting of four (4) faculty members

plus a chair. All members of the committee shall be at a rank equal to or above the rank requested for promotion, if possible. Department Chair or immediate supervisor shall not be eligible to serve on the Promotion Committee. The members of the Promotion Committee, other than the Chair, should

consist of numbers from the PBS, SES and CAS departments if possible, but shall always contain at least one member from the applicant's department. If a sufficient number of at-rank faculty cannot be found, the Promotion Committee shall obtain members external to CHSU in the same or substantially similar discipline as the promotion applicant. Once the Dean has selected the four members of the Promotion Committee, the applicant shall be notified of the selections and provided an opportunity to remove one member from the list. If a person is removed, a replacement shall be determined from inside or outside of the University by mutual agreement of the Dean and the applicant. The Dean shall then develop a list of three potential faculty for the Chair position of the Promotion Committee. The Promotion Committee Chair must have a minimum of 2 years of full time employment at CHSU and be of at least equal rank to the position for which the applicant is applying. The applicant may disqualify one faculty member from the list for the Chair position. Once this option has been exercised by the applicant, the dean shall finalize the chair appointment and no further adjustments to the Promotion Committee may be made.

D. Review of the Dossier by the Department Chair or Immediate Supervisor

The first step in evaluating the applicant's dossier shall be conducted by the Department Chair or immediate supervisor. The dossier should be submitted to the Department Chair or immediate supervisor. The Department Chair or immediate supervisor shall review the dossier, determine whether to recommend the applicant for promotion based on the dossier, and prepare a written letter expressing support or rejection of the applicant's request for promotion. The Department Chair or immediate supervisor shall add the letter to the dossier and deliver it to the Promotion Committee Chair.

E. Selection of External Reviewers

The Promotion Committee Chair shall solicit the names of 3 external reviewers from the applicant and also 3 names from the Department Chair or immediate supervisor. External reviewers must be recognized as experts in a discipline similar to that of the applicant and hold academic rank at or above that to which the applicant is applying. From the list of 6 names, the Promotion Committee Chair shall select 3 external reviewers and arrange with them to provide written feedback to the Committee based on their evaluation of the applicant's dossier in relation to the CHSU promotion criteria. Evaluations from external reviewers shall be included in the dossier and used as supplemental advisory feedback to the members of the Promotion

Committee. Evaluations from the reviewers must be received by the Chair and added to the dossier.

F. Promotion Recommendations and Final Decision

After a thorough review of all promotion materials and comparison of the documentation to the CHSU promotion criteria, each member of the Promotion Committee, including the Committee Chair, shall vote for or against recommending promotion. The chair of the Promotion Committee shall forward the vote tally and written recommendations, along with a rationale for the decision, to the Dean, along with the applicant's dossier, including written reports from the external reviewers. Any member of the Promotion Committee who disagrees with the decision has the right to submit a separate written

evaluation to the Dean. In the case of a negative recommendation, the committee shall clearly specify the identified deficiencies that prompted its decision.

The Dean shall submit a final evaluation and recommendation to the Provost, along with the recommendations of the Promotion Committee, the dossier, and all related documentation. The Provost, after reviewing the materials, shall make the final decision of whether or not to grant promotion, and notify the Board of Trustees, the Dean, the applicant, and the Promotion Committee Chair.

G. Appeal of the Decision

If an applicant is denied promotion, the applicant may appeal the decision to the Provost by submitting a written explanation detailing the justification of the appeal. An appeal must be submitted within 10 business days of the applicant being notified of the decision. The Provost shall render a decision about the appeal and notify the applicant of the outcome within 10 business days. The decision of the Provost is final.

H. Time Schedule of the Promotion Process

Person Responsible	Action	Due Date	
		Fall Cycle	Spring Cycle
Applicant	Applicant submits a letter of intent to apply for promotion to Department Chair or immediate supervisor and Dean	July 1	January 6
Dean and Department Chair or Immediate Supervisor	Department Chair or immediate supervisor and Dean consider the merits of the request to apply for promotion and decide whether to allow the promotion process to proceed. The Dean notifies the applicant of the decision.	July 15	January 15

Applicant	If the applicant receives approval from the Dean to apply for promotion, the applicant submits all promotion materials (dossier) to the Department Chair or immediate supervisor	August 1	February 1
Dean	Dean nominates a Chair and members to the Promotion Committee. After giving the applicant a chance to disqualify nominees per policy, the Dean finalizes membership	August 15	February 15
Department Chair or Immediate Supervisor	After reviewing dossier, the Department Chair or immediate supervisor adds a letter to the dossier either recommending or not recommending promotion and submits the dossier to the Promotion Committee Chair	August 15	February 15
Promotion Committee Chair	Promotion Committee Chair arranges for external review of the applicant's dossier by a suitable number of external reviewers	August 15	February 15
Promotion Committee Chair	The Promotion Committee Chair receives letters from external reviewers and includes them in the dossier.	October 1	April 1
Promotion Committee Chair	The Promotion Committee Chair organizes a meeting of the promotion committee to discuss and vote on the candidates	October 15	April 15

	promotion		
Promotion Committee Chair	The Promotion Committee Chair provides written report of the committee's findings and submits it, along with the committee's recommendation and applicant's dossier, to the Dean	November 1	May 1
Dean	Dean provides a written recommendation and submits applicant's dossier with the promotion committee's recommendations to the Provost	November 15	May 15
Provost	Provost approves or denies promotion and notifies the applicant, Dean, Department Chair or immediate supervisor, and Board of Trustees. If approved, the promotion takes effect after completion of 5 years of service at that rank.	December 1	June 1

I. Optional Midpoint Review

An internal interim promotion review process is available to full-time faculty. If requested by a faculty member, the Faculty Council (FC) shall establish a group of faculty to review the individual's achievements and performance in relation to the college's promotion criteria. Two members of the group must hold a rank equal to or higher than the rank for which the faculty is applying. Non-FC faculty may be enlisted for the midpoint review process to satisfy this requirement. All materials for the midpoint formal review must be submitted by the applicant to the FC Chair. The FC shall submit a written evaluation to the Department Chair or immediate supervisor and the faculty member summarizing the assessment and recommendations for improvement. Specific areas of strengths and weaknesses shall be

identified, as well as areas in need of enhanced focus. It is the responsibility of each faculty member to compile documentation and request that a review be conducted, if a midpoint review is desired.

J. Consideration for Faculty with Administrative Appointment

Faculty members who hold a combined administrative and faculty appointment in the college may request consideration for specific administrative responsibilities to be substituted for service as evidence of compliance for promotion criteria. The applicant is expected to meet teaching and research expectations for the respective rank. Justification for the substitution (for service) must be clearly explained, both quantitatively and qualitatively, in the letter of intent submitted by the applicant to the Department Chair or immediate supervisor. Such consideration, if approved by the Department Chair or immediate supervisor and Dean, shall be specifically addressed in their respective letters of approval.

IV. PROMOTION CRITERIA BY CATEGORY

The following criteria are divided into 3 categories, 1) teaching, 2) scholarship and research, and 3) Service and leadership (which includes clinical practice, if applicable). The criteria are organized into 2 sections:

1. Mandatory required criteria that must be met to justify the promotion.
2. Achievements that should be documented in addition to required criteria for promotion from Assistant Professor to Associate Professor and from Associate Professor to Full Professor. Each of these criteria are assigned with a credit value and the applicant must secure a specific credit value based on the rank he/she is applying.

Achievements used as evidence to justify promotion from Assistant Professor to Associate Professor cannot also be applied to promotion from Associate Professor to Full Professor. Only achievements that have occurred since the previous promotion may be included in the dossier, though long-term projects than span both time periods may be considered. Applicants who have not met one or more of the expected criteria may include a detailed written explanation justifying their qualifications for promotion in lieu of the expected criteria. Such substitution shall be considered by those involved in the review process, as described in this policy, on a case-by-case basis.

CATEGORY 1 – TEACHING

The following are the mandatory required criteria that must be met to justify the promotion.

- Demonstration of yearly update of educational materials and teaching activities consistent with new knowledge and the application of that knowledge to practice (SII-PDCA, Growth Rubric, Peer assessment, continuing education, etc)
- Creation, development and implementation of at least one core course or didactic elective
- Classroom teaching load consistently meets workload requirements as identified in the faculty

adequacy model for the position

- Experiential teaching load (if applicable) consistently meets workload requirements as identified in the faculty adequacy model for the position.
- For faculty preceptors: rotation evaluations reflects a quality learning experience
- Receive at least “meets requirements” for teaching (based on student evaluations), as determined by the Department Chair or immediate supervisor for the past 3 years
- Receive at least “meets requirements” for teaching (based on peer assessment), as determined by the Department Chair or immediate supervisor for 3 years at the current rank

The following achievements that should be documented in addition to required criteria for promotion from Assistant Professor to Associate Professor and from Associate Professor to Full Professor.

Credits	Criteria
2.0	Overall teaching ability (3 years at the current rank) as perceived by students and documented by their responses on periodic student course evaluations (4.2 or above on a scale of 5 each year, for a period of 3 years)
2.0	Didactic or experiential teaching load consistently exceeds standard per faculty adequacy model for the position (on average, over duration at current rank, more than 20% of adequacy model)
2.0	Serve as a course coordinator for one course per year for at least 3 years at current rank (A co-coordinator in an 8-credit hour course shall be considered a course coordinator for this criterion. There shall be no more than 2 co-coordinators per course)
2.0	Recipient of teaching honor or award
1.0	Served at least once as a course co-coordinator and then course coordinator for two consecutive years at current rank
1.0	Creation, development and implementation of an innovative teaching or assessment methodology, new teaching aids as evidenced by student course/instructor evaluations and peer assessment
1.0	Certified teaching program (ACCP/AACP or TBLC) or other comprehensive teacher training programs
1.0	Hold current certification (MTM, Immunizations, etc.) consistent with practice or teaching needs

Applicant, at the current rank, must receive a minimum of 4 credits for promotion from an assistant to associate professor and 6 credits from associate to a full professor.

CATEGORY 2 – RESEARCH AND SCHOLARSHIP

The following scholarly achievements are the mandatory required expectations for promotion and should be used as evidence to justify promotion:

- The applicant must have published at least one original research manuscript as a first or corresponding author over the duration at the current rank
- Receive at least “meets requirements” for research, as determined by the Department Chair or immediate supervisor for 3 years at the current rank
- Applicant seeking for promotion to the rank of Full Professor from associate professor is required to publish a manuscript on SoTL as a primary or corresponding author.

The following scholarship achievements should be documented in addition to the required criteria and are evaluated on basis of credit value as listed in the table below. Applicant, at the current rank, must receive a minimum of 2 credits for promotion from an assistant to associate professor and 3 credits from associate to a full professor.

Credit	Nature	Role
1.0	Original research manuscript	First or Corresponding author
0.6-1.0 ¹	Book chapter	First or Corresponding author
0.6	Review article	First or Corresponding author
0.3	Case report	First or Corresponding author
0.2	Non-Peer reviewed monographs	Any
0.2	Research Abstract	Any
0.2	Poster Presentation	Presenting author
0.3	Podium presentation	Presenting author
2.0	Federal/Association funded grants	Principal Investigator (PI) or Co-PI
0.5	Intramural grants	Principal Investigator (PI)
2.0	Patents	Principal Investigator (PI) or Co-PI
0,2	Travel grants for conferences	Presenting or Corresponding author

Scholarships in which the applicant is neither a first nor the corresponding author will receive half the assigned credit.

¹ Credit awarded basing on the reputation of the publisher, scope and depth of the work on case to case basis at the discretion of the promotion committee.

CATEGORY 3 – SERVICE AND LEADERSHIP

The following achievements meet the basic expectations for promotion and should be used as evidence to justify promotions:

- Establish meaningful goals annually and make reasonable progress toward achieving goals, as determined by the Department Chair or immediate supervisor for 3 years at the current rank
 - Receive at least “meets requirements” for practice (if applicable), service and leadership as determined by the Department Chair or immediate supervisor for 3 years at the current rank
- Clinical Practice Faculty
 - Maintain an active practice site
 - Provide direct patient care at least (or the equivalent of) two days per week
 - Provide patient care services that satisfy the expectation of both the college and the practice site, based on the affiliation agreement
- Serve on assigned college or University committees
- Participation and demonstrable contribution in student co-curricular activities
- Participate in admission interviews of student applicants
- Serve as an academic advisor to assigned students
- Serve as a member for faculty search/ad-hoc committees
- Actively mentor students in academic, professional and/or research activities

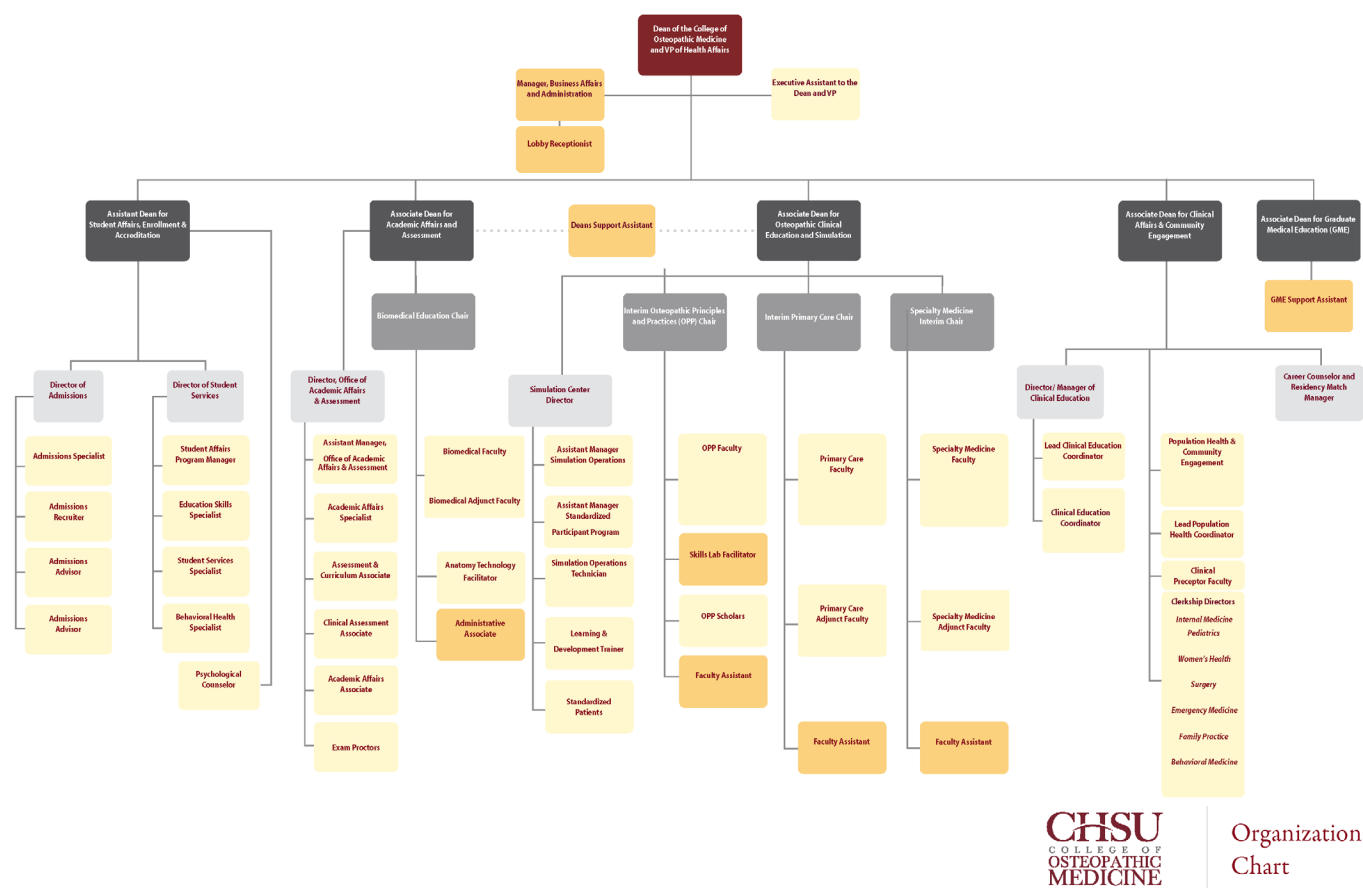
In addition to meeting the required expectations in this category; applicants, at the current rank, must receive from the following achievements a minimum of 5 credits for promotion from an assistant to associate professor, and a minimum of 7 credits for promotion from associate to full professor.

Credit	Nature
2.0	Develop innovative practice models that are reproducible and sustainable
2.0	Hold current advanced certification or credentials (such as BCPS, CDE, etc.) consistent with practice needs
2.0	Hold office/serve on a local, state, or national professional organization
2.0	Receive honors or awards for service-related activities
2.0	Serve as chair of a college or University committee
1.0	Serve as a reviewer for a refereed journal
2.0	Serve on the editorial board for a refereed journal
1.0	Chairing sessions at professional meetings
1.0	Serve as a lead for a standing meeting or huddle (1 semester)
1.0	Serve as a judge or consultant for state or national student competitions
1.0	Active involvement in student recruitment projects
1.0	Active involvement in health care advocacy, community service or outreach programs
1.0	Serve as advisor to a student organization
1.0	Serve as a class advisor
1.0	Deliver faculty/preceptor development or certification programs
1.0	Serve as a reviewer for State/National level grant funding programs
1.0	Serve as a guest speaker

1.0	Serve as a chair for faculty search/ad-hoc committees
1.0	Serve as a chair for 2 or more college/University standing committees
1.0	Maintain active membership in at least one state or national professional organization

Section VII: COM-Statutes and Policies

COM ORGANIZATION CHART



GOVERNING STATUTE NUMBER 1 MISSION, VISION AND GOALS

I. CHSU COM VISION

CHSU COM graduates will be committed to serving, and improving the healthcare outcomes of the underserved population in the Central Valley of California.

II. CHSU COM MISSION

To graduate exceptional Doctors of Osteopathic Medicine by:

- A. Inspiring a diverse student body to commit to careers that serve our region, with a focus on recruiting students from the Central Valley;
- B. Developing compassionate, highly trained, intellectually curious, adaptive leaders capable of meeting the healthcare needs of the future through a performance-based education;
- C. Empowering people to teach, serve, research, innovate, and practice collaboratively in areas of skill and expertise in disciplines related to osteopathic medicine.

II. CHSU COM GOALS

- A. Inspire diversity within and service to the local community through
 - 1. A college community whose diversity reflects that of the Central Valley;
 - 2. Educational experiences that focus on community partnerships, wellness, nutrition themes and the importance of the agriculturally based economy of the region.
- B. Develop and train quality Osteopathic Physicians through
 - 1. A college wide emphasis on the compassionate care of the underserved;
 - 2. Rigorous and innovative curriculum that emphasizes
 - a) osteopathic principles and practices across the continuum of medical education;
 - b) patient-centered education;
 - c) integrated clinical presentations;
 - d) engagement with community partners;
 - e) adaptive leadership skills;
 - f) simulation-based experiences;
 - g) team-based learning and other validated modalities;
 - 3. Pathways to competence in the Entrustable Professional Activities (EPAs) for the osteopathic profession;
 - 4. A quality enhancement program that identifies opportunities and implements improvements in teaching, learning and scholarship.
- C. Empower achievement through
 - 1. A learning environment that supports student mental, emotional, physical, relational and financial wellness;

2. Comprehensive and robust mentorship, guidance and career advising;
3. Faculty role models who are recognized as prominent thought leaders in their professional disciplines, the scholarship of teaching and learning, and in academia;
4. The provision of opportunities and resources that enable relevant and impactful research and scholarly pursuits of both students and faculty;
5. An innovative osteopathic medical education curriculum that aligns with other professional programs to support inter-professional collaboration and practice;

III. REVIEW AND REVISION OF THE COM'S MISSION, VISION & GOALS

The COM's mission, vision and goals shall be reviewed every five (5) years by the College Administrative Committee (CAC). The CAC shall make recommendations to the Dean regarding proposed changes to the existing mission, vision and goals, if any.

In determining whether the mission, vision and goals should be revised, the CAC and Dean shall consider, at a minimum, changes in the practice of medicine and/or medical education, and shall ensure any proposed changes are in line with the University's mission, vision and goals.

After the CAC's recommendation for review is submitted to the Dean, the Dean shall solicit feedback including comments and suggested revisions from the COM community, faculty, staff and other relevant stakeholders including the Dean's Advisory Council. After receiving such feedback, the Dean shall submit to the Office of the Provost a summary of the process and feedback received, along with the proposed revisions or, if there are no revisions, a statement that no revisions are necessary. The Provost shall provide any updates to the President and the Board of Trustees as informational.

GOVERNING STATUTE NUMBER 2 AMERICAN OSTEOPATHIC ASSOCIATION CODE OF ETHICS

Members of the community of California Health Sciences University's ("University") College of Osteopathic Medicine ("COM") shall abide by the American Osteopathic Association's ("AOA") Code of Ethics ("AOA Code"), as that code may be change over time. The AOA Code is re-stated below. To the extent the AOA makes modifications to the AOA Code, such changes are to be deemed incorporated below. Nothing in this document is intended to modify the University's Code of Conduct applicable to all members of the University community, including those members who are part of the COM. All members of the COM community are also expected to abide by the University's Code of Ethical Conduct.

I. SECTION 1.

- A. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

II. SECTION 2.

- A. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

III. SECTION 3.

- A. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. In emergencies, a physician should make her/his services available.

IV. SECTION 4.

- A. A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

V. SECTION 5.

- A. A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

VI. SECTION 6.

- A. The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

VII. SECTION 7.

- A. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading.

VIII. SECTION 8.

- A. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state or other jurisdiction in which she/he practices. A physician shall designate her/his professional degree in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

IX. SECTION 9.

- A. A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

X. SECTION 10.

- A. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

XI. SECTION 11.

- A. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

XII. SECTION 12.

- A. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

XIII. SECTION 13.

- A. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

XIV. SECTION 14.

- A. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

XV. SECTION 15.

- A. It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

XVI. SECTION 16.

- A. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

XVII. SECTION 17.

- A. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

XVIII. SECTION 18.

- A. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

XIX. SECTION 19.

- A. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of

responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

GOVERNING STATUTE NUMBER 3 COLLEGE GOVERNANCE AND ROLES OF THE FACULTY

I. SECTION 1: PURPOSE

The purpose of this governing statute is to provide operating policies for the governance of the College of Osteopathic Medicine (COM). Specifically, this governing statute will delineate the nature and form of shared governance within the COM. The role of this governing statute is to define guidelines and procedures for the organization and governance of the COM so that members of the faculty may understand their responsibilities and be able to perform their duties with respect to education, research, service, patient care and administration. This governing statute is in place to foster and promote excellence in the academic environment at the COM. All CHSU COM personnel should execute their duties in a collegial and collaborative manner.

II. SECTION 2: OFFICE OF THE DEAN

The COM shall be administrated by the Dean, who shall serve as the Chief Academic Officer of the COM. The Dean reports to the University Provost, and must execute all duties in compliance with CHSU statutes, policies and procedures. The Dean's role is described in full in CHSU's applicable statutes and job description. The Dean's duties include, but are not limited to:

1. The Dean will provide leadership and effective management to implement and realize the academic mission and strategic plan of the COM.
2. The Dean, in consultation with the Provost and with appropriate involvement of faculty, shall ensure the development of and approve the curriculum of the COM and oversee the clinical experiences of students at the COM.
3. The Dean, in consultation with the Provost and with appropriate involvement of faculty, is responsible for the recruitment, hiring, promotions and terminations of the academic personnel of the COM.
4. The Dean will have the responsibility and authority for fiscal management of the COM's budget.
5. The Dean will ensure that COM faculty and staff are effectively involved in meeting the accreditation standards that apply to the College and the university.

III. SECTION 3: THE ADMINISTRATIVE POSITIONS OF THE COM

A. Associate Dean for Academic Affairs and Assessment

The Associate Dean for Academic Affairs (AD-AA&A) administers the educational programs, curriculum, assessment, technology and services in the area of Academic Affairs with associated policies and procedures. The AD-AA&A leads the planning, direction and management of the Office of Academic Affairs and Assessment (OAA&A). The AD-AA&A assumes responsibility for the overall management of the budget for the OAA&A. Positions reporting to the AD-AA&A

include the Department Chair of Biomedical Education, Director of the Office of OAA&A, and the year-specific Curriculum Directors. The AD-AA&A collaborates with and supports other Associate and Assistant Deans to support the mission of the COM. This Associate Dean reports to the Dean.

B. Assistant/Associate Dean for Graduate Medical Education

The Assistant/Associate Dean for Graduate Medical Education (AD-GME) provides program development, coordination and support for residency training programs, and also works with hospitals and FQHCs (Federal Qualified Health Center) that wish to consider adding GME. The AD-GME works with the DIO and Program Directors of existing GME programs regarding support and counsel that CHSU may be able to provide to the program, including academic affiliation, and/or development of Osteopathic Recognition. The AD-GME provides valuable information regarding Match data that helps students to make informed decisions regarding their residency application. The AD-GME may also assist with resident and faculty education. The AD-GME collaborates with and supports other Associate and Assistant Deans to support the mission of the COM. This Assistant/Associate Dean chairs the GME committee of the COM and reports to the Dean.

C. Associate Dean for Clinical Affairs, Community Engagement and Population Health

Associate Dean for Clinical Affairs, Community Engagement and Population Health (AD-CA) primarily works to establish relationships with community clinical partners for clinical clerkships as well as early clinical experiences and service- learning opportunities, working closely with the Experiential Education leadership of all other CHSU programs to ensure smooth preceptor relationships throughout the Central Valley. The AD-CA also works with clinical partners and affiliates regarding health promotion and disease prevention. The Associate Dean will assist in developing policies and guidelines for future clinical health care delivery by the faculty on campus or at contracted sites. A primary focus is to support developing educational curriculum, analyzing data and recommending guidelines that impact the population health of the community. Positions reporting to the AD-CA include the Career Counselor/ Residency Match Manager, faculty teaching in the Physician's Role in Health System (PRHS) course, Clinical Education staff as well as all community-based clinical preceptor faculty. The AD- CA collaborates with and supports other Associate and Assistant Deans to support the mission of the COM. This Associate Dean reports to the Dean.

D. Associate Dean for Osteopathic Clinical Education and Simulation

The Associate Dean for Osteopathic Clinical Education (AD-OCE&S) works collaboratively to ensure that osteopathic principles, philosophy and practices are included within all 4 (four) years of the undergraduate curriculum. The AD- OCE&S also assists the Associate Dean for Graduate Medical Education to help ensure that osteopathic principles and practices spans the spectrum of osteopathic medical education. The AD-OCE&S, along with the Clinical Department Chairs, provides oversight and responsibility for all on-campus clinical curricular components delivered by the physician faculty. Positions reporting to the AD- OCE&S are the Department Chairs of Primary Care, Specialty Medicine and Osteopathic Principles and

Practices as well as the Director of the Simulation Center. The AD-OCE&S collaborates with and supports other Associate and Assistant Deans to support the mission of the COM. This Associate Dean reports to the Dean.

E. Assistant/Associate Dean, Student Affairs and Enrollment

The Assistant/Associate Dean, Student Affairs and Enrollment (AD-SAE) is the administrator in the COM primarily responsible for leadership in the areas of applicant recruitment, admissions, student support services, advising, student organizations and student special events. The AD-SAE is also responsible for developing policies and procedures that help medical students develop personally and professionally as they progress through the program, beginning with the applicant stage and continuing through graduation. The AD-SAE also collaborates with university- level Student Affairs administrators to implement University-wide Student Affairs initiatives within the COM. Positions reporting to the AD-SAE include Student Affairs staff, Admissions staff and psychological counseling personnel. The AD- SAE collaborates with and supports other Associate and Assistant Deans to support the mission of the COM. This Assistant/Associate Dean reports to the Dean.

F. Department Chair, Biomedical Education

The Department Chair of Biomedical Education reports to the Associate Dean for Academic Affairs and Assessment. All Biomedical Education faculty report to the Department Chair. The Department Chair identifies the needs of faculty, staff and students and recommends plans to meet those needs, especially in the areas of teaching, service and scholarly activity. The Department Chair has overall budget authority for their department and provides annual faculty evaluations for all members of the department. The department chair provides leadership for the department and establishes a collegial and collaborative working environment. This Department Chair works collaboratively with other Department Chairs and COM leadership to support the mission of the COM.

G. Department Chair, Osteopathic Principles and Practice

The Department Chair of Osteopathic Principles and Practice (OPP) reports to the Associate Dean for Osteopathic Clinical Education and Simulation. The OPP Department Chair administers the OPP educational activities and curriculum delivery at the COM. The OPP Department Chair leads the COM towards excellence in teaching Osteopathic Principles and Practices. The Department Chair of OPP identifies the needs of faculty, staff and students and recommends plans to meet those needs, especially in the areas of teaching, service and scholarly activity. The Department Chair has overall budget authority for their department and provides annual faculty evaluations for all members of the department. The department chair provides leadership for the department and establishes a collegial and collaborative working environment. This Department Chair works collaboratively with other Department Chairs and COM leadership to support the mission of the COM.

H. Department Chair, Primary Care

The Department Chair of Primary Care reports to the Associate Dean for Osteopathic Clinical

Education and Simulation. The Department Chair administers the on-campus educational activities and curriculum delivery in the primary care disciplines at the COM. The Department Chair of Primary Care identifies the needs of faculty, staff and students and recommends plans to meet those needs, especially in the areas of teaching, service and scholarly activity. The Department Chair has overall budget authority for their department and provides annual faculty evaluations for all members of the department. The department chair provides leadership for the department and establishes a collegial and collaborative working environment.

This Department Chair works collaboratively with other Department Chairs and COM leadership to support the mission of the COM.

I. Department Chair, Specialty Medicine

The Department Chair of Specialty Medicine reports to the Associate Dean for Osteopathic Clinical Education and Simulation. The Department Chair administers the on-campus educational activities and curriculum delivery in the specialty medicine disciplines at the COM. The Department Chair of Specialty Medicine identifies the needs of faculty, staff and students and recommends plans to meet those needs, especially in the areas of teaching, service and scholarly activity. The Department Chair has overall budget authority for their department and provides annual faculty evaluations for all members of the department. The department chair provides leadership for the department and establishes a collegial and collaborative working environment. This Department Chair works collaboratively with other Department Chairs and COM leadership to support the mission of the COM.

IV. SECTION 4: THE COLLEGE ADMINISTRATIVE COMMITTEE

- B.** The College of Osteopathic Medicine College Administrative Committee ("COM- CAC") serves as an advisory body to the Dean. The COM-CAC is responsible for advising the Dean on the strategic direction of the COM. The COM-CAC is responsible for continually recommending improvements in the effectiveness of infrastructure, systems, policies and procedures so that the COM is cost-effective, sustainable and compelling to stakeholders. The committee is chaired by the Dean and is comprised of all senior college administrators, and others as appointed by the Dean. The Faculty Council chair is also an invited guest.

The purpose of COM-CAC is to provide advice and recommendations regarding the operations of the COM. Under the Dean's direction, COM-CAC shall coordinate and cause to be implemented all faculty, student and staff policies in line with the mission, vision, and goals of the COM, in compliance with CHSU's statutes, policies and procedures. The COM-CAC may be guided in its administrative and governance responsibilities by policies and procedures proposed by faculty committees as described below. Areas in which the COM-CAC may advise the Dean include, but are not limited to:

1. The appointment of Committee Chairs and faculty members nominated to serve on both standing and ad hoc faculty Committees;
2. Disposition of all recommendations and policies made by standing or ad

- hoc faculty committees;
 - 3. Discussions about the COM's annual budget recommendations,
 - 4. Changes to COM policies, procedures and the student catalog;The curriculum of the COM;
 - 5. Processes related to enrollment, admissions and other matters related to the student body;
 - 6. The facilities and technology needs of the COM;
 - 7. Relationships and partnerships between the COM, and external institutions;
- C. Other matters that pertain to the educational, clinical, scholarly and research activities of the faculty and the COM.The COM-CAC shall meet at least monthly. An agenda shall be prepared for each meeting by the Dean (or designee). Minutes shall be taken at each meeting by the Dean (or designee) and made accessible to all COM-CAC members.
- D. Any faculty committee, including the Faculty Council, may submit to the COM- CAC proposed actions which fall within their jurisdiction, as described below. The Chair of a faculty committee is responsible for submitting such proposals to the Dean for the COM-CAC's consideration.
- E. The CAC Executive Committee (CAC-EC) is the leadership of the COM-CAC composed of the Dean and all COM Associate and Assistant Deans. The CAC-EC may meet intermittently between COM-CAC meetings to discuss matters of a more urgent or confidential nature that would not be appropriate for the full COM-CAC.

V. SECTION 5: ROLES, RIGHTS AND RESPONSIBILITIES OF THE FACULTY

A. Faculty & Voting Faculty Defined

1. The Faculty of the COM shall include all full-time faculty, adjunct faculty, and clinical preceptor faculty holding the rank of Professor, Associate Professor, Assistant Professor, or Instructor.
2. Voting Faculty. The Voting Faculty of the COM shall refer to all full-time faculty holding appointments at the rank of Professor, Associate Professor, Assistant Professor, or Instructor. It shall also include adjunct faculty, regardless of whether the appointment is full-time or part-time, so long as the adjunct faculty member holds an administrative or curricular leadership position, e.g. course director or co-director, clerkship director, etc. It shall not include, other adjunct faculty, or clinical preceptor faculty members. It shall not include any faculty member holding an administrative appointment at the level of Assistant Dean or higher. Each Voting Faculty member shall be entitled to one (1) vote.

B. Rights and Responsibilities of Faculty

1. The faculty shall advise the Dean and COM-CAC on matters directly related to the educational program including: admission requirements, curriculum, graduation requirements, other matters related to the education program which are the purview of faculty committees of the college, or matters as requested by the Dean. The faculty may make recommendations to the COM-CAC by submitting proposals through the appropriate

- faculty committee. The appropriate faculty committee shall then determine whether to present the proposal to the COM-CAC, as described above.
2. The Voting Faculty shall meet, review and vote to approve the granting of the degree of Doctor of Osteopathic Medicine to those students who have fulfilled the requirements for that degree set by CHSU and the COM.

C. Faculty Assembly

The Faculty Assembly is composed of all faculty, including voting and non-voting members.

The Faculty Assembly shall meet in open session at least once in the fall and once in the spring. Deans and Department Chairs are welcome to attend and may request to address the Faculty Assembly. As this is a “town-hall” type forum, a summary will be composed and shared with those not in attendance.

D. Faculty Council

The Faculty Council is an elected body composed of two faculty members elected from the Biomedical Education Department and two (2) faculty members elected from the combined Clinical Departments, plus a Faculty Council Chair elected by the entire Voting Faculty. Only members of the Voting Faculty, except department chairs are eligible to serve on the Faculty Council.

i. Responsibilities

The Faculty Council is a faculty organization that serves as a representative forum for faculty participation for the free exchange of ideas and concerns of all faculty, as defined by Section V.B- Rights and Responsibilities of the Faculty. The Faculty Council serves as a liaison between COM faculty and COM-CAC in such matters. The Faculty Council’s role is to:

1. Be familiar with the governance guidelines, policies, and procedures of the COM and of the University;
2. Deliberate on matters for the purpose of formulating recommendations.
3. Advise COM-CAC on faculty priorities and goals;
4. Make suggestions and review proposed revisions of governing documents and policies submitted to it for review by the COM-CAC or Dean;
5. Share faculty suggestions, concerns, and responses to COM-CAC queries;
6. Act as a support representative for faculty in communications with leadership and in compliance with University policy;
7. Create working groups, as directed by the Dean, to explore specific issues resulting in recommendations back to the COM-CAC or Dean; and
8. Liaise with other CHSU faculty bodies as needed and as directed by the COM-

CAC or Dean.

ii. *Composition and Terms*

The Faculty Council shall meet at least once in the fall and once in the spring with minutes available for review, and electronically stored similarly to other committee minutes. Faculty Council meeting sessions are open to Faculty Council members only.

The Faculty Council Chair will serve as a *ex-officio* member of the COM- CAC to facilitate information exchange and is responsible for organizing and facilitating the meetings of the Faculty Council and the Faculty Assembly.

All Faculty Council Members, including the Chair, shall be elected by the Voting Faculty. Faculty members shall serve two-year (2-year) terms, but the Chair shall be elected annually. Nominations shall be solicited in early May. Elections shall be anonymous, will be overseen by the COM Manager of Business Affairs and Administration (or designee), and completed by May 30. Only faculty present at the meeting will be eligible to vote. Terms will coincide with the academic year (July 1 – June 30). The faculty may recall a member by two- thirds majority vote. Special elections may be held to fill vacancies that arise during the year.

Notwithstanding the above, the Faculty Council is solely advisory to the COM-CAC with respect to matters governed by California State of US Federal law or by institutional or program-specific accreditation standards.

VI. SECTION 6: STANDING FACULTY COMMITTEES OF THE COM

- i. The standing faculty Committees of the COM are listed below, including procedures for appointment, scope and function. Any member of the Voting Faculty may be appointed to these committees. Unless otherwise stated below, the Dean has discretion to change appointments, including replacement and removal, of members as the needs of the College require. Meeting attendance via phone or electronic conference system will be allowed in the event time or distance prohibits on-site attendance.

1. **Curriculum Committee (“COM-CC”)**

A. Mission

The mission of the California Health Sciences University College of Osteopathic Medicine Curriculum Committee (COM-CC) is to create, review, improve, implement, and support the professional educational curriculum across all four years of instruction as delivered to the students, and as defined by the AOA Commission on Osteopathic College Accreditation (COCA) and as it meets the California Health Sciences University College of Osteopathic Medicine Mission.

B. Function

- i. The primary function of the COM-CC is to support the faculty in the development, implementation, assessment and continuous quality improvement of the College of Osteopathic Medicine's (COM's) integrated curriculum.
- ii. All committee deliberations and decisions will be with the intent of including the tenets of evidence-based medicine; osteopathic principles and practices, core competencies; professionalism, and biomedical ethics.
- iii. The COM-CC shall establish and implement processes for assessing the content, delivery methods, and outcomes of all courses delivered during all four years of the curriculum.
- iv. A schedule of course presentations by Course Directors will be maintained by the Curriculum Committee administrative support staff with assignment and oversight by the Chair. The Curriculum Committee will also accept regular input (via meeting minutes and/or verbal reports) from Course Directors and substantial information gathered as part of the Student Curriculum Focus Groups.

C. Structure

- i. Meetings will be scheduled at least once monthly during the academic year.
- ii. Closed sessions will be held, if required, at the determination of the Chair and as deemed necessary by the committee. Closed sessions will only include full members and *ex officio* members.
- iii. A quorum will consist of at least 51% voting members in attendance.
- iv. Meeting attendance via phone or electronic conference system will be allowed in the event time or distance prohibits on-site attendance,
- v. Agenda items will be submitted to the Chair in a timely fashion as to allow for addition to the next meeting agenda. If the Chair deems the submission untimely, the item may then be placed on the next appropriate and convenient meeting as determined by the Chair. The Chair will be available to faculty members to discuss items for submission to the agenda, to assist faculty in determining if items are consistent with the mission of the committee.
- vi. The Curriculum Committee Chair may appoint ad-hoc subcommittees to address areas of specific curricular needs.
- vii. At the discretion of the Chair, the committee will allow appropriate transparency of all proceedings, determinations and actions to CHSU students, faculty, staff, administration, Board of Trustees, University President, educational stakeholders and all accrediting and regulatory bodies.

D. Membership

- i. The Chair of the COM-Curriculum Committee will be appointed by the COM Dean. The term of the Chair will be defined as one (1) academic year, and may be renewed by the Dean annually. The Chair will vote only in the event of a tie.
- ii. The Curriculum Committee will be comprised of at least five (5) members appointed by the

- Dean, in consultation with the Committee Chair, comprising a broad representation of the COM; whose collective involvement in the curriculum spans all four (4) years of the D.O. program. The vote of each full committee member will count as one (1) full vote.
- iii. There will be up to four (4) student representatives, appointed by the Dean, who will serve as Associate Members with one (1) collective vote. Student members will represent the curriculum across all years of instruction.
 - iv. There may be up to three (3) *ex officio*, non-voting members, from the assistant/associate deans.

2. COM Assessment and Outcomes Committee

A. Mission

The College of Osteopathic Medicine (COM) Assessment and Outcomes Committee (AOC) collaborates with students, faculty, staff, administrators, other College committees, CHSU Outcomes and Assessment Committee, and CHSU's Office of Institutional Assessment, Effectiveness, and Research as appropriate, to systematically review the College's progress towards the mission of the COM and CHSU.

B. Function

The COM-AOC assists with the evaluation of programmatic and student learning outcomes and providing recommendations to stakeholders regarding improvements and standardization in these areas. Activities of the COM-AOC include:

- i. Management of the assessment plan including collaborative development, implementation, monitoring, evaluation, and recommendations for improvement.
- ii. Collect data to support COM's mission, vision and goals have been achieved.
- iii. Development of reports regarding assessment activities, tools and strategies, student performance, outcomes achievement, and improvements to support stakeholder, college accreditation (Commission on Osteopathic College Accreditation), Bureau for Private and Post-Secondary Education (BPPE) and university accreditation (Western Association of Schools and College) including data driven changes and improvements at least annually.
- iv. Promotion of best practices in assessment.
- v. Development of assessment resources for the COM.
- vi. Other charges as assigned by the Dean.

C. Membership

i. Appointment

The membership of the COM-AOC shall be appointed by the COM Dean with input from

the COM-CAC. Membership shall be reviewed annually. The Chair of the COM-AOC will be appointed by the Dean of the COM. If a vacancy occurs, a replacement shall be appointed by the Dean of the COM.

ii. Membership

Membership shall consist of at least five (5) COM faculty, consisting of at least two (2) members from each of the Biomedical and Clinical Faculty. Student representation will include one (1) student per class. All members have equal voting privileges except students who have one (1) collective vote.

iii. Term Length

Appointed members shall serve for two (2) year staggered terms as determined by the Dean of the COM. Members may not serve more than two consecutive terms and must rotate off the committee at least 1-year before being reappointed to the committee. Student memberships are limited to 1-year terms.

Non-Voting, Ex-Officio membership may include staff from the Office of Academic Affairs and Assessment and the Director of Institutional Assessment, Effectiveness, and Research. Guests at this committee may include any of the Associate/Assistant Deans.

3. Faculty Development Committee (“FDC”)

A. Mission

The Faculty Development Committee encourages the professional development of COM faculty through leading, advancing and supporting collegial opportunities, strategies and initiatives that share the vision and values of CHSU and COM, promote faculty wellness and establish an inclusive intellectual climate that promotes faculty engagement and interaction within the COM.

B. Function

- i. Plan and implement all faculty development activities including journal clubs, Panel discussions, new faculty orientation, mentoring programs, and workshops.
- ii. Make recommendations to the COM leadership on policies and procedures related to faculty development.
- iii. Liaise with committees across CHSU as needed to facilitate faculty development.
- iv. Survey faculty to ensure faculty development needs are being identified.
- v. Assess faculty development activities to ensure continuous quality improvement.
- vi. Liaise between faculty and administration to meet the faculty development needs.

- vii. Align faculty development activities with accreditation standards.
- viii. Provide a forum for promoting faculty academic and scholarly development activities.
- ix. Collaborate on developing, establishing, and maintaining faculty development activities (e.g. video conferences, workshops, and seminars) to enhance instructional, curricular, organizational, and leadership development.
- x. Facilitate sharing of faculty development resources internally and externally.
- xi. Establish and oversee Task Force Workgroups focused on addressing specific faculty development and wellness needs. The Task Force Workgroups can be composed of non-committee members with the approval of the Faculty Development Committee. The Faculty Development Committee needs to select a voting committee member to liaise between the Committee and the Task Force.

C. Membership

i. Appointment

The Chair of the Faculty Development Committee (FDC) shall be appointed by the Dean of the COM with input from the CAC. The members of the Faculty Development Committee shall be recommended by the FDC Chair to the Dean of the COM for approval and appointment. If vacancy occurs, a replacement shall be appointed by the Dean of the COM with input from the FDC Chair.

ii. Term Length

Members shall be appointed for staggered two (2) year terms and the Chair for one (1) academic year. Terms may be renewed by the Dean. The Chair must be a full-time faculty member.

iii. Membership

Membership shall consist of at least five (5) COM full-time or adjunct faculty members, including at least one representative from Clinical Faculty and one representative from Biomedical Faculty.

Non-voting, Ex-Officio memberships can be recommended by any voting committee member for committee approval.

D. Timetable

The Faculty Development Committee shall meet at least once each semester. Members should receive notification of the meeting at least five business days in advance. Ad-hoc meetings may be held as needed.

E. Quorum

A quorum shall be defined as fifty-one percent (51%) of the voting membership.

F. Sessions

All full-time and adjunct faculty are welcome to attend the committee's meetings. As needed, the Committee may elect to close the meeting to non- members.

4. Admissions Committee ("COM-AC")

- i. The COM-AC reviews all applicants' completed portfolios after completion of the interview process. These reviews occur monthly during interview season or more frequently if needed. The COM-AC shall make recommendations for students to be admitted, placed on a waiting list or declined. COM-AC recommendations are advisory only. The Dean shall make final admissions decision.
- ii. Additionally, the COM-AC's purpose is to provide recommendations to the COM-CAC regarding the application requirements, the student interview process and criteria for admission.
- iii. The COM-AC shall be comprised of at least five (5) members of the Voting Faculty appointed by the Dean in consultation with the COM-CAC. University and college admissions administrative personnel shall also serve as non-voting members of the AC. Faculty members are appointed for two- year (2), staggered terms. Members shall have one (1) vote each. The Dean shall select a member of the committee to serve as the COM-AC Chair. The COM-AC shall meet as often as necessary to conduct its business. Guests and students are not allowed at this committee's meetings.

5. Students at Academic Risk Committee ("StARC")

- i. The StARC's purpose is to provide input on study strategies and programs for the COM's students identified at academic risk. The StARC evaluates individual cases of students' declining academic performance or risks to individual's expected academic performance. StARC shall recommend additional or alternate resources or student-specific curricular modification strategies.
- ii. The StARC shall be comprised of up to five (5) members of the Voting Faculty and one (1) COM Student Affairs administrator. Additionally, the COM Educational Skills Specialists and Clinical Psychologist may also be members of StARC. All members are appointed by the Dean in consultation with the COM-CAC. The Chair of the committee will be the Assistant/Associate Dean of Student Affairs. All members shall have one
 - a. vote. Faculty members are appointed for two-year (2) staggered terms. Administrative members shall have no term limits. The StARC shall meet as often as necessary to conduct

its business, as determined by the StARC Chair. Guests may be invited periodically to this committee's meetings.

6. COM Student Progress Committee ("COM-SPC")

- i. The SPC's purpose is to provide input on remediation strategies and programs for the college's students. The SPC evaluates individual cases of student academia and/or professional deficiency in accordance with the college's academic progression and remediation policies, to formulate a decision as to whether the student should be allowed to progress or be dismissed from the program due to their inability to meet minimum academic or professional standards.
- ii. The SPC is composed of three year-specific subcommittees (Year 1, Year 2, and Years 3 and 4). These subcommittees are responsible for the oversight of the remediation plan of any student in that year who has experienced a failure of a required element/course/section for graduation or has otherwise failed to show adequate academic progress. The subcommittees shall consist of, at a minimum:
 - a. The Year-specific Curriculum Director;
 - b. A learning enhancement specialist;
 - c. A clinical psychologist;
 - d. Ad hoc faculty representative(s) who may serve as a faculty advisor;
 - e. Ex officio faculty advisors requested to be present for committee meetings.

The Dean's appointee over the curriculum serves as the chair of the subcommittee and as such, is a voting member of the SPC. All voting members of the SPC are full time CHSU faculty with nonadjunct faculty appointments. SPC members are appointed by the Dean of the COM. The composition of the voting members of the SPC shall consist of, at a minimum:

- Subcommittee Chair, Year 1 of COM
- Subcommittee Chair, Year 2 of COM
- Subcommittee Chair, Years 3 and 4 of COM
- Biomedical science faculty member
- Clinical Science faculty member
- Clinical Science faculty member
- Biomedical Science faculty member
- Chairperson of the SPC

A quorum of committee members is required in order for the SPC to finalize any decision. A quorum is defined as having 5 members present. The chairperson of the SPC only votes in the event of a tie vote of those members present. The year specific subcommittee chair overseeing the remediation of an individual student needs to recuse themselves from voting on a student they are working with.

All voting members shall have one vote. The SPC shall meet as often as necessary, at least monthly, to conduct its business, as determined by the SPC chair.

The SPC shall have the right to consult with others if necessary prior to SPC meeting with the student.

7. Rank and Promotion (RAP) Committee

The RAP Committee shall set criteria and review applicants from the faculty for advancement in Academic Rank. The RAP Committee shall review all initial applicants to the Clinical Preceptor Faculty for assignment to appropriate initial rank.

A. Mission

The mission of the California Health Sciences University College of Osteopathic Medicine Rank and Promotion Committee (COM-RAP) is to recommend full time faculty for promotion and to recommend adjunct and clinical preceptor faculty for rank and promotion as it meets the California Health Sciences University College of Osteopathic Medicine Mission.

B. Function

- i. The primary function of the COM-RAP is to support the faculty in the quest for excellence in teaching, service, scholarship and clinical skills through the rank and promotion process.
- ii. All committee deliberations and decisions will be with the intent of including the tenets of evidence-based medicine; osteopathic principles and practices, core competencies; professionalism, and biomedical ethics.

C. Structure

- i. Meetings will be scheduled on an ad-hoc basis, with a frequency determined by the submission of faculty portfolios for review. There will also be at least one (1) meeting during the academic year to review the Rank and Promotion Policy.
- ii. A quorum will consist of at least 51% of voting members in attendance.
- iii. Agenda items will be submitted to the Chair in a timely fashion as to allow for addition to the next meeting agenda. If the Chair deems the submission untimely, the item may then be placed on the next appropriate and convenient meeting as determined by the Chair. The Chair will be available to faculty members to discuss items for submission to the agenda, to assist faculty in determining if items are consistent with the mission of the committee.
- iv. At the discretion of the Chair, the committee will allow appropriate transparency of all proceedings, determinations and actions to CHSU students, faculty, staff, administration, Board of Trustees, University President, educational stakeholders and all accrediting and regulatory bodies.

D. Membership

- i. The Chair of the COM-RAP will be appointed by the COM Dean. The term of the Chair will be defined as one (1) academic year, and may be renewed by the Dean annually for no more than a total of three (3) consecutive years. The Chair will vote only in the event of a

tie.

- ii. The COM-RAP will be comprised of five (5) members appointed by the Dean, in consultation with the Chair of the committee, consisting of at least two (2) members from the clinical faculty and at least two (2) members from the non-clinical faculty. The vote of each full committee member will count as one (1) full vote.
- iii. If possible, at least one (1) member from the applicant's department should be on the committee.

8. Graduate Medical Education Committee "GMEC"

The GMEC will advise, promote and assist in development of new graduate medical education programs in the geographic area of interest of the COM. The GMEC will be chaired by the Associate Dean for GME. The Associate Dean for GME will report on findings and discussions from various stakeholders. The GMEC will advise the COM-CAC and CHSU administrative leadership on all matters related to GME development.

The GMEC will be composed of faculty members including clinical preceptor faculty from affiliated hospitals and community GME training programs. The GMEC will meet as often as needed to conduct its business.

VII. SECTION 7: CONSTRUCTION

- A. Job Descriptions. Summaries of position descriptions and duties are not exhaustive. More detailed job descriptions of responsibilities are on file with the Office of Human Resources, as those job descriptions may change from time to time in CHSU COM's sole discretion. Nothing in the job duties described above limit CHSU COM's ability to change duties assigned to personnel
- B. Compliance. Nothing in this policy will be interpreted, applied, or enforced in a manner inconsistent with applicable law, including but not limited to Section 7 of the National Labor Relations Act.

FACULTY RANK AND PROMOTION POLICY

This rank and promotion policy is intended to provide clarity and specificity regarding the types of activities that should be used to recommend initial rank and that faculty can use to build a record of achievement worthy of promotion. Promotion represents an acknowledgement of demonstrated faculty contributions to education, clinical care, research and service, as well as a consistent commitment to the mission, vision, goals and values of the College of Osteopathic Medicine (COM). The procedures of this policy are designed to assist faculty in meeting promotion requirements and complying with application deadlines in order to enhance the likelihood of a successful outcome. The policy also provides guidance to reviewers to ensure a fair and objective process.

Faculty Titles

Part Time Faculty Titles (ranked from lowest to highest):

1. Adjunct Instructor
2. Adjunct Assistant Professor
3. Adjunct Associate Professor
4. Adjunct Professor

Full Time Faculty Titles (ranked from lowest to highest):

1. Instructor
2. Assistant Professor
3. Associate Professor
4. Professor

Clinical Preceptor Faculty (ranked from lowest to highest):

1. Clinical Instructor
2. Clinical Assistant Professor
3. Clinical Associate Professor
4. Clinical Professor

Initial Rank

At the time of initial hire, the typically assigned rank of full-time faculty will be Assistant Professor, for part-time faculty will be Adjunct Assistant Professor, and for preceptors will be Clinical Assistant Professor, unless otherwise determined. The Dean of the COM may assign a different initial rank during the contract negotiation phase after consultation with the candidate Department Chair and/or the Faculty Rank and Promotion Committee.

For appointment at a rank higher than Assistant Professor the Dean will take into consideration Faculty Rank and Promotion recommendations, the applicant's rank at previous universities, teaching, research/scholarly activities, patient care, service and any other relevant factors in consideration of the promotion criteria outlined below.

Eligibility for Promotion

Faculty in the College of Osteopathic Medicine are typically eligible to apply for promotion after serving a minimum of five years in rank at CHSU or another institution.

A faculty member may initiate the promotion process at the start of their last requisite year of service. Credit for time served in a particular rank at previous institutions at which the applicant worked will be permitted. Credit for part-time service may be negotiated in advance of the promotion process with the Dean of the COM. Any such agreements shall be documented in writing and a copy provided by the applicant to his or her Department Chair or immediate supervisor.

No Tenure Offered

COM does not offer tenure track positions for any faculty member.

Application for Promotion Process and Timeframe

Preparation of Portfolio (Any Time During the Academic Year)

A faculty member must be the one to initiate the formal process of promotion by first preparing and submitting a portfolio that summarizes and documents their academic credentials and professional/academic accomplishments. Specifically, faculty seeking promotion to a higher rank will be evaluated on how they have successfully met the qualifications of the higher rank relative to, and appropriate for, their current position. The portfolio shall contain the content and be in the format as described in this policy. The purpose of the portfolio is to showcase the faculty member's achievements so as to justify promotion by illustrating that required promotion criteria either meet or exceed the basic criteria. Promotion shall be primarily based on achievements since the last promotion; prior achievements may be considered to demonstrate consistent productivity. These guidelines are intended to help faculty effectively use the portfolio as a tool to document and showcase their achievements in a clear, well-organized format. Faculty must submit their portfolio for consideration by February 1 in order to provide adequate time for review and action before the next academic year.

Faculty members who hold a combined administrative and faculty appointment in the college of osteopathic medicine may request specific administrative responsibilities be considered as evidence for promotion. Justification for the substitution must be clearly explained, both quantitatively and qualitatively, in the letter of intent submitted by the applicant to the Department Chair or immediate supervisor of the applicant. This letter will be included in the applicant's portfolio.

The portfolio shall be submitted electronically as a single PDF document to the department chair/supervisor.

The contents of the portfolio should be arranged as follows:

- Cover Letter requesting a portfolio review for promotion in rank.
- Curriculum vitae – professional credentials and education
 - College/University – dates/degree obtained
 - Graduate school – dates/degree obtained
 - Medical school – dates/degree obtained
 - Internship – dates
 - Residency – dates
 - Fellowship – dates
 - Practice – Specialty
 - Employment Experience – include time and rank
 - Certification/Licenses
 - Honors/Awards

- Accomplishments in teaching, emphasizing annual trends when archived data are available
- This could take the form of a teaching portfolio
- Accomplishments in scholarship should also emphasize trended data
- Accomplishments in service should be an ordered, clear, succinct presentation of data regarding internal and external service over time.
- A description and documentation of clinical duties if applicable
- A minimum of two external letters of support from external evaluators shall be requested and obtained by the applicant and included in the portfolio. All letters must come from individuals who have knowledge/expertise in the areas of the faculty member's performance and contributions. These letters should address the individual's potential for promotion at other institutions.
- Letters of support from CHSU faculty and administration (optional)
- Additional supporting evidence may be included in an appendix.

Formation of a Rank and Promotion Committee

The Rank and Promotion Committee shall be appointed by the Dean of the COM, prior to the start of each academic year, consisting of five (5) faculty members plus a Chair. All members of the committee shall be voting members except for the Chair, who will only vote in the event of a tie. A Vice Chair will be selected as part of the five (5) voting members and will step into the role of Chair when necessary. The Dean of the COM may substitute any Rank and Promotion members if there is a conflict that prevents the member from fairly evaluating a particular applicant. Additionally, the Department Chair or the applicant's immediate supervisor who has already reviewed the applicant's portfolio must recuse themselves from the Rank and Promotion Committee meeting. At least four of the members of the committee shall be at a rank equal to or above associate professor. The members of the Promotion Committee, other than the Chair, should consist of at least two (2) members from the clinical faculty and at least two (2) from non-clinical faculty. The Rank and Promotion Committee will also annually review the criteria and guidelines for promotion in rank of COM faculty and recommend revisions as necessary to the Dean of the COM to maintain consistency with the mission and needs of the COM.

Review of Portfolio by the Department Chair or Immediate Supervisor

The first step in evaluating the applicant's portfolio shall be conducted by the Department Chair or immediate supervisor. The portfolio should be submitted to the Department Chair or immediate supervisor by the applicant. The Department Chair or immediate supervisor shall review the portfolio and make a determination regarding whether to recommend the applicant for promotion based on the portfolio, and prepare a written letter expressing support or lack of support of the applicant's request for promotion. The Department Chair or immediate supervisor will summarize the faculty member's most recent record of satisfactory annual performance reviews available since appointment to their current rank. The Department Chair or immediate

supervisor shall add the letter to the applicant's portfolio and deliver the complete portfolio to the Chair of the Rank and Promotion Committee by March 1.

A Department Chair/Supervisor's lack of support of the applicant's request for promotion will not prevent the portfolio-review process from continuing as outlined below.

Review of Portfolio by the Rank and Promotion Committee

The Rank and Promotion Committee is responsible for assessing faculty for rank and promotion given their contribution to education, clinical care, scholarship and service as appropriate to the COM. After receiving the completed portfolio from the Department Chair/supervisor, the Rank and Promotion Committee will convene to determine their recommendation for promotion in a rank. The Rank and Promotion Committee shall review the promotion criteria. The Rank and Promotion Committee must critically review the documentation related to a faculty member's application for promotion in rank and determine if the faculty meets the pre-specified qualifications for the higher rank as outlined in this policy.

The inaugural faculty may be given special consideration for the extra accomplishments of creating the college of osteopathic medicine and implementing its mission and vision.

The Rank and Promotion Committee shall vote for or against recommending promotion. If there is a tie between the voting members of the Rank and Promotion Committee the Chair of the committee shall also cast a vote in order to break the tie. The Committee may request additional information from the applicant before finalizing their recommendation. The Chair of the Promotion Committee shall forward the vote tally and written recommendations, which will be either a recommendation for promotion or a recommendation against promotion, along with a rationale for the decision and the applicant's portfolio to the Dean of the COM by April 1. Any member of the Promotion Committee who disagrees with the decision has the right to submit a separate written evaluation to the Dean of the COM.

Review by the Dean of the COM

The Dean of the COM shall review the applicant's portfolio along with the recommendation regarding promotion from the Rank and Promotion Committee. The Dean of the COM must critically review the documentation related to a faculty member's application for promotion in rank and determine if the faculty meets the pre-specified qualifications for the higher rank explained in this policy.

The Dean of the COM will make a final determination regarding the applicant's promotion by May 1. If the Dean of the COM needs additional time to review and make a determination regarding the promotion request, the Dean of the COM shall inform the applicant, Rank and Promotion Committee and the department Chair/supervisor of the revised timeline to complete their review.

If the promotion is denied by the Dean of the COM, the Dean of the COM shall draft a detailed statement supporting the decision and citing deficiencies to the applicant, the Rank and Promotion Committee Chair, and the applicant's immediate supervisor. If the promotion is granted, the Dean of the COM shall notify the

applicant, Human Resources, the Rank and Promotion Committee Chair, and the applicant's immediate supervisor about the decision. Unless otherwise noted, all promotions will become effective at the start of the next fiscal year on July 1.

Appeal of the Decision

If an applicant is denied promotion, the applicant may appeal the decision to the CHSU President or designee by submitting a written explanation detailing the justification of the appeal. An appeal must be submitted within thirty (30) business days of notification of the Dean's decision. The President shall review all relevant information and documents and render a decision about the appeal and notify the applicant of the outcome within thirty (30) business days. The decision of the President is final.

Promotion of Criteria by Category

Promotion is determined on a case-by-case basis and based on the needs of the COM. Meeting the criteria listed below should not be construed as guaranteeing promotion.

1. FULL-TIME FACULTY

Full-time academic faculty are those faculty who are employed full-time by the COM. Promotion is based on the success and productivity commensurate with the specific faculty member's individual contractual obligations. Full-time faculty may be defined as either clinical track or non-clinical track.

2. ADJUNCT FACULTY

Adjunct faculty are part time employees of CHSU-COM. The adjunct faculty member should contribute to the mission of his/her assigned division and the University. Adjunct faculty are not expected to have extensive on-campus service on committees, task forces, or research. Demonstrated accomplishments in teaching, scholarship or service will generally meet rank and promotional requirements.

3. CLINICAL PRECEPTOR FACULTY

Clinical preceptor faculty have a commitment to patient care and osteopathic medical education. The faculty member should contribute to the mission of his/her assigned department and the University. Clinical preceptor faculty are not expected to have extensive on-campus service on committees, task forces, or research. Demonstrated accomplishments in teaching, scholarship or service will generally meet rank and promotional requirements.

4. PROMOTION GUIDELINES

The following table outlines non-exhaustive criteria for evaluation of a candidate's portfolio to determine whether promotion criteria have been satisfied. Criteria are divided into education, scholarship and service categories.

Guidelines for promotion to:	Assistant Professor	Associate Professor	Professor
		Assistant professor PLUS:	Associate Professor PLUS:
Education	Competence in education in the classroom, seminar, tutorial, laboratory, clinical, or online settings, based on student, peer, and/or course evaluations, and other supporting documents which must be included as evidence.	Consistent over several years.	Receipt of teaching awards or repeated exemplary student or peer review.
	Demonstrates knowledge of educational innovations through the creation of new or improved teaching materials.	Implements educational innovations or methods of evaluation.	Develops educational innovations or methods of evaluation.
	Assists in developing new educational sessions, courses or programs.	Develops new educational sessions, courses or programs.	Leads development of new education sessions, courses or programs.
	Participation in college faculty development offerings and other evidence of professional development in	Consistent and ongoing participation in faculty development, especially those leading to additional certifications by professional	Provides professional development through workshops and/or mentoring of other faculty.

	medical education.	organizations.	
		Demonstrates leadership qualities in curriculum development and implementation.	Leads curriculum development or implementation.
	Other key educational achievements.	Other key educational achievements.	Other key educational achievements.
Guidelines for promotion to:	Assistant Professor	Associate Professor	Professor
		Assistant professor PLUS:	Associate Professor PLUS:
Education	Competence in education in the classroom, seminar, tutorial, laboratory, clinical, or online settings, based on student, peer, and/or course evaluations, and other supporting documents which must be included as evidence.	Consistent over several years.	Receipt of teaching awards or repeated exemplary student or peer review.
	Demonstrates knowledge of educational innovations through the creation of new or improved teaching materials.	Implements educational innovations or methods of evaluation.	Develops educational innovations or methods of evaluation.
	Assists in developing new educational	Develops new educational sessions,	Leads development of new education

	sessions, courses or programs.	courses or programs.	sessions, courses or programs.
	Participation in college faculty development offerings and other evidence of professional development in medical education.	Consistent and ongoing participation in faculty development, especially those leading to additional certifications by professional organizations.	Provides professional development through workshops and/or mentoring of other faculty.
		Demonstrates leadership qualities in curriculum development and implementation.	Leads curriculum development or implementation.
	Other key educational achievements.	Other key educational achievements.	Other key educational achievements.
Guidelines for promotion to:	Assistant Professor	Associate Professor	Professor
		Assistant professor PLUS:	Associate Professor PLUS:
Education	Competence in education in the classroom, seminar, tutorial, laboratory, clinical, or online settings, based on student, peer, and/or course evaluations, and other supporting documents which must be included as evidence.	Consistent over several years.	Receipt of teaching awards or repeated exemplary student or peer review.
	Demonstrates	Implements educational	Develops educational

	knowledge of educational innovations through the creation of new or improved teaching materials.	innovations or methods of evaluation.	innovations or methods of evaluation.
	Assists in developing new educational sessions, courses or programs.	Develops new educational sessions, courses or programs.	Leads development of new education sessions, courses or programs.
	Participation in college faculty development offerings and other evidence of professional development in medical education.	Consistent and ongoing participation in faculty development, especially those leading to additional certifications by professional organizations.	Provides professional development through workshops and/or mentoring of other faculty.
		Demonstrates leadership qualities in curriculum development and implementation.	Leads curriculum development or implementation.
	Other key educational achievements.	Other key educational achievements.	Other key educational achievements.
Guidelines for promotion to:	Assistant Professor	Associate Professor	Professor
		Assistant professor PLUS:	Associate Professor PLUS:
Scholarship*	Able to conduct scholarship that can contribute to the academic mission or bring distinction to	Documented original scholarship through published, peer-reviewed works, or grant funding, that make a significant	Continued excellence in original scholarship and recognition by experts in the field.

	CHSU.	contribution to new knowledge.	
	Presents on medical education/clinical practice/ scientific research at conferences, rounds or seminars within the institution or local area.	Presents on medical education/clinical practice/ scientific research at conferences, rounds or seminars held at a state or national level.	Presents on medical education/clinical practice/ scientific research, at conferences, rounds or seminars held at a national or international level.
<p>*CHSU embraces Boyer's expanded model of scholarship.</p> <ul style="list-style-type: none"> • Scholarship of discovery - including original or basic research; • Scholarship of integration - involving synthesis of information across disciplines and professions, across topics within a discipline, or across time; • Scholarship of application - involving the rigor and application of disciplinary expertise outside the academy (for example in community engagement) with results that can be shared with and/or evaluated by peers, and; • Scholarship of teaching and learning (SOTL) - the systematic study of teaching and learning processes. It differs from scholarly teaching in that it requires a format that will allow public sharing and the opportunity for application and evaluation by others. 			
Guidelines for promotion to:	Assistant Professor	Associate Professor	Professor
		Assistant professor PLUS:	Associate Professor PLUS:
Service	Participates in service activities that enhance the COM mission and values and promote community engagement.	Demonstrates leadership qualities in service activities that enhance the COM mission and values and promote community engagement.	Leads service activities that enhance the COM mission and values and promote community engagement.

	Contributes to the department, college or university in committees, policy development,	Demonstrates leadership qualities in department, college or university committees, policy	Leads department, college or university committees, policy
	outreach or other commonly recognized forms of university service.	development, outreach or other commonly recognized forms of university service	development, outreach or other commonly recognized forms of university service.
		Participates in quality improvement projects.	Leads quality improvement projects.
	Participates in student advising and extracurricular activities.	Demonstrates leadership qualities in student advising and extracurricular activities.	Leads student advising and extracurricular activities.
		Participates in internal or external faculty mentoring.	Mentors faculty internally or externally.
	-	Membership on extramural scientific, clinical or professional committees at the regional, national, or international level.	Leadership role on extramural scientific, clinical or professional bodies at the national or international levels.
		Service to the osteopathic medical education community	Leadership in the osteopathic medical education community
	-	Peer-reviewer for conference submissions, journals, or grant proposals.	Service on editorial board, grant panel or study section.

