

# Faculty Handbook

*July 2019*

**CHSU**  
CALIFORNIA  
HEALTH SCIENCES  
UNIVERSITY

*Accurate at time of July 2019 printing. Content maybe changed and faculty are responsible for monitoring the CHSU.edu faculty handbook section.*

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# California Health Sciences University

## CHSU GOVERNING STATUTE NUMBER 1 UNIVERSITY MISSION, VISION AND VALUES

### I. CHSU 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 health care careers that serve our region;
- B. Developing compassionate, highly trained, intellectually curious, adaptive leaders capable of meeting the health care 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.

### II. CHSU VISION

To be the health sciences educator of choice in Central California.

### III. CHSU VALUES

#### D. INTEGRITY

1. CHSU keeps promises and fulfills just expectations. By aligning our beliefs, thoughts and actions, we adhere to the highest ethical and professional standards in education, research and healthcare.
2. Acting with integrity means personal accountability for and commitment to ethical decision making, honesty, fairness and respect for others, while avoiding even the appearance of misconduct or impropriety.

#### E. EXCELLENCE

1. CHSU strives to achieve the highest quality in all that we do by using evidence-based methods, teamwork, critical reasoning and continuous reflection on performance.

#### F. COLLABORATION

1. CHSU strives to contribute positively to each other, students, patients, university and community, through a culture of trust, respect, transparent communication, cooperation, cheerfulness, gratitude, and shared victories.



## California Health Sciences University

### G. DIVERSITY

1. CHSU respects, embraces and harnesses the strengths of the many cultural backgrounds, languages, experiences and viewpoints of our students, faculty, staff and the community which we serve.

### H. INNOVATION

1. CHSU offers opportunity and resources to explore and pursue courageous innovation that matters for our students, faculty, staff, patients and community.

### I. STEWARDSHIP

1. CHSU conscientiously utilizes our resources – human, material and financial – in a highly efficient, effective, forward-looking and sustainable manner.

### J. GROWTH

1. CHSU values and invests 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.

- 
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**INTEGRITY**

**EXCELLENCE**

**COLLABORATION**

**DIVERSITY**

**INNOVATION**

**STEWARDSHIP**

**GROWTH**



# California Health Sciences University

## CHSU GOVERNING STATUTE NUMBER 2 UNIVERSITY CODE OF ETHICAL CONDUCT

California Health Sciences University is committed to maintaining a campus environment that offers a wide range of professional, social and cultural opportunities and where the well-being of students and University personnel is the primary focus of all decision making and actions. In order to ensure that the highest ethical standards are maintained, the California Health Science University Board of Trustees adopts and enforces the following statements of ethics and conduct for all members of the University community, including but not limited to its Trustees, Officers, administration, faculty, staff, students, volunteers, vendors, agents, contractors, and third-parties associated with the University.

### **I. STATEMENT OF MISSION AND VALUES**

CHSU exists 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; and (3) empowering people to teach, serve, research, innovate, and practice collaboratively in areas of skill and expertise.

In all decisions, members of the CHSU community are encouraged to and supported in relying upon the key values of CHSU as guiding principles. The University Code of Ethical Conduct (“Code”) does not address every possible situation. Instead, the Code sets forth the principles and values upon which all decisions should be made. The Code builds upon these key principles and values to establish policies and procedures designed to create an effective and supportive learning and working community that promotes the mission of developing compassionate, highly trained, intellectually curious, and adaptive leaders that are empowered to teach, serve, innovate, and practice collaboratively to make CHSU the health sciences educator of choice in Central California.

The Code rests on the foundation of core principles and values. By following these core principles and values, all members of the CHSU community will build a university of high moral, ethical and professional standards. All members of the CHSU community will uphold this Code by following these core principles and values:



## California Health Sciences University

### A. INTEGRITY

1. CHSU keeps promises and fulfills just expectations. By aligning our beliefs, thoughts and actions, we adhere to the highest ethical and professional standards in education, research and healthcare.
2. Acting with integrity means personal accountability for and commitment to ethical decision making, honesty, fairness and respect for others, while avoiding even the appearance of misconduct or impropriety.

### B. EXCELLENCE

1. CHSU strives to achieve the highest quality in all that we do by using evidence-based methods, teamwork, critical reasoning and continuous reflection on performance.

### C. COLLABORATION

1. CHSU strives to contribute positively to each other, students, patients, university and community, through a culture of trust, respect, transparent communication, cooperation, cheerfulness, gratitude, and shared victories.

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1. CHSU respects, embraces and harnesses the strengths of the many cultural backgrounds, languages, experiences and viewpoints of our students, faculty, staff and the community which we serve.

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1. CHSU offers opportunity and resources to explore and pursue courageous innovation that matters for our students, faculty, staff, patients and community.

### F. STEWARDSHIP

1. CHSU conscientiously utilizes our resources – human, material and financial – in a highly efficient, effective, forward-looking and sustainable manner.

### G. GROWTH

1. CHSU values and invests 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.



# California Health Sciences University

## II. GOVERNING STATUTES

- A. The University's Board of Trustees has adopted governing statutes which include this Code of Ethical Conduct, a statement on Non-Discrimination and Equal Opportunity, a statement on Confidentiality of Information, a statement on Due Process, and a statement on Fiscal Management and Accountability. All members of the University community are bound by these governing statutes. These statutes form the foundation of the University's policies and procedures.

## III. LAW AND POLICY COMPLIANCE

- A. At CHSU we are committed to maintaining high professional and ethical standards and expect all community members to comply with all applicable laws, regulations, and institutional policies. Institutional policies and procedures are made available to members of the University community through the University website and through specific information portals.
- B. University policies and procedures are designed to ensure compliance with legal and regulatory requirements with specific application to CHSU business. Supervisors are responsible for ensuring that all policies and procedures are followed within their department and all members of the University community are expected to abide by the policies and procedures of the institution, including this Code.
- C. The Office of General Counsel is responsible for assisting members of the University community with understanding, implementing, and following laws and regulations within the course of University business and designates specific staff members and committees with operational oversight of specific compliance functions. Question or concerns about the application or interpretation of University policies should be directed to the Office of the General Counsel.

## IV. PROFESSIONALISM

- A. CHSU is committed to providing teaching, scholarly activity, research and service in a dedicated and professional manner. Accordingly, CHSU requires all community members to conduct themselves in a professional manner at all times. Our University's reputation is an asset that can make us successful. It is of paramount importance that each community member treats each other with the utmost of respect and consideration not only during working hours, but after hours as well.



## California Health Sciences University

- B. All members of the University community are expected to demonstrate professionalism in their interactions and daily activities. At CHSU, faculty and staff pledge their best efforts to ensure high quality, future-directed educational programs for students by sustaining and increasing expertise and continuous improvement of their ability to facilitate learning. All members of the campus community are expected to hold themselves to the professional virtues of honesty, compassion, civility, integrity, fidelity, and dependability and to maintain high professional standards in all interactions. We celebrate exemplary behavior and will not tolerate unprofessional behavior.

### V. USE OF UNIVERSITY RESOURCES

- A. The University recognizes and supports advances in technology and provides an array of technology resources for employees to use to enhance student learning, facilitate resource sharing, encourage innovation, and to promote communication. While these technologies provide a valuable resource to the University, it is important that employees' use of technology be appropriate to support the University Mission.
- B. University resources are reserved solely for activities conducted in the fulfillment of the University mission and may not be used for personal purposes or private gain except where otherwise permitted by University policy. Incidental personal use of Information Technology services and resources, within the guidelines of University policy, is considered appropriate. University resources include but are not limited to communication devices, funds, facilities, equipment, staff, campus mail system, public spaces, etc. In any use of University property and or resources, community members are expected to comply with all laws, policies, and procedures and to accurately document and report permitted use of University funds and resources in the course of professional duties per the guidelines of specific University policies and procedures.

### VI. CONFLICTS OF INTEREST

- A. All employees shall recognize the potential for conflicts of interest and shall refrain from engaging in activities that may interfere with the University's mission. Employees shall not use their positions for personal gain through political, social, religious, economic, or other influences when those activities interfere with the University mission. Financial endeavors on the behalf of the individual or the University that create or appear to create a conflict between the interests of the University and an employee are unacceptable.



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Areas where conflicts of interest may arise include outside employment, relationships with external or commercial entities, the acceptance of gifts and or favors, through the acceptance and review of bids and vendor services, access to trade secrets and confidential information, and through outside service with competitive entities. Information, projects, or opportunities on which staff and faculty work as part of their job duties with CHSU are property of CHSU and may not be used for personal gain for as information for another company. Staff and faculty who engage in outside employment or believe a conflict of interest may exist in any business performed on the behalf of the University should report the potential conflict and or details of outside employment to the Office of Human Resources who will evaluate the potential conflict of interest.

### **VII. INTELLECTUAL HONESTY/ACADEMIC INTEGRITY**

- A. Academic and intellectual honesty and integrity is expected from all members of the CHSU community. Any staff, faculty, student, prospective student, or alumnus found to have committed the following misconduct is subject to the sanctions outlined in the Honor Council section of the University Catalog and in applicable staff and faculty personnel policies. Unacceptable conduct is defined in the University's policies applicable to students and employees.

### **VIII. RESEARCH MISCONDUCT**

- A. CHSU prides itself upon its support and enhancement of educational, medical and scientific research. As such, acts of research misconduct will be taken seriously. Members of the University community, including students, who engage in research are required to comply with all applicable policies, procedures, laws, and regulations and to conduct themselves with integrity at all times. The University recognizes that research and scholarly activities are a proper and common feature of academia, contributing to the professional and academic development of the individual and extending the University's triad mission of teaching, research, and service. Research must be conducted in a manner that shows appropriate respect for and protection of human subjects and in compliance with the United States Department of Health and Human Services Regulations, Protection of Human Subjects: title 45, Code of Federal Regulations, part 46 (45 CFR 46).



## California Health Sciences University

### IX. RESPECT FOR OTHERS AND FACULTY/STUDENT/STAFF INTERACTIONS

- A. Interactions between members of the CHSU community should be conducted with respect for the Code and in support of the University's mission and values. Staff and faculty are expected to pledge their best efforts to ensuring a high quality, future-directed educational program for all students by sustaining and increasing expertise of the disciplines they teach and continually improving their ability to facilitate learning. All students, staff, administration and faculty are expected to hold themselves to the professional virtues of honesty, compassion, civility, integrity, fidelity, and dependability and to respect all individuals regardless of gender, race, national origin, religion, sexual orientation, disability or other protected class.
- B. Faculty Responsibilities: All faculty are expected to engage in teaching, advising, scholarship, service to their College and university, community engagement and outreach, and, in the case of clinical faculty, practice. Faculty are expected to meet deadlines for submission of handouts, exam questions and answers, and other course materials; follow copyright law; adhere to course schedules; to be available for student conferences outside of class and to accommodate student requests for appointments outside of scheduled office hours whenever possible; and to provide ADA accommodations as required by the Americans with Disabilities Act (1991) including but not limited to extra time and private space for examinations for students who need such accommodations. Additional faculty requirements and responsibilities may be found in applicable faculty policies.
- C. Student Responsibilities: Students are expected to exert their utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives. The University has set forth academic regulations, which allow students to achieve their degree objectives, and policies, which dictate student conduct. Guidance regarding these matters may be found in University or college-specific policies and procedures. Students are expected to be familiar with all regulations that affect them and to abide by all University policies.
- D. Romantic Relationships: Relationships of a romantic or sexual nature between faculty and the students they are responsible for the academic supervision, evaluation, or instruction of are prohibited regardless of whether or not the relationship is consensual. Additionally, staff and administration may not engage in relationships of a romantic or



## California Health Sciences University

sexual nature with students for whom they mentor, advise, coach, evaluate, manage, or have direct responsibility for even if the relationship is consensual. Further, employees may not engage in romantic or sexual relationships with other employees which they supervise or manage. In rare circumstance, the Office of Human Resources, with approval of the President, may make an exception to this policy provided that appropriate conflict management and risk mitigation procedures are implemented and maintained. It is the responsibility of the faculty or staff member engaging in the romantic and or sexual relationship with a student to disclose the existence of the relationship to the Office of Human Resources. Failure to do so may result in corrective action.

### **X. COLLEGE SPECIFIC CODES OF CONDUCT AND PROFESSIONALISM**

- A. At times, specific colleges, programs, or constructive learning experiences may require certain University sponsored programs or activities to adopt and promulgate area specific codes of conduct and or professionalism. These codes of conduct and professionalism are intended to extend the value of the University Code to all learning endeavors and should be considered a continuation of this policy.
- B. CHSU College of Osteopathic Medicine ("COM") has adopted the AOA Code of Ethics and all members of the COM community are expected to comply with the AOA Code of Ethics in addition to the CHSU Code.
- C. CHSU College of Pharmacy ("COP") has adopted a Code of Ethics and Professionalism applicable to all members of the COP community.

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  - Approval by Board Date: 5/10/2018



# California Health Sciences University

## CHSU GOVERNING STATUTE NUMBER 3

### CONFIDENTIALITY OF INFORMATION

#### I. SECTION 1

A. CHSU is committed to preserving the integrity and security of confidential records and information created, received, maintained and/or stored by the University in the course of carrying out its educational mission. Confidential records include without limitation any personally identifiable student or employee records, financial records, health records, contracts, research data, alumni and donor records, personnel records, computer passwords, University proprietary information and data and any other records for which access, use or disclosure is not authorized by federal, state or local law, or by University policy. The confidentiality of all student and personnel information will be preserved in compliance with applicable state and federal laws, including but not limited to the federal Family Educational Rights and Privacy Act.

- 
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# California Health Sciences University

## CHSU GOVERNING STATUTE NUMBER 4

### NON-DISCRIMINATION AND EQUAL OPPORTUNITY STATEMENT

#### I. SECTION 1

- A. The University is committed to providing access to equal opportunities to all members of the University community in accordance with applicable federal, state, and local laws. The University prohibits unlawful discrimination, harassment or retaliation against employees, students, contractors, vendors, or any third party based on race; color, national origin (including possessing a driver's license issued under Vehicle Code § 12801.9), ethnicity or ancestry; gender, sex, gender identity, transgender status, sex stereotyping or gender expression; age; physical or mental disability, perceived disability or perceived potential disability; pregnancy or perceived pregnancy, childbirth, breastfeeding or related medical conditions; religion (including religious dress and grooming practices) or creed; marital status; registered domestic partner status; medical condition (including HIV and AIDS); citizenship; military and veteran status; sexual orientation; genetic characteristics; genetic information (including information from the employee's genetic tests, family members' genetic tests, and the manifestation of a disease or disorder in the employee's family member); political affiliation; as well as any other classifications protected by federal, state, or local laws and ordinances. When requested to do so, CHSU will also make reasonable accommodations to assist prospective and/or active students and employees as required by law.
- B. The University also prohibits harassment or discrimination based on the perception that a person has any of these characteristics or is associated with a person who has, or is perceived to have, any of these characteristics. The University is dedicated to ensuring fulfillment of this policy statement with respect to all areas impacting employees and students. Any violation of this policy statement will not be tolerated and will result in appropriate disciplinary action.
- C. If a member of the University community believes someone has violated this policy statement, the University community member should utilize the University's complaint procedures to bring the matter to the attention of the University administration. The University will promptly investigate the facts and circumstances of any claim this policy statement has been violated and take appropriate corrective measures. No member of the university community will be subject to any form of discipline or retaliation for reporting perceived violations of this policy statement, pursuing any such claim or cooperating in any way in the investigation of such claims.



## California Health Sciences University

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# California Health Sciences University

## CHSU GOVERNING STATUTE NUMBER 5

### DUE PROCESS

#### I. SECTION 1

- A. California Health Sciences University ("University") is committed to providing fair disciplinary processes for all employees and students. The University shall disseminate policies and procedures which provide for fair treatment of employees and students. Such policies and related procedures for employees shall be developed and maintained by the Office of Human Resources, and shall be made available in the same manner as other personnel policies and procedures. Such policies and related procedures for students shall be developed and maintained by the Office of Student Affairs, and shall be contained in applicable student catalogs and handbooks.
- B. The University shall also disseminate policies which provide for the processing of complaints made against members of the University community, including students and employees. These policies shall provide a fair process for review of those complaints. Fair review of such complaints shall include a neutral fact-finder, which may or may not be an employee of the University. The fact-finder will make determinations of complaints based on a preponderance of the evidence standard. The preponderance of the evidence standard means that fact-finders must determine whether the allegations of a complaint are more likely than not to be true based on available evidence, including, but not limited to, witness statements, available documents and credibility determinations. An appeals process shall be provided in each complaint policy. All such complaints must be processed in accordance with applicable state and federal law.
- C. The University shall also make available to employees and students information for the filing of complaints with appropriate state, federal and accrediting agencies, as required by state or federal law and/or by the University's accrediting agencies' rules, standards or regulations

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  - Provost Approval Date: 5/10/2018
  - Approval by Board Date: 5/10/2018



# California Health Sciences University

## CHSU GOVERNING STATUTE NUMBER 6 FISCAL MANAGEMENT AND ACCOUNTABILITY

### **I. PURPOSE AND APPLICABILITY**

- A. This policy applies to the fiscal governance of the University and its component colleges. It is set to ensure proper management and accountability of financial resources of the University.

### **II. GUIDING PRINCIPLES**

- A. The President is accountable to the Board of Trustees for the execution of financial policies approved by the Board of Trustees and the overall financial management of the University. The President performs these directives by delegating responsibility and accountability to appropriate personnel.
- B. The Chief Financial Officer is accountable to and advises the President on all financial affairs of the University.
- C. Senior management personnel are accountable to the President and/or the Chief Financial Officer for implementing the fiscal management policies and directives that have been delegated to them.

### **III. FINANCIAL MANAGEMENT AND ACCOUNTABILITY RESPONSIBILITIES**

- A. Board of Trustees
  - 1. Create committees devoted to financial oversight and approve broad financial policies that will guide the University;
  - 2. Review and/or approve items concerning financial statements, annual budgets, budget to actual reports, long-term financial plans, financial resources, revenue sources and financial aid programs;
  - 3. Review and initially approve an annual operating and capital budget for submission and final approval by the corporate members ("Members"), as described in the Board of Trustees Bylaws;
  - 4. Appointment of an external independent auditor to conduct an annual financial statement audit.



## California Health Sciences University

### B. President

1. Develop an annual operating and capital budget for approval by the Board of Trustees and Members.
2. Delegate budgetary responsibility and accountability to appropriate personnel;
3. Ensure policies and controls are developed, monitored and managed appropriately;
4. Monitor financial performance on an ongoing basis;
5. Regularly inform and advise the Board of Trustees and Members of financial business matters impacting or expected to impact the University;
6. Coordinate the approval of the annual operating and capital budget by the Members, or delegate such coordination to appropriate personnel.

### C. Chief Financial Officer

1. Develop and implement financial policies, systems and procedures which provide appropriate checks and balances in accordance with University policy development processes;
2. Assist the President in developing the annual operating and capital budget;
3. Implement the annual operating and capital budget process, as approved by the Board of Trustees and Members;
4. Delegate responsibility for monitoring and implementing financial processes to appropriate personnel;
5. Monitor financial performance on an ongoing basis and advise the President of financial matters;
6. Assist the President in advising the Board of Trustees and Members regarding financial business matters as directed by the President.

### D. Senior Management Personnel

1. Develop an annual operating and capital budget for their department or college in accordance with University policies, procedures and processes;
2. Monitor financial performance of their area of responsibility on an ongoing basis and report financial issues to their direct supervisor;
3. Ensure all applicable University policies, procedures and processes are carried out appropriately.



## California Health Sciences University

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- Approval by Board Date: 5/10/2018



# California Health Sciences University

## CHSU GOVERNING STATUTE NUMBER 7

### OFFICE OF THE PRESIDENT

#### **I. PURPOSE & APPLICABILITY**

- A. The purpose of this governing statute is to set forth the duties of the Office of the President. This governing statute shall supersede all prior job descriptions, delegations of authority and other policy documents relating to the role of the Office of the President. The Office of Human Resources shall prepare a job description for the President consistent with this governing statute, and it shall be presented to and approved by the Board of Trustees ("Trustees").

#### **II. SUMMARY OF OFFICE OF THE PRESIDENT, RECRUITMENT & REPORTING STRUCTURE**

- A. The President of the University is its Chief Executive Officer. The President reports to, and is evaluated by, the Trustees. The President shall serve as the public face of the University. The President must provide effective leadership to the University consistent with the University's mission, vision and values. At all times, the President shall work to support and enhance the institution's academic mission and overall operations.
- B. The President shall be responsible for the overall management of the University. The President shall work with the Trustees as well as internal and external stakeholders to advance the mission of the University. The President shall oversee the budget and fiscal management of the University, and shall work to develop scholarship funds and other funds supporting the University.
- C. The President is responsible for implementing the governing statutes and other policies adopted by the Trustees, including by appropriately delegating responsibilities to employees of the University. The President shall adopt policies and procedures consistent with the Trustees' policies.
- D. The Board of Trustees shall be responsible for recruitment of the President.

#### **III. DELEGATION OF AUTHORITY AND SPECIFIC DUTIES**

- E. The Trustees delegate to the President, and the President shall be responsible for, the specific duties listed below. However, the enumeration of such duties shall not limit the Office of the President from otherwise performing additional duties required to support and enhance the institution's academic mission and overall operations. Additionally, the Trustees may, from time to time, direct the President to perform other specific duties.



## California Health Sciences University

- F. Therefore, specific duties of the Office of the President include, but are not limited to, the following:
1. Serve as the public face of the University with external and community stakeholders, including elected officials, administrators of other educational institutions and local business leaders in health care and other industries.
  2. Attend all meetings of the Trustees and keep the Trustees fully informed of the overall operations of the University. Present to the Trustees, or authorized committees, periodic reports reflecting the operations of the University, the fiscal health of the University and seek appropriate participation from the Trustees for developing funds to support the University.
  3. Facilitate the Trustees' development of the University's strategic plan, including involvement from the Trustees, its committees and internal and external stakeholders, as appropriate.
  4. Implement the governing statutes and other policies adopted by the Trustees, and adopt policies and procedures consistent with those documents. In the event a policy or procedure of the President conflicts with a governing statute or other policy adopted by the Trustees, the conflict shall be resolved in favor of the Trustees' policy.
  5. Develop scholarship and other funds to support the University, including, but not limited to, a donor base.
  6. Develop, in collaboration with the Chief Financial Officer, an annual operating and capital budget and coordinate approval of the budget by the Trustees and corporate membership. Development of the budget shall occur with direct input from the University's Provost and Deans of the component colleges.
  7. Development of a plan of organization of the personnel of the University and the component colleges for presentation and subsequent approval by the Trustees.
  8. Responsible for the recruitment of individuals to serve in the position of Provost, and assist the Provost in the recruitment efforts for Deans of the component colleges. The President shall ensure that at least one member of the Board of Trustee assists in the recruitment of the Provost and Deans of the component colleges.
  9. To hire and fire, in consultation with the Trustee's Executive Committee, the University's Provost. The President shall consult with the Provost in the hiring and firing of the Deans and Deans of each component college.



## California Health Sciences University

10. Establish the effective day-to-day operations of the University through appropriate departmentalization, collaboration and delegation of authority to other qualified University employees or independent contracts, including:
    - a) Oversees the establishment of appropriate processes to ensure compliance with state and federal law.
    - b) Establishment of appropriate processes to ensure compliance with the accreditation standards of the California Bureau of Private Post-Secondary Education (“BPPE”) and the Western Association of Schools and Colleges Senior College and University Commission (“WSCUC”).
    - c) Oversees the establishment of appropriate processes to ensure the Deans of the component colleges are adhering to the standards of the various applicable accrediting bodies of the component colleges.
    - d) Oversees implementation of the University's strategic plan.
    - e) Oversees the quality of the academic and support programs of the University and its component colleges, including ensuring that the University is timely reviewing, analyzing and evaluating such programs.
    - f) Oversees effective marketing and communications on behalf of the University.
    - g) Ensure sound fiscal management and accountability, as described in the University's governing statute on Fiscal Management and Accountability.
    - h) Oversees the administration of the personnel system, including ensuring recruitment and retention of high quality faculty, administration and staff and ensuring an appropriate evaluation system is in place for all employees of the University. The President shall directly evaluate positions which report directly to the President, including, but not limited to, the Provost.
    - i) Responsible for planning, operation and maintenance of real and personal property of the University, including the development of a facilities master plan.
    - j) Oversees the recruitment and retention efforts of students for the various component colleges, including ensuring such efforts are analyzed and evaluated for efficacy.
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- Policy Owner: Office of the President
- Effective Date: 12/19/2017
- Revised Date: 12/19/2017
- Approval by Board Date: 12/19/2017
- Approval by President Date: 12/19/2017
- Approval by Provost Date: 12/19/2017



# California Health Sciences University

## CHSU GOVERNING STATUTE NUMBER 8

### OFFICE OF THE PROVOST

#### **I. PURPOSE & APPLICABILITY**

- A. The purpose of this governing statute is to set forth the duties of the Office of the Provost. This governing statute shall supersede all prior job descriptions, delegations of authority and other policy documents relating to the role of the Office of the Provost. The Office of Human Resources shall prepare a job description for the Provost consistent with this governing statute, and it shall be presented to and approved by the Board of Trustees ("Trustees").

#### **II. SUMMARY OF OFFICE OF THE PROVOST, RECRUITMENT & REPORTING STRUCTURE**

- A. The Provost is the Chief Academic Officer of the University. The Provost ensures the academic integrity of the college and supports innovations in programs and methods of delivery which respond to the changing demands of the future workforce in the health sciences. The Provost is responsible for all academic-related affairs and leadership within the University community. The Provost reports to and is evaluated by the President. All Deans of the component colleges report to the Provost. The Provost may also direct and evaluate the work of other members of the leadership team, including, but not limited to, the following departments: the Office of Student Affairs, the Office of Institutional Assessment and Research, the University Library and the Office of Research.
- B. The Provost manages a broad portfolio of duties that includes responsibility for faculty recruitment, retention and promotion across all component colleges. The Provost serves as the academic representative on the President's Executive Council. As such, the Provost collaborates with the President on matters related to strategic planning, budget, accreditation, facilities, human resources, institutional advancement, university relations, legal and compliance issues, and information technology as appropriate.
- C. The Office of the President shall be responsible for recruitment of the Provost and at least one Trustee shall participate in the recruitment process.

#### **III. DELEGATION OF AUTHORITY AND SPECIFIC DUTIES**

- A. The Provost shall be responsible for the specific duties listed below. However, the enumeration of such duties shall not limit the Office of the Provost from otherwise performing additional duties required to support and enhance the institution's academic



## California Health Sciences University

mission. Additionally, the President may, from time to time, direct the Provost to perform other specific duties. Therefore, specific duties of the Office of the Provost include, but are not limited to, the following:

1. As the University's Chief Academic Officer, provides dynamic, visionary, strategic leadership with effective academic operational implementation.
2. Promotes academic excellence throughout the University, and promotes diversity and inclusion in all matters of the University's academic affairs.
3. Facilitates inter-professional collaboration among academic leadership and faculty.
4. Represents the interests and values of campus constituencies engaged in the academic enterprise—including faculty and students—to the President.
5. Provides direct input to the President on the development of the budget for the component colleges.
6. The Provost, in consultation with the President, shall be responsible for recruitment, hiring and firing of the Deans of each component college, and at least one Trustee shall participate in the recruitment process.
7. The Provost shall evaluate all Deans of the component colleges, with appropriate input from the President. The Provost shall also evaluate all direct reports, with appropriate input from the President.
8. Assists the President in establishing appropriate processes to ensure compliance with the accreditation standards of the California Bureau of Private Post-Secondary Education ("BPPE") and the Western Association of Schools and Colleges Senior College and University Commission ("WSCUC"), including ensuring that the activities of the academic and student affairs divisions of the University meet such requirements.
9. Assist the President in establishing appropriate processes to ensure the Deans of the component colleges are adhering to the standards of the various applicable accrediting bodies of the component colleges.
10. Assists the President in achieving the institutional objectives identified in the University's strategic plan.
11. Oversees the systematic and routine assessment of all academic and student affairs programs and services to, including ensure appropriate processes are in place to review, analyze and evaluate the quality of the academic and support programs of the University and its component colleges.
12. May be responsible, as assigned by the President, for recruitment and retention efforts of students for the various component colleges, including ensuring such efforts are analyzed and evaluated for efficacy.
13. Responsibly manages fiscal resources and budgetary processes within the University's



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- academic units in alignment with the University's strategic priorities and budget.
14. Ensures processes are in place for, and presides over, collaborative, transparent decision-making among administrators, faculty, staff and students resulting in shared university governance.
  15. Drives the implementation of the University's student success strategy.
  16. Fosters the University's commitment to "engaged learning," including internships and cooperative learning agreements, civic engagement, scholarship and outreach.
  17. Helps to design and implement innovative strategies affecting the future of higher education, including online learning and other technologies.
  18. Pursues global education opportunities on behalf of faculty and students.
  19. Works effectively with the President and leadership of various University and college committees.
  20. The Provost may also present and report to the Trustees on items, as assigned by the President.
  21. Serves as an honest, trusted confidant to the President.

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- Policy Owner: Provost
  - Effective Date: 12/19/2017
  - Revised Date: 12/19/2017
  - Approval by Board Date: 12/19/2017
  - Approval by President Date: 12/19/2017
  - Approval by Provost Date: 12/19/2017



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## CHSU GOVERNING STATUTE NUMBER 9 DEANS OF THE COLLEGES

### **I. PURPOSED AND APPLIUCABILITY**

The purpose of this governing statute is to set forth the duties of the Deans of the University's component colleges. This governing statute shall supersede all prior job descriptions, delegations of authority and other policy documents relating to the role of the Deans of the component colleges. The Office of Human Resources shall prepare a job description for each of the Deans consistent with this governing statute, and it shall be presented to and approved by the Board of Trustees ("Trustees").

### **II. SUMMARY OF DUTIES OF THE DEANS, RECRUTIMENT & REPORTING STRUCTURE**

Each of the Deans of the component colleges shall serve as the Chief Academic Officer of the college for which they are hired. Each Dean must have earned a graduate-level degree in the discipline applicable to the component college they serve, and must have demonstrated experience in academic administration showing they are qualified to lead the college. All Deans shall report to the Provost. All Deans shall be evaluated by the Provost, with input from the University President.

Each Dean of the component colleges shall be responsible for implementing the mission and vision of the college they represent. Each Dean shall, in consultation with the Provost, be responsible for developing the curriculum of the college, ensuring a meaningful educational experience, and overseeing appropriate clinical experiences relevant to the discipline of the college.

Each Dean shall be responsible for building an effective and efficient leadership team within the college they lead, including hiring, promotions and terminations of the academic personnel of the college in consultation with the Provost. Each Dean shall also have the responsibility and authority for fiscal management of the college they lead and management of the college's budget. Each Dean shall be responsible for the college's compliance with relevant state and federal law, requirements of the college's specific accrediting body and University policy and procedures.

The Provost, in consultation with the President, shall be responsible for recruitment of the Deans of each component college, and at least one Trustee shall participate in the recruitment process.



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## III. DELEGATION OF AUTHORITY AND SPECIFIC DUTIES

Each Dean shall be responsible for the specific duties listed below. However, the enumeration of such duties shall not limit the Deans from otherwise performing additional duties required to support and enhance the mission and vision of each component college. Additionally, the Provost may, from time to time, direct the Deans to perform other specific duties. Therefore, specific duties of the Deans of the component colleges include, but are not limited to, the following:

- A.** Provide leadership and effective management to implement and realize the academic mission and strategic plan of the college.
- B.** Ensure the college receives and maintains appropriate accreditation.
- C.** Prepare, with input from the college's faculty and other stakeholders, appropriate reports and self-studies.
- D.** Manage the college's operations in an efficient and effective manner, including in the areas of finance, personnel, program quality and assessment, and faculty development.
- E.** Recommend the college's annual budget to the President/Provost, and exercise the responsibility and authority for fiscal management of the college's final approved budget.
- F.** Participate in the collaborative academic leadership and shared governance of the University, and in the resolution of challenges facing the University in a manner which takes into account the interests of the University as a whole.
- G.** Lead the college's full participation in addressing the mission and goals of the University as a whole, including with respect to inter-professional education.
- H.** Ensure that infrastructure and operational behaviors of the college enable students, faculty and staff to meet their goals, including fostering productive relationships with external constituencies of the college such as affiliated rotation sites and community partners.
- I.** Develop the curriculum of the college programs, and provide support, guidance and encouragement for academic innovation and creativity.
- J.** Ensure that the college has a strong mentorship and professional development process to foster growth of members of the college's faculty.
- K.** Responsible for, in consultation with the Provost, the recruitment, hiring, promotions and terminations of associate deans, assistant deans department chairs, and faculty of the college, in accordance with University policy.
- L.** Supervise and evaluate the college's department chairs, associate and assistant deans and administrative staff, creating a strong high-performing leadership team.
- M.** Appoint representatives from the college to appropriate college-level and University-level committees.
- N.** Participate in fundraising opportunities.
- O.** Enforce all governing statutes and policies of the University and college.
- P.** Preside over general faculty meetings of the college.



## California Health Sciences University

- Q.** Serve as the official representative of the college.
  - R.** Delegate duties to assistant and associate deans, as appropriate.
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- Policy Owner: Provost
- Effective Date: 5/10/2017
- Revised Date: 5/10/2017
- Approval by Board Date: 5/10/2017
- Approval by President Date: 5/10/2017
- Approval by Provost Date: 5/10/2017



# California Health Sciences University

## CHSU ACCEPTABLE USE OF TECHNOLOGY POLICY FOR EMPLOYEES

### I. PURPOSE

A. The purpose of this policy is to ensure a safe and appropriate environment for all employees. This policy identifies the acceptable ways in which University Technology may be used. The University recognizes and supports advances in technology and provides an array of technology resources for employees to use to enhance student learning, facilitate resource sharing, encourage innovation, and to promote communication. While these technologies provide a valuable resource to the University, it is important that employees' use of technology be appropriate to support the University Mission.

### II. UNIVERSITY TECHNOLOGY

A. The University provides Information Technology resources and resources to faculty, students, staff and others solely for the purposes of supporting teaching, learning, scholarship, service and administration within the context of the University's mission.

B. University Technology include all electronic technology used to store, copy, transmit, or disseminate visual, auditory, and electronic information as well as the information contained therein. This includes, but is not limited to, computers, tablets, networks, phones, fax machines, copiers, PDAs, cell phones, postage machines and the information contained in them.

### III. ACCEPTABLE USE

A. University employees are only permitted to use University Technology for purposes which are safe (pose no risk to students, employees or assets), legal, ethical, do not conflict with their duties or the mission of the University, and are compliant with all other University policies. Usage that meets these requirements is deemed "proper" and "acceptable" unless specifically excluded by this policy or other University policies. The University reserves the right to restrict online destinations through software or other means. Additionally, the University expressly prohibits:

1. Using University Technology for commercial gain;
2. Accessing University Technology for the purpose of gaming or engaging in any illegal activity;
3. Transmission of confidential information to unauthorized recipients;



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4. Inappropriate and unprofessional behavior online such as use of threat, intimidation, bullying, or “flaming”;
  5. Viewing, downloading, or transmission of pornographic material;
  6. Using University Technology for the creation or distribution of chain emails, any disruptive or offensive messages, offensive comments about race, gender, disabilities, age, sexual orientation, religious beliefs/practices, political beliefs, or material that is in violation of workplace harassment or work place violence laws or policies;
  7. Engage in unlawful use of University Technology for political lobbying;
  8. Significant consumption of University Technology for non-business related activities (such as video, audio or downloading large files) or excessive time spent using University Technology for non-business purposes (e.g. shopping, personal social networking, or sport related site);
  9. Knowingly or carelessly performing an act that will interfere with or disrupt the normal operation of computers, terminals, peripherals, or networks, whether within or outside the University Technology (e.g., deleting programs or changing icon names) is prohibited;
  10. Infringe on copyright, licenses, trademarks patent, or other intellectual property rights;
  11. Disabling any and all antivirus software running on University technology or “hacking” with University Technology.
- B. Incidental personal use of Information Technology services and resources, within the guidelines of this policy, is considered appropriate. Such permissible incidental personal use does not include hosting, ASP (Application Service Provider), ISP (Internet Service Provider), WSP (Wireless Service Provider) or other services for third parties. Incidental personal use does not include activities for financial gain unless such activities are authorized under University Policy. Incidental personal use does not include the use of institutional data which may be contained in or extracted from institutional computing and communications systems. Personal use is not incidental if it incurs a direct cost to the University.
- C. Use of Information Technology services and resources by students, in support of approved experiential learning and/or in support of their duties as compensated employees is explicitly authorized, so long as such usage does not violate any part of this policy.



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### IV. SECURE USE

A. Users of Information Technology services and resources are responsible for taking appropriate steps to safeguard University and personal information, as well as University facilities and services. Users are prohibited from anonymous usage of University Technology. In practice, this means users must sign in with their uniquely assigned University users ID before accessing/using University Technology. Similarly, “spoofing” or otherwise modifying or obscuring a user’s IP Address, or any other user’s IP Address, is prohibited. Circumventing user authentication or security of any host, network, or account is also prohibited.

B. Passwords used with University Technology must follow the following standards:

1. Passwords and other authentication and authorization codes, cards or tokens assigned to individuals must not be shared with others. Authorized Users must not provide access to unauthorized users. Passwords should be chosen carefully to lessen the possibility of compromise. Users are responsible for all activity that takes place under their User ID(s).

1. Passwords must be at least 8 characters long and contain at least one upper case and one lower case letter as well as a numeric value or a special character (!,\$,#,%).

2. Passwords will be changed according to IT Department guidelines.

3. All computer systems connected to the University network will be configured to lock the screen after a period of 15 minutes of inactivity. All students, faculty, and staff must lock their screen whenever stepping away from their computer.

4. Activity that may compromise the system integrity or security of any on or off-campus system is prohibited. This includes any type of unauthorized access or hacking.

5. Unauthorized monitoring of individual User activity, information and communications is prohibited. See the University IT Confidentiality Policy.

6. Users must ensure the security of restricted, confidential, proprietary, licensed, copyrighted or sensitive information entrusted to their care or that may come into their possession. Security includes, as appropriate, protection from unauthorized disclosure, modification, copying, destruction or prolonged unavailability. Unless approved by the IT Systems Administrator, users must not



## California Health Sciences University

store non-university personal identification numbers including, but not limited to, Social Security Numbers, Credit Card Numbers, or Driver's License Numbers on unsecured devices or media, for any period of time.

### **V. VIRUS SCANNING SOFTWARE**

A. The University maintains virus scan software on all systems managed by the University. No system may be connected to the University network without currently updated, Enterprise Class, virus scan software running on the system. Disabling of virus scan software on University technology is prohibited.

### **VI. PATCH MANAGEMENT**

A. The University maintains a patch management system designed to keep all systems connected to the University network up to date with the latest vendor security patches and updates. Users of University systems may, from time to time, be required to present their system for manual updates. All systems connecting to the University network must be updated regularly with vendor security patches and updates.

### **VII. RESPONSIBILITY**

A. Users are responsible for their own use of University Technology and are advised to exercise common sense and follow this Agreement in regard to what constitutes appropriate use of University Technology in the absence of specific guidance.

### **VIII. RESTRICTION OF USE**

A. The University reserves the right, at any time, for any reason or no reason, to limit the manner in which a User may use University Technology in addition to the terms and restrictions already contained in this Agreement.

### **IX. THIRD-PARTY TECHNOLOGY**

A. Connecting unauthorized equipment to the University Technology, including the unauthorized installation of any software (including shareware and freeware), is prohibited.



## California Health Sciences University

### **X. PERSONALLY OWNED DEVICES**

A. If an employee uses a personally owned device to access University Technology or conduct University business, he/she shall abide by all applicable University policies, administrative regulations, and this Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent received on the device to disclosure pursuant to a lawful subpoena.

### **XI. UNIVERSITY BRANDING**

A. Users are prohibited from using the logos, word marks or other official symbols of the University without authorization from the Office of Marketing & Communication. This specifically includes any such usage in connection with electronic systems, services and communications, both internal and external. This does not include the usage on physical or electronic letterhead when used for official University business.

### **XII. REPORTING**

A. If an employee becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of University Technology, he/she shall immediately report such information to their immediate supervisor.

### **XIII. CONSEQUENCES FOR VIOLATION**

A. Violations of the law, University policy, or this Agreement may result in revocation of an employee's access to University Technology and/or restriction of his/her use of University Technology and/or discipline, up to and including termination. In addition, violations of the law University policy, or the Agreement may be reported to law enforcement or other agencies as deemed appropriate.

### **XIV. RECORD OF ACTIVITY**

A. User activity with University Technology may be logged by System Administrators. Usage may be monitored or researched in the event of suspected improper University Technology usage or policy violations.



## California Health Sciences University

### **XV. BLOCKED OR RESTRICTED ACCESS**

A. User access to specific Internet resources, or categories or Internet resources, deemed inappropriate or non-compliant with the policy may be blocked or restricted. A particular website that is deemed “Acceptable” for use may still be judged a risk to the University (e.g. it could be hosting malware), in which case it may also be subject to blocking or restriction.

### **XVI. NO EXPECTATION OF PRIVACY**

A. Users have any expectation of privacy in their use of University Technology. Log files, audit trail and other data about user’s activities with University Technology may be used for forensic training or research purposes, or as evidence in a legal or disciplinary facilitate maintenance, inspection, updates, upgrades, and audits, all of which necessarily occur both frequently and without notice so that the University can maintain the integrity of University Technology. All data viewed or stored is subject to audit, review, disclosure and discovery.

B. Pursuant to the Electronic Communications Privacy act of 1986 (18 USC 2510 et seq.), notice is hereby given that there are no facilities provided by University Technology for sending or receiving private or confidential electronic communications. System Administrators have access to all email and will monitor messages. Messages relating to or in support of illegal or inappropriate activities will be reported to the appropriate authorities and/or University personnel.

C. The University reserves the right to monitor and record all use of University Technology, including, but not limited to, access to the Internet or social media, communications sent or received from University Technology, or other uses within the jurisdiction of the University. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Employees should be aware that in most instances, their use of University Technology (such as web searches or emails) cannot be erased or deleted. The University reserves the right to review any usage and make a case-by-case determination whether the User’s duties require access to and/or use of University Technology which may not conform to the terms of this policy.



## California Health Sciences University

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- Policy Owner: Human Resource
- Effective Date: 6/30/2017
- Revised Date: 6/30/2017
- Approval by President Date: 6/30/2017



# California Health Sciences University

## CHSU COMMITMENT TO DIVERSITY AND INCLUSION

### I. PURPOSE

California Health Sciences University ("CHSU") is committed to fostering, cultivating and preserving a culture of diversity and inclusion among all of its students, faculty, senior administrative staff, and all other members of the academic community. Diversity means a variety of personal experiences, values, and worldviews that arise from differences of culture and circumstance. Such differences include, but are not limited to: race, ethnicity, gender, age, religion, languages, abilities/disabilities, sexual orientation, and socioeconomic status.

### II. DIVERSITY AND INCLUSION

CHSU's mission is to improve health care outcomes of people living in the Central Valley. In carrying out this mission, CHSU must set a strong example in our own community by continuing to acknowledge, appreciate, and respect the differences we recognize in one another. Further, in order to accomplish this mission in a way that best serves our community, CHSU must seek to achieve diversity and inclusion among its students, faculty, staff and administrators. The knowledge that CHSU is open to qualified individuals from all groups, and thus serves all parts of the community equitably, will help sustain the social fabric of health care in the Central Valley for the future.

Diversity and inclusion are also integral to CHSU's achievement of excellence. Diversity can enhance the ability of the University to accomplish its academic mission. Diversity and inclusion aim to broaden and deepen both the educational experience and the scholarly environment, as students, faculty, staff and administrators learn to interact effectively with each other, preparing them to participate in an increasingly complex and pluralistic society. Ideas, and practices based on those ideas, can be made richer by the process of being born and nurtured in a diverse and inclusive community. The pluralistic university can model a process of proposing and testing ideas through respectful, civil communication. Educational excellence that truly incorporates diversity and inclusion thus can promote mutual respect and make possible the full, effective use of the talents and abilities of all, to foster innovation and train future leadership.



## California Health Sciences University

CHSU strives to provide a campus environment that welcomes, promotes, and celebrates the entire diversity of human experiences. CHSU is committed to welcoming people from all backgrounds, and we seek to include knowledge and values from many cultures in the curriculum, extra-curricular activities, and within our campus community. Our commitment to achieve an environment that values diversity and inclusion requires that we create, promote, and maintain activities and programs which further our understanding of individual and group diversity. We will also develop and communicate policies and promote values which discourage intolerance and discrimination. The dimensions and concept of diversity and inclusion are to be advanced and incorporated into every aspect of our University, including the curriculum, teaching, student life, programs, staffing, personnel training practices, research, community services, events, and every other University endeavor.

### University Diversity & Inclusion Committee

In order to achieve the goals of diversity and inclusion for students, faculty, staff, and other members of the academic community as described above, CHSU has developed a University Diversity and Inclusion Committee. The role of this Diversity and Inclusion Committee will be to:

- 1) Foster a climate that promotes a better understanding of, and an appreciation for, diversity and inclusion within their sphere of influence of the CHSU community and encourage others to do the same;
- 2) Periodically review and recommend changes to the University's recruitment and retention of students, staff, faculty and administrators;
- 3) Facilitate the implementation of existing diversity and inclusion strategies, programs, and initiatives;
- 4) Develop programs that promote mutual respect, valuing differences, as well as cross-cultural understanding;
- 5) Assist in highlighting, recognizing, and publicizing diversity and inclusion initiatives to promote campus-wide cooperation and participation;
- 6) Share and vet diversity and inclusion strategies, initiatives and information within their campus communities and constituents;
- 7) Prepare students for a leadership role in a competitive global community.



## California Health Sciences University

The Committee will be established at the beginning of each academic year and shall meet and provide its recommendations to the College Administrative Committee ("CAC") of each of the respective Colleges. The Diversity and Inclusion Committee shall be appointed by the President and will be comprised of a cross section of University representatives, including a minimum of two staff, two faculty, and two student members.

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- Policy Owner: University Student Affairs/Human Resource
  - Effective Date: 10/18/2017
  - Approval by President Date: 10/18/2017
  - Approval by Provost Date: 10/18/2017



# California Health Sciences University

## CHSU COMPLAINTS CONCERNING APPROVAL TO OPERATE OR ACCREDITATION STANDARDS POLICY

The purpose of this policy is to provide: (a) notice to the public, students, faculty, staff and administration regarding how to file a complaint regarding CHSU's approval to operate or accreditation standards; and (b) an internal process at CHSU for processing complaints related to CHSU's approval to operate or accreditation standards.

While members of the public, student body, faculty, staff and administration have the option to file complaints directly with the California Bureau for Private Postsecondary Education ("BPPE") or an accreditor, CHSU encourages complainants to file the complaint directly with CHSU so that it may timely respond to and address allegations of non-compliance. Following the contact information for BPPE and accreditation agencies, CHSU's internal process for such complaints is provided.

### **A. Information regarding accreditation status is available on CHSU's website. Approval to Operate – California Bureau for Private Postsecondary Education ("BPPE")**

Any questions a student may have regarding any CHSU academic catalog or other similar document that have not been satisfactorily answered by the institution may be directed to the BPPE. BPPE is located at 2535 Capitol Oaks Drive, Suite 400, Sacramento, California, 95833, and its website is available at [www.bppe.ca.gov](http://www.bppe.ca.gov). BPPE can be reached by, phone at (888) 370-7589 or (916) 431-6959 or by fax at (916)263-1897.

A student or any member of the public may file a complaint about CHSU or its component colleges with the Bureau for Private Postsecondary Education by calling the phone number(s) above or by completing a complaint form, which can be obtained BPPE's website, also listed above.

### **B. WASC Senior College and University Commission ("WSCUC") – CHSU's Regional Accreditor**

WSCUC is a regional accreditor. Regional accreditation is a form of institutional accreditation that involves a comprehensive review of all institutional functions. Regional accrediting organizations do not accredit individual programs, although new programs are actively reviewed through the substantive change process.

More information on WSCUC accreditation, including the process to file a complaint directly with WSCUC, can be found on its website at [www.wscuc.org/](http://www.wscuc.org/). WSCUC is located at 985 Atlantic



## California Health Sciences University

Avenue, Suite 100, Alameda, CA 94501 and can be reached by phone at 510-748-9001 or by fax at 510-748-9797.

### **C. College-level Accreditation Agencies**

CHSU's component colleges each have their own accreditor, as described below.

#### 1. College of Pharmacy – Accreditation Council for Pharmacy Education

More information on ACPE accreditation, including the process to file a complaint directly with ACPE, can be found on its website at [www.acpe-accredit.org](http://www.acpe-accredit.org). ACPE is located at 135 South LaSalle Street, Suite 4100, Chicago, IL 60503 and can be reached by phone at 312-664-3575 or by fax at 312-664-4652.

#### 2. Proposed College of Osteopathic Medicine – AOA Commission on Osteopathic College Accreditation

More information on COCA accreditation, including the process to file a complaint directly with COCA, can be found on its website at <https://osteopathic.org/accreditation/>. COCA is located at 142 E. Ontario Street, Chicago, IL, 60611, and can be reached by phone at (312) 202-8124.

### **D. CHSU Process for Complaints Regarding Approval to Operate or Accreditation Standards**

CHSU takes complaints regarding non-compliance with laws, regulations or accreditation standards of BPPE and its various accreditors seriously. CHSU prohibits retaliation of any kind against a complainant or other CHSU employee or student for filing a complaint regarding approval to operate or accreditation, or for participating in any investigation or other process related to the filing of such complaint. Below is the process for filing a complaint directly with CHSU regarding such matters.

1. Step 1 – Written Complaint: A complaint regarding approval to operate or accreditation standards may be filed in writing with the Office of the Provost (or designee). The Provost shall develop a complaint form for such purpose.

2. Step 2 – Review of Complaint: The Office of the Provost (or designee) shall be responsible for overseeing the processing of the written complaint. The Provost (or designee) will determine if an investigation is required. If an investigation is required, the Office of the Provost may appoint an investigator to make findings of fact related to the allegations in the complaint and submit such findings to the Provost (or designee). If an investigation is not required, the Provost (or designee) will review the complaint and make a determination regarding whether the allegations are true.



## California Health Sciences University

3. Step 3 – Written Decision: Within sixty (60) business days of receipt of the complaint, the Provost (or designee) shall provide written notice of the determination regarding the complaint.

4. Step 4 – Appeal: If a complainant is not satisfied with the outcome of the Provost's (or designee's) determination, the complainant may appeal the determination to the University President within five (5) business days of receipt of the determination. The University President (or designee) shall review the complaint, the investigation (if applicable) and the Provost's (or designee's) determination. The President shall provide a written decision regarding the appeal within ten (10) business days of receipt of the appeal. The President's decision shall be final.

The Office of the Provost shall be responsible for tracking and keeping records of all complaints related to approval to operate or accreditation standards, including appeals of such complaints. Additionally, the Office of the Provost shall be responsible for adhering to any reporting requirements imposed by BPPE or an accreditation agency regarding the existence and outcome of the complaint.

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- Policy Owner: Provost
  - Effective Date: 8/06/2018
  - Approval by Provost Date: 8/06/2018
  - Approval by President Date: 8/08/2018



# California Health Sciences University

## CHSU POLICY DEVELOPMENT COMMITTEE CHARTER

### I. INTRODUCTION AND PURPOSE

California Health Sciences University ("CHSU" or "University"), with the support of the Board of Trustees, and the advisory bodies of both the President and the Provost, has created a campus-wide Policy Development Program. This program is designed to ensure CHSU has appropriate policies in place to ensure effective governance and business practices of the University in support of its mission.

The University's Policy Development Program is supported by the work of the Policy Development Committee ("PDC" or "Committee") under the oversight of the University's General Counsel. The purpose of this charter is to outline how PDC will function.

### II. COMPOSITION

The General Counsel (or designee) shall serve as the Chair of the PDC. PDC shall be comprised of three representatives selected by the Office of the President and three representatives selected by the Office of the Provost. Each representative selected must be a member of CHSU's administration classification. Appointments of more than one representative from the same department will require the approval of the Chair.

The Chair shall select a member of PDC to serve as the Committee's Secretary. The Secretary shall be responsible for assisting the Chair in tracking meeting agendas, taking the minutes of each meeting, keeping records of policy proposals and approvals, and organizing the electronic files of the PDC.

From time to time, the Chair may invite key stakeholders to PDC meetings to discuss matters before the Committee, as appropriate.

The Chair shall be responsible for keeping the advisory bodies to the President and Provost informed of the work of PDC.

### III. MEETINGS

The PDC shall meet as often as needed to conduct the business before the Committee. The Chair shall set the meeting schedule. A majority of the members of PDC, including the Chair, shall constitute a quorum and decisions will be made by a majority vote of the members present.

### IV. RESPONSIBILITIES AND DUTIES

As stated in the Board of Trustee's Policy Regarding Approval of University and College Policies: Once a recommendation for a new or revised policy is received by the PDC, the PDC shall convene a meeting to review and discuss the recommendation. The PDC shall determine whether the policy should be implemented and, if so, whether any changes should be made to the



## California Health Sciences University

recommended policy. If changes are necessary, a representative or working group of the PDC shall work with the department head or Dean who submitted the recommendation regarding those changes. Once the changes are completed, the PDC shall review the revised recommended policy and submit the recommended policy for final approval as described below.

The PDC assists the various departments of the University and its component Colleges by administering a clear, coherent, and well-communicated process for creating new policy and amending current policies. PDC guides best practices in University policy governance and ensures collaboration and consistency in University and College-level policy development.

In executing its duties, PDC shall:

- A. Inventory all University and college-level policies, including, but not limited to, University or College-specific governing statutes.
- B. Collaborate with other institutional committees in the areas of ethics and compliance, as well as department heads, to assist with enforcement of policies.
- C. Create a policy repository to serve as an authoritative source for policies.
- D. Assess and improve existing policies for consistency or conflict with other policies.
- E. Manage responsibility charting for the University (e.g., RACI).

The Committee, with approval of the Chair, may delegate its authority and responsibilities as necessary and deemed proper for the efficient conduct of the Committee's business to individual members of the Committee, to a subcommittee or other institutional committee.

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- Policy Owner: Policy Development Committee
  - Effective Date: 12/19/2017
  - President Approval Date: 12/19/2017
  - Provost Approval Date: 12/19/2017



# California Health Sciences University

## PERFORMANCE REVIEWS POLICY

### I. PERFORMANCE REVIEWS

Performance Reviews are an important tool in measuring an employee's development and contributions to CHSU. CHSU is committed to providing meaningful and actionable feedback to all employees through the performance review process. Outlined below is the process for performance reviews for Faculty, Administration, and Staff.

Faculty, Administration, and Staff employees will receive Introductory Expectations and Annual Performance Reviews to be delivered by the employee's immediate supervisor, in consultation with the employee's next level supervisor. The frequency of the Introductory Expectations and Annual Performance Review may vary depending upon length of service, job position, past performance, or a change in position occurs. Generally, an introductory review is completed between the first 30-90 days of employment. Administration and Staff receive their Annual Review at one year of employment while Faculty will receive their Annual Review by June 1<sup>st</sup> of each year. An employee's annual review date may be adjusted if a change in job duties or position occurs, or based on the needs of the University or College.

Performance Reviews should aid an employee in identifying their progress in reaching goals for the current year, areas for improvement and objectives for future work performance. Successful performance reviews do not guarantee increases in salary, promotions, or continued employment. Salary increases and promotions are solely within the discretion of CHSU and depend upon many factors in addition to performance. After the expectation or review conversation employees will be required to sign the review form to acknowledge that it has been delivered. A copy will be given to the employee and to Human Resources for retention in the employee's personnel file.

### II. PROCEDURES

The Introductory Performance Expectations ratings will include: Exceeds Requirements, Meets Requirements and Does Not Meet Requirements

The Annual Performance Review ratings will include: 5- Exceeds Expectations, 4- Meets All and Exceeds Some Expectations, 3- Meets All Expectations, 2- Meet Some, But Not All Expectations, 1- Does Not Meet Expectations



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### A. Procedures for the Introductory Expectations

1. The supervisor completes the Introductory Performance Expectations for their employee at the 30, 60, or 90 day mark of employment.
2. The supervisor schedules one-on-one time with the employee to deliver feedback, notating any follow up needs or additional training requested by employee.

### B. Procedures for the Annual Review

1. Both the employee and supervisor will receive a calendar invite approximately one month in advance of the Employee's review due date.
2. Employee and supervisor complete their respective portions of the annual review form.
3. Supervisor compares feedback from the employee with their own. Supervisor should adjust their score/comments if appropriate and combine feedback on one fillable PDF form.
4. Before presenting final review to employee, supervisor gains approval from HR and the next level supervisor on the final version of the annual performance review and merit increase (if applicable).
5. Supervisor schedules one-on-one with employee to discuss the final performance review and provide merit increase amount documented in a Personnel Action Form (PAF) (if applicable).
6. Employee should be given opportunity to add comments if desired.
7. Employee signs the final performance review and receives a copy.
8. Supervisor turns in the signed original annual performance review form to HR with approved merit increase document in a PAF.

*The University reserves the right to modify the Introductory and Annual Review form based on the needs of the University.*

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- Policy Owner: Human Resources
  - Effective Date: 3/21/2019
  - Approval by Provost Date:
  - Approval by the President Date:



# California Health Sciences University

## CHSU RELOCATION EXPENSES POLICY

### I. PURPOSE

This policy is to ensure that University funds are appropriately expended in the process of relocating candidates to the surrounding area once they have accepted an offer of employment. All or part of a new faculty, administration or staff members' relocation expenses may be paid for or reimbursed by the University, if assistance with relocation is a significant factor in recruiting the employee to CHSU.

### II. ELIGIBILITY, APPROVAL AND MAXIMUM AMOUNTS

Eligible Individuals associated with the payment of relocation expenses are determined by the hiring manager/administrator. Eligible Individuals may also be extended to include dependents, spouses, domestic partners and/or other significant others of the future employee if they will reside with the employee. Individuals who are tenants or domestic employees of the employee are not Eligible Individuals. Eligibility is not based on position or title, but rather on the University's need to provide relocation assistance as a recruitment tool.

CHSU may pay relocation expenses by: (1) paying a vendor directly on an employee's behalf; or (2) reimbursing an employee for a relocation related expense. In the case of reimbursement, such expenses must be accounted for with appropriate documentation within one (1) month after the expense has incurred. Relocation amounts and packages are determined and funded by the hiring department, consistent with this policy. However, in no event shall relocation packages exceed amounts approved by procedure of the Business Office unless prior written approval from the Chief Financial Officer or the President before an offer is made.

All relocation expenses must be submitted by the hiring manager/administrator via a personnel action form with the appropriate approval signatures to the AVP of Operations (or designee), with a copy to Human Resources. Upon approval of the executed personnel action form, Human Resources will generate an offer of employment letter which will include the maximum amount awarded for relocation expenses. Prior to expenditures taking place, Human Resources (or designee) will provide a separate Relocation Expense Letter which will summarize the relocation expenses and method of payment. If a moving company or other vendor will be used, the Relocation Expense Letter will include the name, appropriate dates and other details related to the use of that particular company or vendor. The new employee must use an approved vendor provided by CHSU or submit an estimate from a vendor they wish to use for approval.



## California Health Sciences University

CHSU has the right to revise the approved relocation expenses as detailed in the initial offer of employment at any time for any reason, including, but not limited to, the amounts CHSU will pay towards an employee's relocation expenses. In the event of a revision, the employee will be provided notice of the changes in writing. CHSU will not be responsible for any relocation expenses an employee incurs beyond what is expressly approved in writing.

### III. TAX IMPACT NOTICE AND TAX REPORTING

An employee's relocation expenses may be taxable as income to the employee. Under the Tax Cuts and Jobs Act of 2017, the personal deduction for moving expenses and exclusion from income of employer-paid moving expenses are suspended from January 1, 2018 through December 31, 2025. California tax law may be applied differently than the federal tax law. CHSU will follow the applicable law in determining how to report relocation expenses for tax purposes, as the law may change from time to time.

CHSU is not responsible for any additional tax liability incurred by an employee as a result of an employee receiving a payment of relocation expenses, or if the employee issues CHSU a refund of such a payment. For determination of individual tax liability, employees who receive a payment of relocation expenses should consult a qualified tax advisor, at the employee's expense, for applicability of federal and California tax laws.

### IV. PROCEDURES FOR RECEIPT OF RELOCATION EXPENSES

#### A. Qualifying Relocation Expenses

Actual and necessary moving expenses eligible for payment include:

1. The cost of packing, crating, transporting, unpacking and uncrating the household goods and personal effects of Eligible Individuals (limit of one household typically no more than 15,000 pounds). This includes transportation of houseplants small enough to fit into a moving truck with other household goods and personal effects.
2. The cost for moving insurance for the household goods and personal effects while in transit, if incurred within any 30-day period after removal of goods and effects from the former primary residence.
3. Storage costs for household goods and personal effects for up to 30 days immediately after removal from the primary residence.



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4. Moving two personal motor vehicles per household (which may include motorcycles). Vehicles may be shipped or driven. If driven, the reimbursement will be at the current IRS mileage reimbursement rate.
5. Meal and travel expenses for Eligible Individuals for two trips in advance of the move to allow for searching for and making arrangements regarding a primary residence in CHSU's surrounding area, and a third trip for making a final move to the primary residence. All meal and travel costs must comply with the University's policy for employee reimbursement of meal and travel expenses.
6. Transportation for up to three (3) common household domesticated pets, such as a cat or dog.

### B. Excluded Relocation Expenses

The following costs may be incurred during an Eligible Individual's relocation, but are not covered by the University:

1. Rents and Mortgages: Rents and mortgage payments on the future employee's new primary, permanent residence.
2. Vehicle Exclusions: Motorized recreational vehicles, boats, kayaks, canoes, airplanes, camping vehicles, snow machines, or jet skis. Costs for car registrations, emissions or smog tests are excluded. Special costs associated with accommodations needed for collector's motor vehicles are also not eligible for reimbursement.
3. Other Recreational or Leisure Equipment: Assembly and disassembly of unusual items such as swing sets, swimming pools, hot tubs, satellite dishes or storage sheds.
4. Animals: Farm animals or unusual domesticated pets such as pigs, poultry, reptiles, rodents or aquariums with live fish. Costs associated with the kenneling of pets upon arrival in CHSU's geographic region are also not eligible for reimbursement.
5. Food: Canned, frozen or bulk food storage and transportation costs.
6. Real Estate: Income taxes, property taxes or assessments associated with the sale of the former primary residence or purchase of the new primary residence, or the cost of physical improvements to enhance the former or primary residence. Selling costs directly associated with the sale of the future employee's former primary residence are also excluded.
7. Miscellaneous: Research supplies, laboratory supplies or equipment, construction and building supplies, farm equipment, or firewood, large plants, trees, shrubbery, rocks or other landscape items. Any expenses for research or laboratory equipment must be handled through the University's start-up research funds policy.



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### C. Timeline for Move

All moves of Eligible Individuals should be completed within one year of the date the future employee reports for work at CHSU.

### D. Documentation of Relocation Expenses by Eligible Individuals

All relocation expenses must be documented with the CHSU Business Office within one (1) month from the expenses were incurred. All other expenses incurred by an Eligible Individual directly must be submitted for reimbursement on the Expense Reimbursement Form with supporting documentation (e.g., hotel folios, mileage maps, itemized receipts, invoices, etc.).

### E. Repayments to CHSU In the Event of Separation from CHSU

Any employee who receives a payment for relocation expenses and voluntarily terminates employment with CHSU or is fired for-cause within twelve (12) months from his/her start date must refund the payment to CHSU. The payment amount to be refunded will be pro-rated based on the number of months the employee was employed CHSU out of the prior twelve (12) month period. For example, an employee who is employed for six (6) months must refund CHSU half of the total payment the employee received. The refund is due to CHSU no later than 60 days after the date the employment is terminated. The amount owed may only be deducted from the employee's final paycheck with prior written authorization from the employee so long as it is large enough to cover all expenses.

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- Policy Owner: Chief Financial Officer
  - Effective Date: 3/07/19
  - Approval by the President Date: 4/04/2019



# California Health Sciences University

## CHSU ACCESSIBILITY SERVICES

### I. POLICY FOR ACCESSIBILITY SERVICES

- A. Consistent with the university's mission, vision and values, the goal of Accessibility Services is to coordinate support services that provide equal opportunity for students with disabilities to participate in all aspects of the educational environment at the California Health Sciences University ("CHSU"). This policy describes the various procedures that are in place to ensure that students with disabilities to receive appropriate accommodations in their instructional activities, as mandated by Federal and State law and by CHSU policy.
- B. The fundamental principles of nondiscrimination and accommodation in academic programs set forth in Section 504 of the federal Rehabilitation Act of 1973 ("Section 504") and the Americans with Disabilities Act of 1990 ("ADA"). These laws establish that students with disabilities may not, on the basis of their disabilities, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any CHSU program or activity. In accordance with these laws and CHSU policy, CHSU is accountable for providing reasonable and appropriate accommodation to eligible students. Should Section 504 or the ADA be modified in the future, those required changes shall be deemed incorporated into this policy.
- C. CHSU will foster equal opportunities to student success through accessible educational programs, disability-related advocacy, faculty and staff education and an enhanced awareness of individual abilities and contributions. Reasonable accommodations will be provide in the most integrated setting according to that person's needs.

### II. DEFINITIONS FOR PURPOSES OF THIS POLICY ONLY

- A. Applicants—individuals who desire to be considered for admissions to CHSU, including those who have and have not yet submitted a formal application
- B. Students—those who are matriculating into or enrolled in courses of study at CHSU.
- C. Disability—a physical or mental impairment that substantially limits one or more major life activities.
- D. Major Life Activities include, but are not necessarily limited to, functions such as seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself and working.



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## III. ACCOMMODATION REQUEST PROCESS

- A. It is the responsibility of individual students to identify themselves as persons with a disability when requesting an accommodation. Students are not obligated to self-disclose their disability to Student Accessibility Services. However, students with disabilities who wish to obtain accommodations, auxiliary aids and/or services must self-disclose their disability and direct their request in accordance with this policy.
- B. In order to be eligible to receive a reasonable accommodation the student must provide supporting documentation verifying the disability as described below. All supporting disability documentation will be kept confidential in accordance with applicable law. Students are encouraged to utilize the services available through Accessibility Services as soon as a student becomes eligible to apply for a reasonable accommodation under this policy. Specifically, students new to CHSU are encouraged to apply for these services at least one month prior to the beginning of Fall Semester in order to facilitate a seamless transition for the student. CHSU encourages everyone to submit such requests early because time is required for documentation review and arrangement of accommodation(s). However, students may apply for a reasonable accommodation(s) at any time.
  - 1. Accommodation Request: Students must first submit a written request for an accommodation by completing a Disability Verification Form and an Application for Services and Accommodations to identify essential information that can help CHSU with the process of determining whether a reasonable accommodation for the student is appropriate. Both of these forms may be found at the Student Affairs Office or online via the student intranet/portal. Students may request assistance with completing these forms at the Student Affairs Office. These forms must be fully and completely filled out in order to provide CHSU with all the necessary information it needs. The Disability Verification Form must be completed by a qualified healthcare professional who has knowledge of the disability and of the specific student. The healthcare professional must be trained, licensed and qualified to render a diagnosis and to determine the practical limitations of that diagnosis. Students may submit medical documentation from more than one healthcare professional if necessary (e.g., one physician who made the initial diagnosis and another who discusses the long term limitations of such diagnosis). All completed forms must be turned into Student Affairs or submitted online via the CHSUSync portal. If such documentation is insufficient or incomplete, CHSU reserves the right to require additional documentation. CHSU reserves the right to deny accommodation until all of the necessary documentation is received.



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2. **Eligibility Review and Meeting with Accessibility Services:** Once CHSU receives all necessary documentation described above, Assistant Director of Student Affairs (“ADSA”) (or designee), will review the materials in order to determine whether an accommodation(s) would be appropriate. During the review of all student accommodation requests, the ADSA (or designee) will engage in an interactive dialogue with the student at an in-person meeting. At this meeting, the ADSA or designee will review requests for accommodation on a case-by-case basis.
3. **Decision/Accommodation Plan:** After all complete paperwork is received Accessibility Services will make a decision regarding whether the student is eligible for the requested accommodation or other reasonable accommodation. Generally, the ADSA (or designee), strives to prepare a written accommodation plan within five (5) business days following the in-person meeting, so long as no additional information regarding the student's disability is needed. The accommodation plan may be revised at any point during the student's course of study at CHSU. Necessary changes to the accommodation plan may relate to the nature of the student's disability and/or as a result of additional medical documentation that may be provided. It is the student's responsibility to keep the ADSA (or designee) informed of any additional information and/or changes relating to the student's disability that will impact the accommodations the student requires. Students receiving short-term accommodations will need to provide additional medical paperwork in order to continue to receive the same (or altered) accommodations.
4. **Ensuring Accommodation is Provided to Eligible Students:** If a student is found to be eligible for a reasonable accommodation, the ADSA (or designee) will notify all of the student’s professors, course directors and others who need to know about the accommodation in order to ensure the faculty implement the accommodation. Students experiencing difficulty in receiving accommodations that have been established in the student's accommodation plan should contact the ADSA (or designee). The ADSA (or designee) will work with the student and any appropriate party to seek resolution to such a situation.

### **IV. APPEAL OF ACCOMMODATION REQUEST**

- A. Students with disabilities who have requested an accommodation(s) which was partially or fully denied in accordance with this policy, and who believe the reasonable accommodation(s) has been denied improperly, may submit a written appeal, requesting that the Vice President of Student Affairs ("VPSA") may reconsider the accommodation request denial. The written appeal must be submitted within ten (10) business days of the denial and must explain the basis for the appeal and must include all paperwork submitted to Student Affairs. A student may also attach any additional documentation the student



## California Health Sciences University

would like the VPSA to review. During any appeal process, the student will continue to receive any reasonable accommodation that has previously been granted to the student. The VPSA shall issue a decision regarding the student's appeal within thirty (30) days of the VPSA's receipt of all of the appeal paperwork. All decisions made by VPSA regarding a student's disability determination will be final.

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- Policy Owner: Human Resource
  - Effective Date: 12/19/17
  - Approval by President Date: 12/19/17
  - Approval by Provost Date: 12/19/17



# California Health Sciences University

## CHSU CALIFORNIA STATE BENEFITS

### **I. STATE DISABILITY INSURANCE (SDI)**

- A. 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.

### **II. PAID FAMILY LEAVE (PFL)**

- A. PFL does not provide an employee with a leave of absence. However, if you are entitled to a leave of absence under a state or federal law or by University policy, you may receive pay from the state for up to six (6) weeks in a twelve (12) month period to care for a parent, spouse, child, domestic partner, child of a domestic partner, grandparent, grandchild, sibling, or parent in-law, or to bond with a child. Eligibility for benefits is determined by the state.
- B. A seven calendar day waiting period exists before an employee may draw from the PFL bank. You are required to use up to two weeks accrued vacation leave prior to accessing PFL benefits.
- C. You must provide medical certification to the state establishing that a serious health condition warrants PFL coverage. The certificate must include a diagnosis and International Classification of Diseases code; the commencing date of the disability; the probable duration, and the estimated time care is needed.
- D. For bonding, PFL is limited to the first year after the birth, adoption or foster care placement of a child. A separate certification must be completed for leave associated with bonding.
- E. Benefits under PFL include approximately fifty-five percent (55%) of lost wages for employees who contribute to SDI. Employees collecting workers' compensation, unemployment or SDI are not eligible to collect PFL.

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- Policy Owner: Human Resource
  - Effective Date: 6/30/2017
  - Approval by President Date: 6/30/2017



# California Health Sciences University

## CHSU CAMPUS WELLNESS POLICY

### I. PURPOSE

CHSU highly values the physical and mental health and well-being of every student, faculty, and staff member and will plan and implement activities and policies that support personal efforts by students, faculty, and staff to maintain healthy lifestyles and mental wellness. The members of the CHSU community are committed to developing and implementing strategies and policies that promote physical and mental wellness to ensure our relevance to the general population, as well as strengthening the overall population health.

### II. FORMATION OF CHSU WELLNESS POLICIES

The CHSU campus Wellness Program will be overseen by a Wellness Committee that consists of students, faculty, and staff representatives from all professional programs on campus. The CHSU Wellness Program will be based on input solicited from campus students, faculty, and staff, and wellness activities will be planned accordingly to promote and encourage healthy diet, physical activity, stress management, resilience, life balance, sleep and time management, and other elements of a healthy lifestyle among the campus community. Some resources and events will be specifically aimed at empowering medical students and pharmacy students to help them cultivate physical, emotional, and interpersonal/community wellness habits as part of their professional development. The CHSU Wellness Program will 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.

CHSU's Wellness Program has created several avenues to promote wellness in students, faculty, and staff:

- A. A Wellness Committee of diverse students, faculty, and staff formed to address mental and physical health and wellness on our campus
- B. Individual counseling and therapy from a private behavioral health care provider
- C. Employee Assistance Program led by the Human Resources Department
- D. An annual wellness workshop for students, faculty, and staff
- E. Training of students, faculty, and staff to recognize warning signs in mental health and substance abuse (i.e. QPR, eCPR)



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- F. Campus wellness facilities which may include a meditation room, adequate indoor and outdoor student lounge areas, food vending with healthy options, and a campus gym and walking path
- G. Periodic symposia and presentations on wellness topics such as diet, exercise, sleep hygiene, time and stress management techniques, burnout, resilience, relaxation, etc.
- H. Recurring events such as “Wellness Wednesdays”, “Fuel Up For Finals” and the “Wellness Wagon” to support students, faculty, and staff throughout the semester

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- Policy Owner: University Student Affairs
  - Effective Date: 10/18/2017
  - Approval by Provost Date: 10/18/2017



# California Health Sciences University

## CHSU EMPLOYEE CONDUCT, GROOMING, AND ATTIRE

### I. POLICY STATEMENT

#### A. Employee Conduct

1. CHSU requires all employees to conduct themselves in a professional manner at all times. Below is a partial list of activities for which an employee may be disciplined:
  - a) Violation of the Code of Ethical Conduct
  - b) Insubordination, refusal to obey orders or to perform job assignments, or rude behavior.
  - c) Sleeping or leaving the job during work hours.
  - d) Theft, unauthorized removal or willful damage to any property belonging to another employee, a customer or student, a vendor or to CHSU.
  - e) Possession of firearms or other dangerous weapons on CHSU premises without written authorization from the President.
  - f) Falsification or omission of pertinent information of CHSU records.
  - g) "Horseplay," wrestling, dangerous practical jokes, or throwing objects.
  - h) Repeated absences or tardiness, including unreported absences.
  - i) Disregard for safety rules or practices, security regulations or safety disciplinary rules.
  - j) Substandard or unsatisfactory work performance.
  - k) Leaving the workplace without notifying your supervisor.
  - l) Unauthorized operation, repair, or attempt to repair machinery, tools, or equipment.
  - m) Unauthorized use of the telephone or computers.
  - n) Committing any act or threat of violence against another employee, student, vendor or third party.
  - o) Using CHSU-owned material, time, equipment, or personnel for any unauthorized purpose.
  - p) Failure to immediately report an injury or accident to your supervisor.
  - q) Posting or removing any materials on CHSU property without proper approval.



## California Health Sciences University

- r) Unauthorized entry or exit from the premises at any location at any time.
  - s) Abusive, rude or profane language to employees, customers, students or vendors.
  - t) Smoking in any enclosed areas of the workplace including: covered parking lots, lobbies, lounges, waiting areas, elevators, stairwells, and restrooms.
  - u) Provoking a fight, or fighting during working hours or on CHSU premises.
  - v) Engaging in criminal conduct, whether or not related to job performance.
  - w) Abuse of company resources, time, or equipment, including computers, phones, and electronic technology. More information can be found in the University's Acceptable Use policy.
  - x) Engaging in personal business on company time or during work hours, except in the case of emergencies.
  - y) Unauthorized release of student or employee confidential or protected information.
  - z) Violation of any University policy.
2. The foregoing is not all-inclusive, but only serves as examples of conduct that will not be tolerated.

### B. Attorney-Client Confidentiality

1. On occasion, you may be a participant in discussions involving confidential University business, including matters that are the subject of a pending or potential lawsuit. The dissemination of this information to you and others is necessary to communicate litigation strategy and implement the advice of counsel. You must maintain the confidentiality of this information. The information is protected by the attorney-client privilege. The privilege is owned by the University. As a result, only the President and/or Dean can authorize the dissemination of any litigation information. You cannot discuss the information with others including co-workers, spouses or friends.

### C. Solicitations

1. In order that employees are not bothered at work and to avoid disruption of CHSU operations, non-employees will not be permitted to solicit employees during work hours. Solicitations by employees will be allowed during rest and meal periods, and only in the break room.



## California Health Sciences University

### D. Tools and Equipment

1. Tools or equipment necessary to the performance of a job shall be provided and maintained by CHSU. Personal use of University property, including tools, vehicles and other equipment is strictly prohibited. In addition, you are prohibited from using tools and equipment on which you have not received training.

### E. Grooming and Attire

1. CHSU considers the presentation of its image to employees, students and the public to be an important factor in our success. CHSU observes a business casual dress code, except on Fridays where denim is acceptable. Casual Fridays do not apply to individuals participating in Student Interview Days and if announced ahead of time for a specific event. The University requires all employees to dress in good taste and observe good habits of grooming and personal hygiene. Clothing should be neat, clean, not create undue distractions, and be consistent with safety guidelines. Hair must be clean and neat. Beard and mustaches may be worn if they are kept neat and well-trimmed. Make-up, jewelry and other accessories should be appropriate for our business and the employee's specific job function.
2. Dress code requirements may vary based on job function, level of contact with students and members of the community, safety issues and other business considerations. When appropriate, CHSU will make reasonable accommodations in its grooming standards. If you are uncertain as to the appropriateness of a specific clothing item, accessory or style of dress, please consult your supervisor or the Office of Human Resources.

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- Policy Owner: Human Resource
  - Effective Date: 12/07/2017
  - Approval by President Date: 12/07/2017
  - Approval by Provost Date: 12/07/2017



# California Health Sciences University

## CHSU EMPLOYEE CONFLICT RESOLUTION AND COMPLAINTS POLICY

### I. OVERVIEW OF POLICY

It is important to CHSU that employees are treated fairly and that they receive prompt responses to problems and concerns. CHSU understands that concerns may arise in the workplace and encourages employees to communicate these concerns to CHSU so that we can continue to foster a supportive and collaborative work environment for all. CHSU desires a fair resolution of all such concerns in the workplace. Whenever possible, the concerns should be resolved informally; however, CHSU recognizes that this may not be possible or appropriate in all cases. For this reason, CHSU provides a conflict resolution and complaint process to promote prompt and responsible resolution of issues raised by faculty, staff, and administrators ("Employees").

These issues may involve concerns or complaints regarding their work, working relationships or work environment.

The purpose of this policy is to provide a transparent and consistent process for resolving conflicts and complaints.

### II. APPLICATION OF POLICY

This policy applies to complaints of faculty, staff and administrators, regardless of their length of employment or hours they work.

This policy does not apply to complaints made by student(s) or made regarding student(s). Complaints regarding student conduct will be handled under the Student Professionalism and Conduct Policy. Complaints by a student(s) regarding another student, a faculty member, staff member or member of the administration will be handled under the Student Issue or Dispute Resolution Policy.

This policy also does not apply to any prohibited conduct covered by the Unlawful Discrimination, Harassment, Retaliation and Sexual Violence Policy, which establishes a separate procedure for reporting those types of concerns.

CHSU, in its sole discretion, determines which process applies to each particular complaint.

### III. DEFINITIONS

Complaint: Any unresolved grievance, dissatisfaction, wrong, concern or hardship regarding the employee's job, workplace or coworker relationships. This includes any issue regarding the application of any CHSU policy, practice or procedure. This list is not exhaustive.



# California Health Sciences University

Complainant: Employee with a Complaint.

Respondent: Employee or department against whom a Complaint has been made.

## IV. ANTI-RETALIATION STATEMENT

CHSU will not tolerate any retaliation against a Complainant or other CHSU employee or student for filing a Complaint under this policy or for participating in any investigation or other process as a result of a Complaint filed under this policy.

## V. CONFLICT RESOLUTION PROCESS

- A. Step 1: Informal Verbal Discussion: The Complainant is generally expected to raise any Complaint verbally with the Respondent in an attempt to resolve the conflict as informally and as professionally as possible. Alternatively, the Complainant may seek assistance informally from Complainant's immediate supervisor or the supervisor of the Respondent to raise the issue directly with the Respondent. In either case, the Complainant should address the matter as soon as possible following any alleged incident. Supervisors of Complainant and Respondent may utilize internal resources, such as Office of Human Resources personnel or if the Complainant feels it would be inappropriate to raise the matter with the Respondent and/or attempts to seek assistance from Complainant or Respondent's supervisor have not resolved the matter, the Complainant may proceed to Step 2.
  
- B. Step 2: Written Complaint: If a Complainant feels the matter has not been resolved satisfactorily through informal means or is not appropriate for informal resolution under Step 1 in light of the facts alleged, the Complainant may file a written Complaint with their immediate supervisor or the Office of Human Resources. If a written Complaint is received by the Complainant's immediate supervisor or another CHSU administrator from a Complainant, it shall be forwarded to the Office of Human Resources. The Office of Human Resources shall be responsible for overseeing the processing of written Complaints under this policy. Such Complaint will be treated with the greatest degree of confidentiality possible. However, limitations on confidentiality may include CHSU's obligation to investigate Complaint allegations or fulfill other duties required by law or policy. Not all Complaints will require an investigation. If CHSU conducts an investigation, the Office of Human Resources shall select an appropriate CHSU administrator or external party to conduct the investigation ("Investigator"). The Investigator may, in some cases, be from the Office of Human



## California Health Sciences University

Resources and/or subsequently serve as Mediator, as described in Step 3 below. However, in all cases, the Investigator must be a neutral party.

- C. Step 3: Optional Mediation: Mediation is a problem-solving approach which requires a willingness of all those involved with the Complaint to work together to resolve the issues raised by the Complaint. CHSU encourages, but does not require, mediation of Complaints under this policy. CHSU acknowledges that some situations will not be appropriate to be handled through mediation. If the written Complaint is appropriate for mediation and all those involved elect to participate in mediation then a neutral party will be selected to facilitate mediation of the dispute (“Mediator”). The Mediator shall be a member of the CHSU administration or an external party free from bias regarding the parties or matters addressed in the Complaint. The Mediator will set ground rules for the mediation and will help facilitate the discussions but ultimately it will be up to the parties to agree to a resolution of the Complaint. If either the Complainant or Respondent do not agree to mediation or if agreement cannot be reached during mediation, the Complaint will move on to Step 4.
- D. Step 4: Formal Decision. If mediation of a written Complaint does not resolve the Complaint or the Complaint has not been mediated, a determination will be made regarding what the next steps will be based on the type and severity of allegations made in the Complaint. Generally, the Office of Human Resources, in consultation with appropriate members of the CHSU administration, will communicate a written resolution to the Complainant and other parties within 30 business days of receipt of the Complaint. In making a determination, the Office of Human Resources may rely on the investigation, may consult the Investigator or Mediator, if applicable, and may speak to the Complainant and/or Respondent. The written decision shall be final.

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- Policy Owner: Human Resource
  - Effective Date: 2/08/2018
  - Approval by President Date: 2/08/2018



# California Health Sciences University

## CHSU HOLIDAYS

### I. RECOGNIZED 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. Independence Day
- F. Labor Day
- G. Thanksgiving Day
- H. The Day after Thanksgiving
- I. Christmas Day

### II. WINTER SHUTDOWN HOLIDAY

Additionally, all offices of CHSU are closed December 26th through December 31st. This period is known as "Winter Shutdown." Winter 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.

### III. 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.

### IV. HOLIDAY PAY FOR EMPLOYEES ON LEAVES 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.



## California Health Sciences University

If a non-exempt employee is eligible for paid holiday benefits and is required to work on a paid holiday, that employee will receive: (1) holiday pay based on the hours they are regularly scheduled to work; and (2) their regular hourly rate for all hours worked on that day.

Employees on an unpaid leave of absence are ineligible for paid holiday benefits.

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  - Effective Date: 10/19/2017
  - Approval by President Date: 10/18/2017
  - Approval by Provost Date: 10/18/2017



# California Health Sciences University

## CHSU IMMIGRATION RELATED POLICIES

### I. SECTION ONE

- A. An employee may exercise his/her rights under the Labor Code or any local ordinance without suffering unfair immigration-related practices. This includes:
1. The filing of a complaint or informing CHSU of an alleged violation of the Labor Code or local ordinance, provided the complaint or disclosure is made in good-faith, seeking information about whether the University is in compliance or,
  2. Informing another person of his/her rights under the Labor Code or local ordinance.
- B. An unfair immigration-related practice means the following action taken with a retaliatory purpose:
1. Requesting more of different documents than required under federal law to show eligibility for employment
  2. Refusing to honor documents that on their face appear genuine
  3. Using E-Verify to check employment authorization status at a time or in a manner not required under federal law
  4. Threatening to file or filing a false police report or a false report or complaint with any state or federal agency
  5. Threatening to contact immigration authorities.
- C. Moreover, CHSU will not take adverse action against an employee, including reporting or threatening to report the employee or family member to a federal, state or local agency based on the employee's suspected citizenship or immigration status, because (s)he exercises a right under the Labor Code, the Government Code, or the Civil Code.

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# California Health Sciences University

## CHSU 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.



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- 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.

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# California Health Sciences University

## EMPLOYEE LEAVES OF ABSENCE

### I. POLICY STATEMENT

CHSU recognizes that administration, faculty and staff (“Employees”) will need days off from work from time to time for different reasons. To that end, CHSU provides a variety of leaves of absence for eligible employees, to help employees take time off work to attend to an employee's responsibilities outside of work. Specifically, this policy explains the types of leaves available to assist employees in managing events requiring time away from work. This policy explains the eligibility, accrual, and use of all paid and unpaid leaves available to eligible employees. It does not address vacation, as that is governed by a separate policy.

This policy provides eligible employees with leave in accordance with California State and Federal laws and CHSU policy. If applicable, state or federal law requires that CHSU offer any leave in a manner that would be more generous to employees than is currently provided in this policy, CHSU will comply with the law.

Types of leave offered by CHSU and addressed in this policy include:

- A. CHSU Paid Sick Leave
- B. California Paid Sick Leave ("PSL")
- C. Family Medical Leave Act ("FMLA") and California Family Rights Act ("CFRA")
- D. Pregnancy Disability Leave
- E. Extended Sick Leave for Full-Time Employees
- F. Bone Marrow and Organ Donation
- G. Domestic Violence, Sexual Assault or Stalking Leave
- H. Victims of Felony Crimes
- I. Jury Duty and Witness Leave
- J. Time Off to Vote
- K. Time Off for Child or Grandchild's School or Child Care Provider
- L. Military, National Guard, Military Care Giver and Volunteer Emergency Services Leave
- M. Bereavement Leave
- N. Sabbatical Leave



## California Health Sciences University

### O. CHSU Donated Leave Program

## II. GUIDELINES APPLICABLE TO ALL TYPES OF LEAVE

### A. 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 work day, 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.

### B. 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.

### C. 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.

### D. 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.

### E. 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.



## California Health Sciences University

### F. 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).

### G. 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.

## III. SICK LEAVE

### A. CHSU Paid Sick Leave ("CHSU Sick Leave")

#### 1. 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.

#### 2. 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.

#### 3. 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 or dental appointments, to care for an Immediate Family Member, for specified purposes under state and federal law, or for any other purpose allowed under this Policy (e.g., Bereavement, discussed below).



## California Health Sciences University

### B. California Paid Sick Leave ("PSL") for Part-Time, Per Diem, Special Project, and Temporary Employees

#### 1. Eligibility

All CHSU employees who do not qualify for CHSU Sick Leave, as described above, are eligible for California Paid Sick Leave ("PSL") benefits under California's Healthy Workplaces, Healthy Families Act of 2014 ("HWHFA").

#### 2. Lump Sum Accrual

Eligible employees will be provided with a lump sum of twenty-four (24) hours of sick leave immediately upon hire, and will receive twenty-four (24) hours of sick leave on the anniversary of their hire date each year. The maximum accrual is twenty-four (24) hours.

#### 3. Use

New employees must wait ninety (90) days before using PSL. No more than twenty-four (24) hours of sick leave may be used in a twelve month period.

PSL may be used for the diagnosis, care, or treatment of an existing health condition of, or preventative care for, an employee or an employee's Immediate Family Member. PSL may also be used for specified purposes if an employee is a victim of domestic violence, sexual assault or stalking.

PSL shall be paid at the employee's regular rate of pay for the workweek in which the employee uses the PSL, regardless of any overtime worked.

## IV. FAMILY MEDICAL LEAVE ACT AND CALIFORNIA FAMILY RIGHTS ACT

Eligible employees will be provided with family and medical leave and leave under the Federal Family Medical Leave Act ("FMLA") and California Family Rights Act ("CFRA") in accordance with the requirements of applicable state and federal law.

### A. Eligibility

An "eligible employee" is an employee that: (1) has worked with CHSU 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; and (3) currently works at a location where there are at least fifty (50) employees within seventy-five (75) miles.

### B. Conditions Triggering Leave

FMLA and/or CFRA leave will be granted for any of the following reasons:

#### 1. The birth of a child.



## California Health Sciences University

2. To care or bond with a newly born child or the placement of a child with the employee for adoption or foster care or to care or bond with the adopted or foster care child ("Child/Baby Bonding").
3. Incapacity due to pregnancy or prenatal medical care.
4. To care for a Qualified Family Member (as defined below) with a serious health condition.
5. Because of the employee's serious health condition that makes the employee unable to perform his or her job.

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 "Qualified Family Member" includes the employee's spouse, registered domestic partner, child or parent. Child includes a biological, adopted or foster child, a stepchild, a legal ward or child of a person standing in loco parentis, who is either under age 18 or age 18 and older and incapable of self-care because of a mental or physical disability at the time FMLA leave is to commence. 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, parents of an employee's registered domestic partner, a grandparent, a grandchild or a sibling.

### C. Use

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. FMLA/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. CHSU will grant baby-bonding leave of less than two weeks' duration on any two occasions.

Both parents may take leave for the birth or placement for adoption or foster care, of a child. If both parents are employed by CHSU, the aggregate number of workweeks of leave to which both are entitled is limited to twelve work weeks during any twelve month period for the birth or placement



## California Health Sciences University

for adoption or foster of the employees' child, or to care for a parent with a serious health condition. This limitation does not apply to leave taken by either spouse to care for the other who is seriously ill and unable to work, to care for a child with a serious health condition, or for his or her own serious illness.

### D. Use of Accrued Paid Leave Concurrently with FMLA/CFRA

Depending on the purpose of the employee's leave request, CHSU may require employees to use accrued paid leave such as sick leave, extended sick leave or vacation concurrently with some or all of the FMLA/CFRA leave. To use paid leave concurrently with FMLA/CFRA, eligible employees must comply with CHSU's normal procedures for the applicable paid leave policy.

## V. 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. In addition, 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 as a reasonable accommodation 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.



## California Health Sciences University

### VI. 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 an 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.

### VII. 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 for up to thirty (30) days for the purpose of organ donation and up to five (5) days for bone marrow donation, in any twelve (12) month period. Employees are required to take up to five days of accrued but unused sick leave or vacation for bone marrow donation. Employees are required to take up to two weeks of accrued but unused sick leave or vacation for organ donation.

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.



## California Health Sciences University

### **VIII. 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

### **IX. LEAVE FOR VICTIMS OF CRIMES**

CHSU provides unpaid leave to each eligible employee who is a victim of certain, specified felony crimes, or who is an immediate family member of a victim, a registered domestic partner of a victim or the child of a registered domestic partner of a victim of certain, specified felony crimes to attend and participate in judicial proceedings related to the crime, in accordance with California state law. Employees may use accrued, unused sick time or vacation time during the leave.

### **X. 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.



## California Health Sciences University

### **XI. 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.

### **XII. TIME OFF FOR CHILD OR GRANDCHILD'S SCHOOL OR CHILD CARE PROVIDER**

In accordance with California state law, CHSU will permit employees to take up to 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 child care provider; or (2) to participate in activities of the school or licensed child care provider of the employee's child or grandchild. Employees are also able to take time off to address a child care provider or school emergency. In all cases, the maximum amount of time off for school or child care provider activities is 40 hours per year. Employees must use their accrued, unused vacation time for leave under this section. If the employee has no accrued, unused vacation time, leave taken under this section will be unpaid.

### **XIII. 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.

### **XIV. 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.

### **XV. 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.



## California Health Sciences University

### XVI. 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 offers 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.

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# California Health Sciences University

## CHSU PERSONNEL RECORDS, PAYROLL RECORDS, AND BACKGROUND CHECKS

### I. PERSONNEL RECORDS

- A. 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.
- B. 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.
- C. 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.
- D. 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.
- E. 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.
- F. 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

prepared by examination committee members or obtained in connection with a promotional examination. Prior to production CHSU may redact the names of any nonsupervisory employees.

### II. PAYROLL

#### A. Payroll Records

1. CHSU will keep at its Administrative Office all payroll records showing hours worked daily (for non-exempt employees) and wages paid to employees. These records will be kept for at least three years. You may also keep a personal record of hours worked. If your record differs from the information CHSU provides you on your paycheck, contact the Office of Human Resources immediately. We will make records available to an employee within 21 days of a request for payroll records.

#### B. Garnishment

1. If CHSU receives an order to garnish your wages, it must comply with that order. A garnishment is a stoppage of a specified sum from wages to satisfy a creditor. This will reduce your take-home pay.

#### C. Pay Day

1. All employees are paid on the 5th and 20th of each month. If the 5th or the 20th falls on a weekend or a day CHSU is closed, you will be paid the weekday before.

#### D. Paychecks

1. Each pay day CHSU will pay you with a check or via direct deposit to your bank account. The check stub will include an itemized statement of earnings, typically referred to as a "paycheck stub." The statement will show, for the pay period, gross wages earned, total hours worked (except for employees paid a salary and who are exempt from the payment of overtime compensation), all deductions, net wages earned, the dates of the pay period, your name and part of your social security number, the name and address of the business, and the applicable hourly rate. We will also provide you with the state mandated paid sick leave benefits you have accrued either on the paycheck stub on or a separate document distributed with your paycheck. Please assure that all personal information is true and correct. If changes need to be made, please contact the Human Resources Manager.
2. CHSU processes the payroll for each employee. Processing payroll requires the University to make many calculations for each employee. An error may be made in the processing of payroll. For this reason, we ask that each of you carefully review each paycheck stub for accuracy. If you have any questions, or if there is an error, please bring it to our attention immediately. No employee will suffer adverse action because (s)he expressed or made a written or oral inquiry or complaint regarding wages.



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3. Your paycheck will be subject to payroll deductions. This will include federal and state income taxes which CHSU is required to withhold, payroll taxes such as social security, and any other deductions which you have authorized for your benefit. For example, you may be responsible for paying part of an insurance premium. Another example might be that you have asked CHSU to deduct a certain amount from your earnings to be transferred to a retirement or savings account. A deduction from your paycheck may be made if an overpayment arises from the previous payperiod.
4. Before CHSU makes any deductions, you will be required to sign an authorization. If the amounts of the deductions change (such as for health care premiums), you will be required to sign a new authorization form.

### E. Pay Notice

1. At the time of hiring, CHSU will provide you with a written notice containing the following information:
  - a) Your rate or rates of pay and whether paid by the hour, shift, day, week, salary, piece, commission, or other basis, including overtime rates;
  - b) Allowances such as meal or lodging, if any, as part of the minimum wage;
  - c) CHSU's regular payday;
  - d) CHSU's name, including any dba;
  - e) CHSU's physical address of the main office or principal place of business, and any mailing address;
  - f) CHSU's telephone number; and
  - g) The name, address, and telephone number of CHSU's workers' compensation insurance carrier.

### F. CONFIDENTIALITY OF PERSONNEL AND MEDICAL RECORDS

- A. CHSU will keep all personnel and medical records confidential. Information regarding an employee's medical condition is maintained in files separate from personnel files. Only those supervisors who need to be informed regarding an aspect of the employee's personnel record or medical condition will be allowed access to these records. Confidential medical information may also be available to first aid or safety personnel in the event of an emergency.

### G. EMPLOYMENT REFERENCES AND VERIFICATIONS

- A. Calls received to verify employment are referred to the Office of Human Resources. Persons calling to verify employment will be given the name, title and date of hire of an employee.



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No other information will be given (e.g., salary) and may only be verified, when you make a request in writing that CHSU do so.

- B. Written verification of employment for major purchases such as real estate will be completed by the Office of Human Resources. Your signature authorizing the release of the information must accompany a request for verification of employment.

### V. CONSUMER REPORTS

- A. Generally, if CHSU hires a third-party to provide an investigative consumer report of any employee or applicant, CHSU will comply with the Federal and State Fair Credit Reporting Acts. We will obtain your prior written consent by disclosing the information gathered or received to you, and provide you with a summary of rights. An investigative consumer report provides information regarding the character, general reputation, personal characteristics, and mode of living of the subject of the report. CHSU will not provide this information to you, or ask for authorization, if the report was sought due to suspicion of wrongdoing or misconduct.
- B. If CHSU conducts an investigation that includes compiling information about a person's character, general reputation, personal characteristics and mode of living but does not include matters of public record, the information compiled will remain confidential to the extent permitted by law. Public records are those records documenting an arrest, indictment, conviction, civil judgment, action, tax lien or outstanding judgment. If public records are used in the investigation, you will be given a copy of the public records.

### VI. CREDIT REPORTS

- A. A credit report is defined as any written, oral, or other communication of any information by a credit reporting agency bearing on a person's credit worthiness, credit standing, or credit capacity. A credit report does not include a record verifying income or employment, or obtaining credit-related information, such as credit history, credit score or credit record. A credit report may be conducted for persons applying for the following positions only:
  1. A managerial position;
  2. A position for which the law requires that a consumer credit report to be obtained;
  3. A position that involves regular access to the bank or credit card account information, social security number, and date of birth for any person (except for routine credit card solicitations or applications);
  4. A position that requires the employee to be named signatory on University bank or credit card accounts;
  5. A position that authorizes the employee to transfer money on behalf of CHSU;



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6. A position for which the person is authorized to enter into financial contracts on behalf of CHSU;
  7. A position that involves access to confidential, proprietary or trade secret information; and
  8. A position that involves regular access to cash totaling \$10,000 or more during a workday.
- B. Before conducting a consumer credit check, CHSU or its credit reporting agency will provide written notice to you indicating the specific basis for conducting the credit report. The notice will include a box that you can mark to obtain a copy of the report.
- C. CHSU will advise you if you are denied the position based in part or wholly on the credit report. We will also provide to you the name and address of the credit reporting agency.

### VII. PUBLIC ASSISTANCE

- A. CHSU understands that its employees may, at times, need to participate in public assistance programs, and we are sympathetic to anyone in time of need. The University will not discriminate or retaliate against an employee who enrolls in a public assistance program. Nor will we refuse to hire a person because of enrollment in a public assistance program. CHSU will not disclose to anyone, unless permitted by law, that an employee receives or is applying for public benefits.

### VIII. USE OF THE E-VERIFY SYSTEM

- A. CHSU may use a federal system called “E-Verify” to determine whether a person who has been offered employment is authorized to work in the United States. If CHSU receives a tentative non-confirmation issued by the Social Security Administration (SSA) or the Department of Homeland Security (DHS) indicating the information entered in E-Verify does not match federal records, we will comply with the required employee notification procedures under any memorandum of understanding governing the use of the E-Verify system. CHSU will furnish to the employee any notification issued by SSA or DHS containing information specific to the employee’s E-Verify case or any tentative non-confirmation notice. Unless required by federal law or as a condition of receiving federal funds, CHSU will not use E-Verify to check the employment authorization status of an existing employee or an applicant who has not been offered employment.

### IX. NO-MATCH LETTER

- A. Each year, the Social Security Administration (SSA) sends letters to employers informing them that the Wage and Tax Statement (form W-2) contains employee names and social security numbers that do not match SSA records. If CHSU receives a “no-match” letter, it



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will take the following steps.

- B. First, within 30 days CHSU will check its records to determine if the discrepancy is because of a typographical or clerical error in its records or in communications with SSA. If there is an error, CHSU will correct it.
- C. If the records are accurate, CHSU will, within five (5) business days of completing its review, ask you to confirm that the information on file is correct. If you provide corrected information, CHSU will correct its records, inform SSA or the Department of Homeland Security (DHS), and verify that the corrected name and number match SSA or DHS records. If CHSU's records are correct, we will ask you to resolve the discrepancy with SSA or DHS within 90 days of receipt of the no-match letter.
- D. If the discrepancy is not resolved within 90 days of receipt of the no-match letter, CHSU may re-verify your employment eligibility and identity by completing a new Form I-9 within three days (93 days from the receipt of the no-match letter). In this case, you may not use a document containing the social security number or the alien number that is the subject of the no-match letter to establish employment eligibility or identity. In addition, all documents used to prove identity or both identity and employment eligibility, must contain a photograph.
- E. If the no-match issue is not resolved by this process, CHSU may be compelled to terminate your employment.

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- Policy Owner: Human Resource
  - Effective Date: 11/01/2017
  - President Approval Date: 11/01/2017
  - Provost Approval Date: 11/01/2017



# California Health Sciences University

## CHSU POLICY AND PROCEDURE FOR DISEASE PREVENTION CAUSED BY EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS

### I. PURPOSE

This policy exists to prevent exposure of students, faculty, and staff at CHSU to infectious diseases and injuries during clinical and laboratory activities. The policy covers training and education regarding prevention of exposure to infectious and environmental hazards for students, faculty and staff. Additionally, the policy states protocols that must be followed to ensure appropriate care and medical treatment in the event an exposure incident.

### II. POLICY

All CHSU students, faculty, and staff are trained in standard precautions to prevent exposure to potentially infectious pathogens and follow up procedures in the event of accidental contact. This mandatory training occurs annually during the Fall semester.

All new CHSU students, faculty, and staff who may be exposed to potentially hazardous materials are trained in standard precautions and exposure risks during their orientation. In addition, students undergo training again at the beginning of their clinical clerkships to their hospital's or clinic's written Exposure Control Plan (ECP) required by OSHA and must follow the respective institution's ECP.

CHSU students' records of exposure incidents and subsequent follow up information will be kept on file in the Office of Student Affairs. Any faculty or staff exposure incidents will be followed up and filed by the Human Resources Office.

The following guidelines and precautions must be followed:

1. Standard Precautions:

The term "standard precautions" is an approach to infection control.

According to the concept of Standard Precautions, all human blood and certain human body fluids are always treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens. CHSU students are considered healthcare workers, bound by the standards of their clinical education site, when participating in clinical and community experiences. As such, students, faculty and staff are required to abide by the Occupational Safety and Health Administration (OSHA) regulations for health care professionals who are considered to be at risk of occupational exposure to blood-borne diseases.

2. Faculty are prohibited from engaging in academic activities which might expose students to potentially infectious material without a plan in place for implementation of standard precautions.



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### 3. Additional steps to prevent exposure that faculty, staff and students must take:

- Use blunt instruments to demarcate structures in the anatomy lab when appropriate.
- Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- Take appropriate precautions when handling blood or other potentially infectious materials: use gloves, masks, and gowns if blood or other possibly infectious material exposure is anticipated.
- Set up all equipment in a safe manner to limit exposure.

### 4. Exposure Incident:

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with potentially infectious or hazardous material. Contact can occur via a splash, needle stick, puncture/cut wound from sharp instrument, or human bite. Potentially infectious body fluids include blood, semen, vaginal secretions; pleural, pericardial, synovial, peritoneal, cerebral spinal, amniotic fluid; saliva during dental procedures; any other body fluid visibly contaminated with blood; any unfixed tissue or organ (other than intact skin) from a human (living or dead).

### 5. Associated Expenses:

Exposure incidents for students are not to be submitted as Workers' Compensation claims unless the student is employed by CHSU. CHSU students are required to have health insurance. In accordance with this policy, health care expenses associated with an exposure incident are to be billed to the student's respective insurance carrier for payment. Exposure incidents for CHSU faculty or staff should be reported directly to their supervisor and to Human Resources, at which point any compensation claims will be discussed and determined.

## III. PROCEDURES

If a student experiences an exposure incident while participating in clinical experiences and/or clinical laboratory activities, it is to be handled as an emergency. The student is required to:

- Go to the nearest emergency department for immediate evaluation and treatment as needed.



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- Complete a non-employee incident report and send within 24 hours to the Office of Student Affairs. The form may be submitted electronically, or faxed to (559) 473-1487.
- Report the exposure incident to the Assistant Dean of Student Affairs and Instructor of Record (if year 1 or 2), or to the Associate Dean of Clinical Affairs and Clinical Preceptor (if year 3 or 4).

If a faculty or staff member of CHSU experiences an exposure incident, the employee is required to follow protocol set forth in the Injury Illness Prevention Program (IIPP) as follows:

Employees are to report all injuries to the Office of Human Resources and The Safety Director, as identified in the University Injury, Illness and Prevention Program, **immediately**. Failure to report accidents and injury will be cause for disciplinary action, up to and including termination.

For non-emergencies, first responders will provide first aid, as necessary, and the injured employee(s) will be directed to the appropriate medical facility. **Dial 9-1-1 for emergencies.**

Management will contact the workers' compensation insurance carrier within twenty-four (24) hours of a work-related injury or illness notification and provide the operator with information about the injury. In the event of an employee's death or in-patient hospitalization, the company will notify its workers' compensation carrier within eight (8) hours.

***All injuries, regardless of how minor, must be reported.***

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- Policy Owner: AVP of Operations
  - Effective Date: 8/14/2018
  - Approval by Provost Date: 8/14/2018



# California Health Sciences University

## CHSU PROFESSIONALISM POLICY

### I. POLICY STATEMENT

California Health Sciences University ("CHSU") is committed to creating an environment that is optimal for learning, teaching, conducting research and providing clinical care. To achieve and sustain this, CHSU expects students, staff and faculty to display professionalism, both individually and collectively, in all their interactions with each other, with patients and their families, with colleagues, with other professions and with members of the public.

Health care professionals, and by CHSU students, have privileged positions in society. Professionalism is central to the ethos of both the practice of health care and conduct of research and an expression of our commitment to patients and society. An important aspect of any professional educational curriculum is the development of professional behaviors and role identity. To this end, CHSU takes the professional conduct of its faculty, staff and students seriously. Unprofessional behavior presents a potential danger to the provision of good patient care and negatively impacts the credibility of the profession. Students, faculty and staff must display good judgment, a sense of responsibility and morality, sensitivity and compassion for individual needs, and the ability to synthesize and apply knowledge. Faculty and staff are responsible for applying these professionalism principles to their own work, helping to set an example of appropriate conduct for students. Students are responsible for demonstrating that they are capable of becoming safe and effective health care professionals.

Recognizing the responsibility to develop appropriate professional behaviors, CHSU sets expectations for professional conduct and evaluates students in this sphere to document satisfactory acquisition of these important behaviors. Professionalism includes honesty, respect for faculty, staff and students, and behavior in public that is not embarrassing to the ideals of the one's health care profession. Continual self-reflection about one's attitudes and behaviors must occur as one strives to be a better professional.

Faculty, staff and students should strive to model professional behaviors as a mode to ensure quality patient care and growth of the profession. CHSU's goal is that all students who exhibit unprofessional behavior understand why such behavior was unprofessional and acquire skills/strategies to prevent from engaging in such unprofessional behavior in the future. Students identified as exhibiting unprofessional behaviors may be provided with remediation opportunities based on the severity of the conduct that occurred. Students, staff or faculty who exhibit a documented recurring pattern of unprofessional behavior or have a single incident



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of serious unprofessional behavior may be disciplined accordingly, up to and including termination or dismissal. Components of professional behavior for faculty, staff and students are described below.

### **II. TEAM-ORIENTED APPROACH**

- a. Helps colleagues and team members who are in need of assistance.
- b. Takes on extra work to help the team.
- c. Serves as a knowledge or skill resource to others.
- d. Advocates for policies, practices and procedures that will benefit patients,

### **III. HONOR AND INTEGRITY**

- a. Admits responsibility for errors and takes steps to rectify the error and prevent reoccurrence.
- b. Deals with confidential information appropriately.
- c. Does not misuse resources.
- d. Attributes ideas and contributions appropriately for the work of others.
- e. Upholds ethical standards in research and scholarly activity.
- f. Requests help when needed.

### **IV. PATIENT CENTEREDNESS**

- a. Maintains disciplined coordination of inter-professional care of the whole patient-in the context of knowledge, beliefs, values, relationships and goals.
- b. Shows compassion to patients and maintains appropriate boundaries in professional relationships
- c. Responds to patient's needs in an appropriate way.
- d. Inspires confidence in patients by proper preparation for clinical tasks and procedures
- e. Develops a trusting relationship with the patient and the patient's family (if applicable) by listening.
- f. Endures inconvenience to accommodate patient needs.

### **V. PATIENT SAFETY**

- a. Optimizes patient comfort, privacy, and safety at all times.
- b. Provides patients with health-related information to share professional knowledge so that patients may fully understand their illness and the care that they will receive, improve their decision- making processes, and control their care.



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- c. Participates in education and training to strengthen knowledge and expertise in patient safety, improve communication and teamwork skills, and develop threat and error management skills
- d. Discloses mistakes and errors to patients and families in a timely manner.

### VI. CULTURAL COMPETENCE

- a. Demonstrates value for and understanding of individuals and cultures to ensure effective and appropriate interaction so that others feel respected.
- b. Treats the patient as an individual and considers lifestyle, beliefs and cultural support systems.
- c. Applies cultural knowledge to the delivery of patient care so that this care is given in a way which is sensitive to the needs of the individual patient.
- d. Demonstrates an understanding of the manner in which people of diverse cultures and beliefs perceive health and illness and respond to various symptoms, disease and treatments.

### VII. RESPECT

- a. Respects all institutional faculty and staff.
- b. Adheres to institutional and departmental policies and procedures.
- c. Displays compassion and respect for all patients even under difficult circumstances.
- d. Discusses patients/faculty/colleagues without inappropriate labels or comments and with proper respect regardless of race, ethnicity, gender, age, religion, language, abilities/disabilities, sexual orientation, gender identity, socioeconomic status, and geographic region.

### VIII. RESPONSIBILITY AND ACCOUNTABILITY

- a. Presents self in an appropriate manner to patients and colleagues.
- b. Dresses in an appropriate and professional manner.
- c. Completes assignments and tasks in a timely manner.
- d. Responds promptly when called, paged or emailed.
- e. Intervenes when unprofessional behavior of others presents is observed.
- f. Uses resources effectively.
- g. Makes valuable contributions to class, rounds and group interactions.
- h. Elicits patient's understanding to ensure accurate communication of information.
- i. Facilitates conflict resolution.
- j. Remains flexible to changing circumstances and unanticipated changes.
- k. Balances personal needs and patient responsibilities.



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- l. Provides constructive feedback.
- m. Has internal focus and direction, sets goals to achieve excellence.
- n. Maintains composure under difficult situations.

### **IX. INTERPROFESSIONAL COLLABORATION AND PRACTICE**

- a. Takes initiative in organizing, participating and collaborating with peer groups and faculty with the common goal of building safer outcomes for patients.
- b. Participates constructively as a team member in inter-professional collaborative practice.
- c. Proactively establishes reliable structures and processes to support planning, information sharing and decision-making, and action to optimize patient care processes and outcomes.
- d. Promotes dialogue to create a more collaborative practice.
- e. Reflects and develops ways of practicing that provides an integrated and cohesive answer to the needs of the patients.
- f. Seeks learning opportunities, with and about other health care professions and is proactive in breaking down silos.
- g. Looks for opportunities to integrate care at a systematic level.

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- Policy Owner: Provost
  - Effective Date: 10/18/2017
  - Approval by President Date: 10/18/2017
  - Approval by Provost Date: 10/18/2017



# California Health Sciences University

## CHSU PROHIBITED DRUG AND ALCOHOL ABUSE

### I. POLICY STATEMENT

#### A. Anti-Substance Abuse

1. CHSU is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when an employee illegally uses drugs or alcohol on the job; comes to work under the influence; or possesses, distributes or sells drugs in the work place. Every employee shares the responsibility for maintaining a safe work environment. Co-workers should encourage anyone who may be abusing alcohol or drugs, or working under their influence, to seek help.
2. CHSU may provide an unpaid leave of absence or other assistance to those who may need it, while sending a clear message that the use of illegal drugs, alcohol or controlled substances that impair an employee's ability to safely perform his/her duties cannot be tolerated.

#### B. Policies Prohibiting Drug and Alcohol Abuse

1. No employee may possess, sell, trade, buy, offer for sale or otherwise engage in the illegal use of drugs or the use of alcohol on the job.
2. No employee may report to work under the influence of illegal drugs, alcohol, or other substances that impair the employee's ability to safely and efficiently perform his or her job duties. If an employee holds a safety sensitive position, he/she may be subject to random drug testing.
3. Any employee who is using prescription (including domestic and foreign prescriptions) or over-the-counter drugs that may impair the employee's ability to safely perform the job, or affect the safety or well-being of others, must notify a supervisor of such use immediately before starting work.
4. Employees should be aware that substances, including medications, lawfully used in foreign countries, may give rise to a positive drug test. Even in this situation a positive drug test will subject the employee to disciplinary actions, up to and including termination of employment.
5. An employee's conviction on a charge of illegal sale, purchase, possession or use of a controlled substance or alcohol related conviction, even if the incident occurs off-duty and not in the work place, may result in a loss of employment. Any employee



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convicted of such a charge must notify his/her supervisor or the Office of Human Resources within five calendar days of the conviction. The University will report convictions as required by the rules and regulations of the applicable state licensing boards.

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- Policy Owner: Human Resource
  - Effective Date: 11/01/2017
  - President Approval Date: 11/01/2017
  - Provost Approval Date: 11/01/2017



# California Health Sciences University

## 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.



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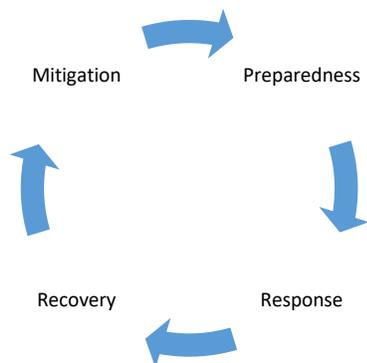
### B. Planning Assumptions

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:





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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



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- 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.



# California Health Sciences University

## 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;



## California Health Sciences University

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



## California Health Sciences University

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.



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### 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



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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



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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:

<b>CHSU ERT Member</b>	<b>Roles and Responsibilities</b>
President	<ul style="list-style-type: none"> <li>❖ Oversee implementation of the Emergency Plan and internal decision making of the ERT.</li> <li>❖ Appoint the IC/UC liaison.</li> </ul>
IC/UC Liaison	<ul style="list-style-type: none"> <li>❖ Ensure all appropriate external emergency first responders have been notified.</li> <li>❖ Coordinate with external emergency first respond and other government and non-profit agencies providing emergency assistance.</li> <li>❖ Coordinate law enforcement activities.</li> </ul>



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

### 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.



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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 at a 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](http://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



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### 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.



# California Health Sciences University

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- Policy Owner: President
- Effective Date: 8/21/2018
- Revised Date: 9/07/2018
- Approval by President Date: 9/12/2018
- Approval by Provost Date: 9/12/2018



# California Health Sciences University

## CHSU SEARCHES AND INSPECTIONS

### I. POLICY STATEMENT

#### A. Searches and Inspections

1. In order to protect its property, employees and students, CHSU reserves the right to search office property including desks, computers, containers, storage areas and any other equipment without notice. CHSU also reserves the right to inspect personal property on the premises as warranted, including vehicles, clothing, packages, lunch boxes, purses and other containers for illegal drugs, alcohol, weapons, stolen property or evidence of a violation of University rules. Searches of personal property will only be conducted when there is reasonable suspicion to believe that an employee has illegal drugs, alcohol, weapons, stolen property or evidence of a violation of University rules in his/her possession.
2. CHSU property and premises may be monitored by means of audio, visual or electronic equipment at any time, without prior notice. Monitored information includes, but is not limited to, monitoring sites employees visit on the Internet, monitoring chat groups and news groups, reviewing downloaded or uploaded material, reviewing emails sent and received by employees, and reviewing telephone call and voicemail logs. CHSU will keep copies of all Internet and email passwords. System security features such as passwords and message delete functions, do not neutralize or inhibit CHSU's ability to access such materials. You should not expect privacy in any of the above mentioned areas of this policy.
3. An employee's refusal to cooperate in a search, inspection or related investigation may result in disciplinary action up to and including termination.

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- Policy Owner: Human Resource
  - Effective Date: 11/01/2017
  - President Approval Date: 11/01/2017
  - Provost Approval Date: 11/01/2017



# California Health Sciences University

## CHSU TRAVEL AND EXPENSE REIMBURSEMENT POLICY

### I. POLICY STATEMENT

- A. This policy summarizes the expense reimbursement policy and process for employees of the University.

### II. EXPLANATION OF REIMBURSABLE EXPENSES

- A. In the normal course of business, it is necessary for employees of the University to travel, entertain or incur other business expenses on the University's behalf. In incurring these expenses, employees generally spend their own funds or use personal credit cards and, therefore, are entitled to request for reimbursement. Employees may also incur automobile mileage while using their personal automobile.
- B. The purposes of the University's policies on reimbursement of business expenses are to be fair and equitable and to follow all pertinent tax regulations. To be fair and equitable means that an individual working for the University should neither gain nor lose personally because he or she has incurred business expenses.

### III. RESPONSIBILITIES OF EMPLOYEES

- A. It is the responsibility of the employee who is receiving the reimbursement to ensure that allowable costs are charged to the appropriate University colleges, departments and accounts. The employee must also obtain all proper approvals and submit the Travel and Expense Reimbursement Form to the Accounting Department with complete supporting documentation.
- B. All claims for reimbursement must be submitted within ten (10) days subsequent to the month end for which the expenses were incurred.
  - 1. Supporting Expense Documentation:  
Claims should include all required information to comply with Internal Revenue Service Guidelines. These guidelines require claims to be supported with the 5W's:
    - a) Who: names and employers of the individuals entertained
    - b) What: the nature of the expenditure (lunch, hotel, supplies, etc.)
    - c) Where: the location the expense was incurred
    - d) When: date(s) when the expense(s) were incurred
    - e) Why: purpose of the expenditure (attend conference, business lunch, etc.)



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2. In addition, receipts must be affixed (taped, not stapled) in an orderly fashion to an 8 ½" x 11" sheet of paper as support for the claim(s) filed on the Travel and Expense Reimbursement Form or copies may be submitted. All supporting documentation/receipts must be itemized.
3. Reimbursement Request Forms must be coded and approved by the Department Chair or Manager prior to submission to the Accounting Department. No faculty/staff may approve their own claim for expenses or reimbursement. The Accounting Department will not process any claims for reimbursement unless the Reimbursement Form is appropriately approved and includes appropriate supporting documentation.

### IV. TRAVEL EXPENSES (CENTRALIZED TRAVEL BOOKING)

- A. All travel requests must be approved as early as possible prior to the travel/event dates. All employees must submit a Travel Request Form to their department chair or manager for approval. Travel Request Forms should include all known and estimated costs for travel. These costs include conference registration dues, estimated travel, lodging, meals and incidentals.
- B. When University business requires that an employee travel out of town, all approved Travel Request Forms must be submitted to the Executive Assistant to the President for booking of airfare, car rental and lodging reservations. Employees should use the least expensive travel alternative whenever possible or practical.
- C. Personal expenses incurred on a business trip are not reimbursable. Expenses of spouses and family will not be reimbursed by the University and should not be charged on the same receipts as the University employee.
  1. Airfare:
    - a) Flights will be arranged in the most economical manner by the Executive Assistant to the President and must be purchased at least 21 days in advance. Airfare booked by the University will be for economy/coach only.
  2. Mileage:
    - a) Claims for mileage reimbursement must be made on the Travel and Expense Reimbursement Form. Applicable business mileage will be reimbursed at the Internal Revenue Service approved rates at the time travel is incurred.
    - b) Employees receiving monthly automobile allowances or who have a University owned vehicle are not entitled to mileage reimbursement.



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- c) Mileage eligible for reimbursement includes all business related mileage incurred by the employee at the request of the University. Mileage to and from work originating from the employees principal residence is not business mileage.
  - d) Faculty/staff members using their personal vehicles for University business purposes are required to maintain automobile insurance at the minimum standards required by California law. Risk of loss to the employee's personal vehicle is to be borne entirely by the employee or as otherwise provided by law.
3. Lodging:
- a) Reservations for overnight accommodations will be made by the Executive Assistant to the President at an establishment where a corporate rate is available for the University. It is expected that reasonable and economical accommodations be used and should be made far enough in advance to take advantage of conference hotel rates.
4. Meals during Travel:
- a) The cost of meals (breakfast, lunch, & dinner) while on an overnight trip out of town on University business will be reimbursed to the extent the amounts are reasonable considering the circumstances of the travel location. There is a maximum reimbursement per day of \$60. If you are out of town on business for a partial day, the maximum daily reimbursement is \$35 per day.
  - b) This policy is not intended to be a per diem allowance. As with other business expenditures, receipts are required to support actual expenses incurred.
  - c) The University does not reimburse faculty/staff for alcoholic beverages. Receipts submitted for business meals while on an overnight trip should not include any alcoholic beverages. Total reimbursement request must match receipt total.
5. Incidentals:
- a) The cost of any incidentals while on an overnight trip out of town on University business will be reimbursed to the extent the amounts are reasonable considering the circumstances of the travel location. These items will normally be such things as tolls, taxi fares, parking lot fees, baggage fees, etc.
6. Meals and Entertainment:
- a) The actual cost of meals and entertainment to the extent they are reasonable and related to University business will be reimbursed. These expenses are subject to the documentation standards described elsewhere in this policy. The cost of a meal at a pre-approved professional society or civic organization will be reimbursed.



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### V. OTHER EXPENSES

- A. The University will fully reimburse employees for other reasonable expenses directly connected with University business conducted at places other than their office. These items will normally be such things as business related supplies, tolls, taxi fares, rental cars, parking lot fees, business related communications, etc.
- B. Other expenses such as seminars, education classes, periodicals and miscellaneous business related expenses are to be approved by the appropriate manager or supervisor.

### VI. MISSING OR INADEQUATE DOCUMENTATION

- A. When the original receipts have been lost or cannot be obtained, the employee requesting reimbursement must submit a Missing Receipts Form with other documentation that may support the validity of the expenses. Other supporting documentation may be a credit card statement reflecting the name of establishment, date expense incurred and total expense amount. Repeated missing or inadequate documentation may result in denial of the expense.

### VII. CHECK RUN DATE

- A. CHSU checks are printed on the 10th and 25th of each month. If the 10th or the 25th falls on a weekend or holiday, the check run will take place on the closest workday to the check run date.
- B. Reimbursement requests submitted to the accounting department by the 5th of the month will be included in the check run on the 10th. Similarly, reimbursement requests submitted by the 20th of the month will be included in the check run on the 25th.

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- Policy Owner: Finance
  - Effective Date: 11/01/2017
  - President Approval Date: 11/01/2017
  - Provost Approval Date: 11/01/2017



# California Health Sciences University

## CHSU 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](http://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.



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### 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.

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- Policy Owner: Finance
  - Effective Date: 10/18/2017
  - Revised Date: 10/18/2017
  - Approval by President Date: 10/18/2017



# California Health Sciences University

## CHSU UNLAWFUL DISCRIMINATION, HARASSMENT, RETALIATION, AND SEXUAL VIOLENCE

### I. POLICY STATEMENT

- A. CHSU is committed to creating an inclusive environment, where all individuals can achieve their academic and professional aspirations free from sexual violence, unlawful discrimination, harassment, or related retaliation. The purpose of this policy is to explain the prohibited conduct related to sexual violence, unlawful discrimination, harassment and retaliation. The purpose of this policy is also to outline the process by which CHSU processes complaints regarding sexual violence, unlawful discrimination, harassment or retaliation.
- B. All members of the CHSU community, including CHSU employees, students, and third party contractors and vendors are governed by this policy. CHSU does not tolerate harassment, discrimination or retaliation against job applicants, applicants for admission to CHSU, current students, contractors or vendors (including employees of contractors or vendors), supervisors, those in management, or any third party who enters onto CHSU facilities.
- C. This policy applies to prohibited conduct alleged to have occurred on CHSU property or in connection with CHSU activities, programs, or events. In addition, CHSU may apply this policy to conduct that occurs online or off-campus where the conduct: (i) affects the CHSU learning or working environment; or (ii) has a continuing adverse effect on campus.

### II. CONDUCT PROHIBITED BY THIS POLICY

- A. This policy prohibits any form of harassment or discrimination on the basis of race; color, national origin (including possessing a driver's license issued under Vehicle Code § 12801.9), or ancestry; gender/sex, gender identity, transgender status, sex stereotyping or gender expression; age; physical or mental disability, perceived disability or perceived potential disability; pregnancy or perceived pregnancy, childbirth, breastfeeding or medical conditions related to pregnancy, childbirth or breastfeeding; religion (including religious dress and grooming practices) or creed; marital status; registered domestic partner status; medical condition (including HIV and AIDS); citizenship; military and veteran status; sexual orientation; genetic characteristics; genetic information (including information from the employee's genetic tests, family members' genetic tests, and the manifestation of a disease or disorder in the employee's family member); political affiliation; as well as any other classifications protected by federal, state, or local laws and ordinances is a violation of this policy and will be treated as a disciplinary matter.



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- B. CHSU policy also prohibits harassment or discrimination based on the perception that a person has any of these characteristics or is associated with a person who has, or is perceived to have any of these characteristics. CHSU prohibits any and all retaliation against any person covered by this policy for submitting a report of unlawful harassment or discrimination or for cooperating in any such investigation. CHSU has does not tolerate harassment, discrimination or retaliation and is committed to an environment free of it.
- C. Additionally, it is a violation of this policy to knowingly submit a complaint for discrimination, harassment, retaliation or sexual violence based on false allegations or to knowingly provide false information in connection with an investigation of a complaint processed under this policy.

### III. GENETIC NON-DISCRIMINATION ACT (“GINA”)

- A. CHSU will not request that employees disclose genetic information with respect to their employment. However, in responding to CHSU’s request for medical certification for a leave of absence or an accommodation, an employee may inadvertently provide genetic information about themselves. With this in mind, CHSU provides employees with the following information:
- B. The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, CHSU requests that employees not provide any genetic information when responding to CHSU requests for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

### IV. ACADEMIC FREEDOM AND FREEDOM OF SPEECH PROTECTIONS

- A. CHSU recognizes and promotes its commitment to academic freedom and freedom of speech, as described in the Academic Freedom and Academic Dishonesty policy, and other applicable CHSU policies. The faculty and other academic appointees, staff, and students of CHSU enjoy significant free speech protections guaranteed by the First Amendment of the United States Constitution and Article I, Section I of the California Constitution. However, freedom of speech and academic freedom are not limitless and do not protect speech or expressive conduct that violates federal or state anti-discrimination laws.



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### V. RESPONSIBILITIES OF CHSU MANAGERS AND SUPERVISORS

- A. Employees who are managers and supervisors of CHSU may create liability (against CHSU, themselves, or both) for acts of discriminatory and harassing conduct occurring in the workplace, if the managers and supervisors know or should have known of the conduct, unless they can show that they took timely and appropriate corrective action. Ignorance of discriminatory activity is not an acceptable defense for inaction of a manager or supervisor if, through reasonable care, they should have been aware of the conduct.
- B. Managers and supervisors may create liability for discriminatory or harassing acts by non-employees where the managers and supervisors know or should have known of the conduct and fail to take timely and appropriate corrective action. In reviewing these cases, the extent of the managers' and supervisors' control, and any other legal responsibility which they may have with respect to the conduct of such non-employees, will be taken into consideration.
- C. Managers and supervisors who are aware of discriminatory conduct, even if the occurrence is not directly within their line of supervision or responsibility, have the obligation to immediately and concurrently report the harassment to the Office of Human Resources.
- D. Managers and supervisors who engage in harassing or retaliatory conduct may be held personally liable for such conduct. Managers, supervisors, or employees who engage in discrimination, harassment or retaliation will also face discipline, up to and including termination of employment.
- E. Managers and supervisors must:
  - 1. Provide a discrimination-free work environment, and take proactive steps to communicate to the subordinates that discrimination and harassment in the workplace will not be tolerated;
  - 2. Ensure that all of their subordinate employees are informed of the CHSU's policy against discrimination and harassment and its discrimination complaint process;
  - 3. Ensure that their subordinate employees are not discouraged from filing complaints (formal or informal) so that complaints may be investigated in a thorough, confidential manner;
  - 4. Set an example by their own behavior and let others know that they support the CHSU's policy and will take appropriate corrective action if discrimination occurs;
  - 5. Ensure that all employees attend training at least once every two years to make them aware of (1) conduct that is discriminatory, and (2) the consequences of such conduct;
  - 6. Immediately report all discrimination complaints to the Office of Human Resources even if the Complainant does not want you to proceed;



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7. Take all complaints seriously. Do not shrug off or minimize the complaint, or otherwise discourage employees from reporting such complaints;
  8. Monitor the workplace to identify subtle discriminatory conduct or behavior;
  9. Strictly follow directions and instructions from the Office of Human Resources, that office being charged with oversight and control over all complaints or incidents of discrimination. Do not initiate any investigation unless specifically directed to by the Office of Human Resources;
  10. Consult with the Office of Human Resources prior to taking any action in order to determine the appropriate action(s) to take;
  11. Promptly initiate appropriate action, as directed by the Office of Human Resources and executive level management, to remedy a discriminatory situation in a manner that will protect the Complainant, Respondent, and other employees, and to prevent further discriminatory acts or harassment from occurring; and
  12. Protect the employee(s) complaining of discrimination from any form of reprisal or retaliation.
- F. Managers and supervisors who become aware of discrimination, harassment, or retaliation and do not take immediate and appropriate corrective action will be held accountable. Failure to adhere to the above responsibilities will result in appropriate corrective and/or disciplinary action, up to and including termination. In addition, individuals may be sued in their personal capacity, and could be required to provide for the cost of their own defense.

### VI. DEFINITIONS

- A. The following definitions are applicable to this policy:
1. Complainant: Any person who files a report of alleged conduct or retaliation prohibited by this policy.
  2. Respondent: A person alleged to have engaged in the prohibited conduct and about whom a report of such prohibited conduct is made.
  3. Discrimination Defined. Discrimination means excluding from participation, denying the benefits of, or otherwise subjecting an individual or group of individuals to different treatment based on a protected class. For example, unlawful discrimination may consist of a decision, policy or practice.



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4. **Harassment Defined.** Harassment is unwelcome verbal, visual or physical conduct creating an intimidating, offensive, or hostile work or educational environment that interferes with a person's work or educational performance, or creates an environment such that a reasonable person would find the conduct intimidating, hostile or offensive. Harassment can be verbal (including slurs, jokes, insults, epithets, gestures or teasing), graphic (including offensive posters, symbols, cartoons, drawings, computer displays, or e-mails) or physical conduct (including physically threatening another, blocking someone's way, etc.) that denigrates or shows hostility or aversion towards an individual because of any protected characteristic. Because it is difficult to define unlawful harassment, persons covered under this policy are expected to behave at all times in a professional and respectful manner.
  5. **Retaliation Defined.** Retaliation means any adverse treatment including threats, intimidation, adverse employment or educational actions, against a person based on their report of discrimination or harassment under this policy, or participation in the investigation, report, remedial or disciplinary process arising from this policy. Retaliation against someone for reporting or participating in an investigation and related processes constitutes prohibited conduct. Employees and students who violate this policy will be subject to appropriate disciplinary action, including termination or expulsion from CHSU.
  6. **Sexual Harassment Defined.** Sexual harassment is a form of gender discrimination, defined as unwelcome or unsolicited sexual advances, unwelcome requests for sexual favors, graphic or written statements, and other unwelcome verbal, nonverbal or physical conduct of a sexual nature when:
    - a) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or educational experience; or
    - b) Submission to or rejection of such conduct is used as a basis for employment, salary, or other benefits affecting a student; or
    - c) Such conduct interferes with an individual's work or educational experience and creates an intimidating, hostile, or offensive working or educational environment.
- B. Sexual harassment need not be motivated by sexual desire. Examples of conduct that violates this policy include:
1. Unwelcome sexual advances, flirtations, advances, leering, whistling, touching, pinching, assault, blocking normal movement
  2. Requests for sexual favors or demands for sexual favors in exchange for favorable treatment



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3. Obscene or vulgar gestures, posters, or comments
4. Sexual jokes or comments about a person's body, sexual prowess, or sexual deficiencies
5. Propositions, or suggestive or insulting comments of a sexual nature
6. Derogatory cartoons, posters, and drawings
7. Sexually-explicit e-mails or voicemails
8. Uninvited touching of a sexual nature
9. Unwelcome sexually-related comments
10. Conversation about one's own or someone else's sex life
11. Conduct or comments consistently targeted at only one gender, even if the content is not sexual
12. Teasing or other conduct directed toward a person because of the person's gender

### C. Sexual Violence Definitions.

1. **Consent:** Consent is affirmative, conscious, voluntary and revocable. Consent to sexual activity requires of all persons involved an affirmative, conscious and voluntary agreement to engage in sexual activity. It is the responsibility of each person to ensure they have the affirmative consent of the other to engage in the sexual activity. Lack of protest, lack of resistance, or silence, do not alone constitute consent. Affirmative consent must be ongoing and can be revoked at any time during sexual activity. The existence of a dating relationship or past sexual relations between the persons involved should never by itself be assumed to be an indicator of consent (nor will subsequent sexual relations or dating relationship alone suffice as evidence of consent to prior conduct).
2. **Sexual Assault—Penetration:** Without the consent of the Complainant, penetration, no matter how slight, of the vagina, anus, or mouth by a penis; or the vagina or anus by any body part or object.
3. **Sexual Assault—Contact:** Without the consent of the Complainant, touching, an intimate body part (genitals, anus, groin, breast, or buttocks), whether clothed or unclothed.
4. **Relationship Violence:**
  - a) **Dating Violence:** Conduct by a person who is or has been in a romantic or intimate relationship with the Complainant that intentionally, or recklessly, causes bodily injury to the Complainant or places the Complainant in reasonable fear of serious bodily injury.



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- b) Domestic Violence: Conduct by a current or former spouse or intimate partner of the Complainant shares a child in common, that intentionally, or recklessly causes bodily injury to the Complainant or another, or places the Complainant or another in reasonable fear of serious bodily injury.
  - c) Stalking: Repeated conduct directed at a Complainant, which includes following, monitoring, observing, surveilling, threatening, communicating or interfering with property, of a sexual or romantic nature or motivation, that would cause a reasonable person to fear for their own safety, or the safety of others, or to suffer substantial emotional distress.
- D. Other Prohibited Behaviors:
- 1. Invasion of sexual privacy:
    - a) Without a person's consent, watching or enabling others to watch that person's nudity or sexual acts in a place where that person has a reasonable expectation of privacy; or
    - b) Using depictions of nudity or sexual activity to extort something of value from a person.
  - 2. Sexual intercourse with a person under the age of 18.
  - 3. Exposing ones genitals in a public place for the purpose of sexual gratification.
  - 4. Failing to comply with the terms of a no-contact order, a suspension of any length, or any order of exclusion issued under this Policy.
- E. **REPORTING PROCESS AND PROCEDURES FOR COMPLAINTS OF UNLAWFUL DISCRIMINATION, HARASSMENT, RETALIATION, AND SEXUAL VIOLENCE**
- A. The below procedures are intended to allow CHSU to respond to complaints of alleged discrimination, harassment, retaliation or sexual violence. CHSU encourages all members of its community who have experienced alleged criminal sexual violence to report the conduct to the police. In an emergency situation, community members should call 9-1-1. CHSU also encourages all community members to report alleged discrimination, harassment, retaliation or sexual violence to CHSU as follows:
- 1. Complaint Submitted. CHSU cannot remedy claimed harassment or retaliation unless such complaints are brought to its attention. Failure to report claims of harassment and/or retaliation prevents CHSU from taking steps to address the problem. If a CHSU



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community member believes someone has violated this policy, the CHSU community member is strongly encouraged to promptly bring the matter to attention the appropriate party, identified as follows:

- a) For complaints in which the Respondent is a student: Complaints may be filed with the Dean's office of the accused student's college.
  - b) For complaints in which the Respondent is someone other than a student or where the Respondent is a student who is also an employee: Complaints should be filed with the Office of Human Resources.
  - c) CHSU recognizes that complaints may be received by others within the CHSU community, such as ombudspersons, faculty advisors, co-workers, student affairs employees, etc. When complaints are received by such members of the CHSU community, that member has an obligation to report the complaint to the appropriate party, identified above. Additionally, any member of the CHSU community who observes any such incident is strongly encouraged to report the incident, irrespective of whether the alleged victim files a complaint.
  - d) While there is no time limit for submitting such reports, reports of prohibited conduct should be brought forward as soon as possible; all incidents should be reported even if significant time has elapsed but prompt reporting will better enable CHSU to respond, investigate, provide an appropriate remedy, and impose discipline if appropriate. The CHSU prefers the complaint be made in writing and identify the person(s) involved, what occurred and the identity of any witnesses. The complaint should be specific and should include the names of the individuals involved and the names of any witnesses. However, if a complaint is not filed in writing but CHSU receives notice of any allegation(s) that is subject to this policy, CHSU shall take affirmative steps to investigate and address the allegation(s), in a manner appropriate to the particular circumstances. Complaints alleging retaliatory conduct shall also be reported in the same manner.
2. Review and Interim Measures. Upon receipt of the complaint, the Office of Human Resources or Dean, as appropriate, will conduct an initial review of the complaint to clarify the Complainant's allegations and to determine whether the complaint, on its face, plausibly alleges misconduct prohibited by this policy. Following the initial review, if the Office of Human Resources or Dean's office determines that the complaint does not adequately allege prohibited conduct of this policy, the matter may be closed without further action or investigation or be forwarded to the appropriate party for processing under the applicable policy. In such a case, notice shall be provided to the Complainant by the Office of Human Resources or the Dean. If the complaint does allege misconduct prohibited by this policy, the Office of Human



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Resources or Dean's Office may consider and adopt interim measures. Such interim measures may be adopted when there are health and safety risks to the Complainant or CHSU community. Interim measures may serve to limit the effects of the alleged prohibited conduct and to protect the Complainant and other persons. These measures may include, separating the parties, or making alternative working or academic arrangements. Such interim measures shall remain in place until the Office of Human Resources or Dean determines that they are no longer necessary or until a final written decision is issued, whichever occurs first. A person's failure to comply with interim measures may be considered a separate violation of CHSU policies. Whenever interim measures are implemented, the goal is to minimize the impact on the Complainant. A decision about interim measures does not, however, constitute evidence or a finding of a policy violation.

3. Notice to Accused Person and Selection of Investigator. If the complaint is appropriate under this policy, the Office of Human Resources or Dean shall assign a neutral investigator to conduct an investigation into the alleged misconduct, or may choose to investigate the matter directly. The Office of Human Resources or Dean shall have broad discretion in selection of a neutral investigator, provided that the assigned investigator has both the skills and resources necessary to conduct a complete investigation. Before the investigation begins, the Office of Human Resources or Dean will inform the Complainant and the Respondent that an investigation has commenced. The notice will summarize the Complainant's allegations and shall outline the investigation process. In cases involving an active law enforcement investigation, the Office of Human Resources or Dean may determine that notice to the Respondent may interfere with the active criminal investigation. In this situation, the notice to the Respondent may be delayed for a reasonable period of time.
4. Investigation – CHSU will promptly conduct a neutral and thorough investigation into the facts and circumstances of any claim of misconduct prohibited by this policy. The investigator will determine, by a preponderance of the evidence standard (i.e., more likely than not) what occurred and whether the accused person violated CHSU policy.
  - a) The investigation must be appropriately tailored to the circumstances based on the misconduct alleged in the complaint, and shall include, at a minimum, review of relevant documents and interviews with relevant witnesses. The Respondent shall have an opportunity to be interviewed as part of the investigation. In order to protect the integrity of the investigation, the investigator may require that the Respondent or others participating in the investigation to refrain from acting in a specified manner (i.e., such as directives to refrain from contacting others involved in the investigation until the investigation is complete). The findings of the investigation should be documented in the investigation file, which shall be



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forwarded to the Dean or Office of Human Resources as appropriate. The investigation file shall be maintained by the Deans office if the Respondent is a student or the Office of Human Resources if the Respondent is someone other than a student.

- b) A Complainant's or Respondent's refusal to provide the investigator with documents or other evidence related to the allegations in the complaint, failure or refusal to cooperate in the investigation or engage in any other obstruction of the investigation may result in the dismissal of the complaint because of a lack of evidence to support the allegation(s).
  - c) Generally, formal investigations should be completed within thirty (30) business days after CHSU's receipt of the complaint. This timeline may be extended for good cause by CHSU and in such circumstances CHSU shall notify the Complainant and Respondent with the reason for the delay and an estimated completion date.
5. Determination. After the investigation is complete, the Office of Human Resources or Dean, as appropriate, will make a determination of whether a violation of this policy occurred. Both the Complainant and Respondent will be notified of the results of the investigation in writing within five (5) business days after the close of the investigation.

### **VIII. CORRECTIVE ACTION, REMEDIAL MEASURES AND DISCIPLINE**

- A. For Respondents who are students, corrective action, remedial measures and/or discipline shall be governed by the student discipline process. The investigation and determination of misconduct which took place under this policy, shall serve as the investigation and determination of misconduct required by the student discipline process.
- B. For Respondents who are employees, corrective action, remedial measures and/or discipline shall be handled by the Office of Human Resources, in consultation with appropriate members of the CHSU administration and the Office of General Counsel, as needed. The investigation and determination of misconduct which took place under this policy, shall serve as the investigation and determination of misconduct required by the employee discipline process.
- C. For Respondents who are third-parties, corrective action and remedial measures shall be handled by the Office of Human Resources, in consultation with appropriate members of the CHSU administration and the Office of General Counsel, as needed.

### **IX. EMPLOYEES – FILING COMPLAINTS WITH OUTSIDE AGENCIES**

- A. CHSU encourages all employees who believe they have been subjected to unlawful



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discrimination or harassment to bring their concerns to CHSU so that appropriate action can be taken. However, an employee of CHSU may file a complaint with the Department of Fair Employment and Housing (1-800-884-1684; <http://www.dfeh.ca.gov>) or the U.S. Equal Employment Opportunity Commission (1-800-669-4000; <http://www.eeoc.gov>).

- B. These agencies may investigate or assist you in resolving any dispute. The DFEH and EEOC, if they prosecute the case, can obtain various remedies for a person including imposing fines or damages for emotional distress against the employer or persons who violated the law; order the employer to hire or reinstate you; order back pay or a promotion; order the employer to change or modify its workplace practices. While it is not required that you exhaust the CHSU's internal investigation process before contacting a governmental agency, CHSU encourages all members of the CHSU community to take advantage of the CHSU's process for resolving harassment, discrimination and retaliation concerns and complaints.

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- Policy Owner: Human Resource
  - Effective Date: 11/01/2017
  - President Approval Date: 11/01/2017
  - Provost Approval Date: 11/01/2017



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## CHSU VACATION POLICY FOR STAFF, FACULTY & ADMINISTRATION

### I. POLICY STATEMENT

CHSU provides paid vacation time to eligible employees for personal use, such as rest, relaxation and renewal. Consistent with this objective, CHSU encourages employees to use their accrued vacation leave each year.

### II. ELIGIBLE EMPLOYEES

Eligible Employees for purposes of vacation benefits under this policy are defined as follows: full-time staff, full-time faculty, and full-time Administration ("Eligible Employees"). Full-time under this policy is defined as being regularly scheduled to work forty (40) hours or more per week. Employees who transfer from a part-time to a full-time position immediately begin to accrue vacation benefits at the start of employment with CHSU.

Part-time employees may be eligible for pro-rated vacation benefits on a case by case basis as approved in writing by the Office of the President, in consultation with the Office of Human Resources.

Adjunct faculty, part-time staff and temporary employees are not eligible for vacation benefits.

### III. ACCRUAL OF VACATION

An employee accrues vacation leave based on the type of appointment the employee holds and years of qualifying service. There will be separate rates of vacation accrual for the following categories of employees: (1) staff; (2) faculty; and (3) Administration, as those positions are defined in the CHSU policy on Employment Classifications. Employees holding dual roles at the University will accrue vacation at the higher rate of the two positions held. For employees who are under an employment contract and have contracted for an accrual rate different than what is provide in this policy, the contract shall control.

Years of service are calculated beginning on the employee's most recent employment date in a full-time position at CHSU. If the anniversary date is on or before the 15th of the month, the employee will begin accruing vacation at the new rate during the entirety of the employee's anniversary month. If the anniversary date is on or after the 16th of the month, the employee will begin accruing vacation at the new rate the following month. Overtime hours are not included for purposes of computing the amount of vacation leave accrued. Time served in temporary, adjunct or part-time positions are not counted in calculating an employee's vacation accrual rate. CHSU may in its sole discretion allow employees to receive service credit for years of employment



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outside of CHSU and, as a result, increase the employee's initial accrual rate.

Paid time off is accrued each pay period. Accrued vacation leave is credited and available for use on the next working day following each pay period. However, eligible separating employees earn proportional vacation leave through their last day in paid status.

Employees accrue vacation time in the following manner:

### A. Staff Accrual

<b>Years of Service</b>	<b>Hours Accrued Per Year</b>	<b>Days Accrued Per Year</b>	<b>Hours Accrued Per Pay Period</b>
> 1 year of service	40	5	1.67
1-2 years	48	6	2.00
2-3 years	56	7	2.33
3-4 years	64	8	2.67
4-5 years	72	9	3.00
5-6 years	80	10	3.33
6-7 years	88	11	3.67
7-8 years	96	12	4.00
8-9 years	104	13	4.33
9-10 years	112	14	4.67
10+ years	120	15	5.00

### B. Faculty Accrual

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.

### C. Administration Accrual Rate

<b>Years of Service</b>	<b>Hours Accrued/Year</b>	<b>Days Accrued/Year</b>	<b>Hours/Pay Period</b>
> 1 year of service	80	10	3.33
1-2 years	88	11	4.19
2-3 years	96	12	4.00
3-4 years	104	13	4.33
4-5 years	112	14	4.67
5-10 years	120	15	5.00
10+ years	160	20	6.67



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### IV. VACATION LEAVE ACCRUAL DURING LEAVES OF ABSENCE

An employee continues to accrue vacation leave while on a CHSU-paid leave of absence including but not limited to: sick leave, vacation and work time. However, employees do not accrue vacation during any unpaid leave of absence.

### V. PROCEDURES FOR REQUESTING VACATION AND USE OF VACATION LEAVE

Employees are required to coordinate their vacation leave in advance with their supervisor to ensure that their absence does not conflict with the needs of the University. All vacation leave must be approved in advance by the employee's supervisor. An employee may not use vacation leave before it is accrued, except as authorized by the Office of Human Resources.

In order to take time off pursuant to this policy, employees must complete a vacation request and submit it to their supervisor at least one (1) week before the scheduled time off. For time off requests lasting more than three (3) days, Eligible Employees must submit their request at least four (4) weeks in advance unless otherwise approved by their supervisor. However, in all cases, employees are encouraged to identify which days they will take off with as much advanced notice as possible. Faculty are encouraged to identify which days they will take off at the beginning of each fiscal year to insure minimal disruption to the learning environment.

Supervisors will review the time off request and make a determination regarding whether the requested time off will be approved, partially approved, or rejected. The Supervisors may consider the following factors in making such decision:

- A. whether the employee's performance will be adversely impacted by the time off;
- B. whether the employee's time off will negatively impact CHSU operations;
- C. whether other team members with similar or complementary duties have already received approval for time off during the same time period; and
- D. whether the time requested falls during an inappropriate time of year for the employee to take off as a result of work flow, deadlines, the need for the employee to be available on campus or off-site (e.g., such as when precepting students or during final exams).

Generally, supervisors are expected to respond to requests on a first-come, first-serve basis. Eligible Employees should coordinate with their team members to ensure fairness and efficiency. Eligible Employees will be required to communicate and collaborate with their team to ensure everyone has the ability to take time off without disrupting CHSU operations.



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After an Eligible Employee's time off request is approved, it is the employee's responsibility, together with the employee's supervisor, to plan to appropriately delegate, postpone, or otherwise manage work responsibilities that will be affected during the time the employee is taking vacation.

The University in its sole discretion may require Eligible Employees to take their accrued and unused vacation. However, the University's preference is to have employees schedule and plan their own vacation time. To the extent Eligible Employees are having difficulty scheduling time away from work they are encouraged to discuss this with their supervisor or the Office of Human Resources.

If CHSU holidays fall during an employee's vacation period, no vacation time will be deducted during CHSU holidays.

An employee on an unpaid leave of absence may not use their vacation leave on an intermittent basis for the purposes of eligibility for paid holidays. Employees separating from employment may not use vacation leave after their last day of work unless authorized in advance by the Office of Human Resources.

### **VI. MAXIMUM VACATION LEAVE ACCRUAL LIMIT ("CAP")**

Vacation may be accrued until an employee's vacation accrual reaches 1.1 times the maximum permitted annual accrual ("Cap"). Once an employee reaches the Cap, no additional vacation leave may be accrued until the employee's vacation leave balance falls below the Cap.

### **VII. VACATION LEAVE RATE OF PAY; SEPARATION FROM CHSU**

Pay during vacation is at the employee's rate in effect at the time the leave is taken, not the rate of pay in effect when the vacation leave was accrued. An employee will be paid for any unused vacation leave upon separation of employment as required by law.

### **VIII. TRANSFER OF ACCRUED VACATION LEAVE UPON CHANGE OF POSITION**

Any accrued vacation leave will be transferred upon an employee's reassignment, promotion or demotion from one University position to another. The rate of pay for such vacation leave will be at the employee's rate of pay in effect at the time the leave is taken.

### **IX. INTERACTION WITH LEAVES OF ABSENCE POLICY; DONATING VACATION**

Eligibility for time off for employees for a leave of absence is determined by CHSU's Leaves of Absence policy. This vacation policy does not affect time off taken for reasons covered by CHSU's Leaves of Absence policy, including, but not limited to: sick leave, family and medical



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leave provided by California or federal law, pregnancy disability leave, military leave, bereavement leave, jury duty or to appear as a witness in court, or organ and bone marrow donation leave. Time off under the Leaves of Absence policy may be paid or unpaid, as provided for in that policy.

Donations of vacation time to other employees under CHSU's donated leave program will be governed by the donated leave program policies.

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- Policy Owner: Human Resource
  - Effective Date: 10/18/2017
  - Revised Date: 10/18/2017
  - Approval by President Date: 10/18/2017
  - Approval by Provost Date: 10/18/2017



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## CHSU WORK HOURS AND ATTENDANCE

### I. WORKDAY AND WORKWEEK

- A. A workday is defined as any consecutive 24-hour period beginning at the same time each calendar day. The workday begins at 12:01 a.m.
- B. A workweek is a fixed and regularly recurring period of 7 consecutive 24-hour periods. The workweek begins at 12:01 a.m. Sunday and ends at 12 midnight the following Saturday.

### II. WORK HOURS AND ATTENDANCE

- A. General office hours are 8:00 a.m. to 5:00 p.m. Your hours may differ from the office hours.
- B. You are expected to be at your work area on time and working in accordance with your work schedule. In an organization such as ours, the timely and efficient production of work depends on each employee. If one person is late in arriving, the quality of our services may be impaired. Thus, while occasional, infrequent emergencies are to be expected, repeated or frequent tardiness cannot be permitted.
- C. Absenteeism and tardiness will ultimately affect your employment at CHSU. Absenteeism or tardiness, regardless of cause, may result in termination of employment. If you are unable to report on time for any reason, you must inform your supervisor of your absence or tardiness as early as possible. Anticipated absences must be arranged in advance. When an absence from work is required, you should first request permission for such an absence from your immediate supervisor. An absence will be approved subject to CHSU policies and the needs of the University. If you are absent without approval for three or more days and have not contacted your supervisor or another member of management, CHSU will assume that you have voluntarily terminated your employment.
- D. Attendance and other records related to hours worked and wages paid are kept for a period of three years. These records are available for your review during normal office hours by scheduling a time to review them with the Human Resources Manager.
- E. Generally speaking, exempt employees are expected to be present at work during their scheduled work times in order to perform work that is essential to the department's operations. They are also expected to arrive and depart according to normal business hours in order to maintain a transparent schedule of availability for colleagues and customers. Management should discuss with their exempt employees how their expectations of work relate to time spent at work. Management can ask exempt employees to inform them if they will not be at work during some hours of a typical work day. It is not only common



## California Health Sciences University

courtesy, but it is necessary so that others who need to coordinate with that employee can be informed of the change in work schedule for the day.

- F. Exempt employees are expected to work whatever hours are necessary to accomplish the goals and deliverables of their exempt position.

### III. OVERTIME

- A. Only non-exempt employees are eligible for overtime compensation. Please refer to your job description to determine whether you are a non-exempt employee. Exempt employees are not eligible for overtime compensation. They are paid on a salary basis and are in executive, administrative or professional positions. Non-exempt employees will be paid overtime compensation as follows:
  1. Work in excess of eight hours in a workday and work in excess of 40 hours in any workweek and the first eight hours worked on the seventh consecutive day of work in any workweek will be paid at one and one-half times the regular rate of pay.
  2. Any work in excess of 12 hours in a workday or in excess of eight hours on the seventh consecutive day of work in a workweek will be paid at twice the regular rate of pay.
- B. In calculating overtime compensation, the University will not combine more than one rate of overtime compensation. Hours worked means time actually spent on the job. It does not include hours away from work due to vacation, sickness or holiday even when these days are compensated.

### IV. MAKE-UP TIME

- A. CHSU allows the use of make-up time when non-exempt employees need time off to tend to personal obligations. You may take time off and then make up the time later in the same workweek, or may work extra hours earlier in the workweek to make up for time that will be taken off later in the workweek. Make-up time worked will not be paid at an overtime rate.
- B. Make-up time requests must be submitted in writing to the Human Resources Manager with your signature on the "Make-Up Time Request" form provided by CHSU. The form is available in Human Resources. Requests will be considered for approval based on the legitimate business needs of the University at the time the request is submitted. A separate written request is required for each occasion you request make-up time.
- C. If you request time off that you will make up later in the week, you must submit your request at least 24 hours before the desired time off. If you ask to work make-up time first to take time off later in the week, you must submit your request at least 24 hours before working the make-up time. Your make-up time request must be approved in writing before



## California Health Sciences University

you take the requested time off or work make-up time, whichever is first.

- D. All make-up time must be worked in the same workweek as the time taken off. The University's seven-day workweek is Sunday through Saturday. You may not work more than 11 hours in a day or 40 hours in a workweek as a result of making up time that was or would be lost due to personal obligation.
- E. If you take time off and are unable to work the scheduled make-up time for any reason, the hours missed normally would be paid as sick or vacation time. If no sick or vacation time is available, the hours missed would be unpaid. However, your supervisor may arrange with you another day to make up the time if possible, based on scheduling needs. If you work make-up time before you plan to take off, you must take that time off, even if you no longer need the time off for any reason.
- F. An employee's use of make-up time is completely voluntary. CHSU does not encourage, discourage or solicit the use of make-up time.

### V. MEAL PERIODS

- A. CHSU, will relieve employees of all duty during the meal period and employees are not required to remain on the premises.
- B. CHSU will make a 30 minute unpaid and uninterrupted meal period available to each employee who works at least a five-hour shift. We encourage employees to take a meal period to relax or to take care of personal matters. If CHSU concurs, you may waive the meal period if your work period is no more than six hours in the workday. If you work 10 hours in a workday, you are entitled to a second unpaid meal period of 30 minutes. You cannot waive the second meal period unless CHSU concurs and you have not waived your first meal period. Meal periods may be arranged around work requirements, but should be taken before you have completed 5 hours of work.
- C. We encourage our staff to regularly take meal periods. If, due to the press of business or for other reasons, you feel as though you cannot take a meal period, contact a supervisor. By coordinating schedules we can assure that everyone can take a meal period. An employee's failure to take meal periods or record them properly may result in disciplinary action.
- D. An on-duty meal period will be permitted only when the nature of the work prevents an employee from being relieved of all duty and when the employee and CHSU agree in writing. The agreement will state that the employee can, in writing, revoke the agreement at any time.



## California Health Sciences University

### VI. REST PERIODS

- A. CHSU encourages that all employees take rest periods, which shall be insofar as practicable in the middle of each work period. Employees are given 10 minutes of rest per four hours of work performed. CHSU will try to permit rest periods in the middle of each work period unless practical considerations render it infeasible. Employees may need to coordinate schedules so that everyone can take a rest period. If, due to the press of business or for other reasons, you feel as though you cannot take a rest period, contact a supervisor.

### VII. TIME SHEETS

- A. All non-exempt employees are required to record hours worked in the designated timekeeping system. For those employees paid on an hourly basis, an electronic time sheet is a record of the hours you work and for which you will be paid. Deviations from normal work hours must be noted on the time sheet.
- B. You are responsible for accurately recording your time worked. CHSU will pay you for all hours accurately recorded. This includes time in and out, and meal periods and overtime. Do not work off the clock. While CHSU does not require employees to record rest periods, you must take them as set forth in this handbook. Failure to take appropriate meal and rest periods may result in discipline, including termination.
- C. Only you are entitled to complete your time sheet. If you fail to turn in time sheets, your paycheck may not include compensation for all hours worked since the University may not have a record of it. Moreover, CHSU cannot monitor all employees and determine when they are working and whether they have clocked in. It is your responsibility to clock in and to accurately maintain your time sheets.

### VIII. MEETINGS AND TRAINING COURSES

- A. You will be paid for all hours spent attending meetings or training courses unless the meetings are outside your regular working hours, attendance is voluntary, the program is not directly related to your job, and you do not perform any productive work.
- B. On occasion, non-exempt employees will be required to travel to meetings and/or training courses. Whether or not travel time constitutes hours worked will depend on the kind of travel involved. Travel to or from the workplace to or from the meeting during the workday constitutes hours worked. However, time spent traveling directly to or from home to or from the meeting at CHSU is not considered hours worked. Travel away from home that keeps you away from home overnight is considered hours worked.



## California Health Sciences University

### IX. LACTATION ACCOMMODATION

- A. If you would like to express breast milk for your infant child while at work, please submit a request for accommodation to your supervisor or the Human Resources Manager. We will make reasonable efforts to accommodate your need in so far as practicable. We will provide a similar accommodation as we would for another employee temporarily disabled by a medical condition.
- B. The accommodation may include extended break periods and the use of an appropriate room or other location where milk can be expressed in private. This break time will be required to run concurrently, if possible, with any break time already provided. In the event that it is not possible for the break time for expressing milk to run concurrently with break time already provided, the break time for expressing milk shall be unpaid.
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- Policy Owner: Human Resource
- Effective Date: 11/01/2017
- President Approval Date: 11/01/2017
- Provost Approval Date: 11/01/2017



# California Health Sciences University

## CHSU WORK HOURS AND ATTENDANCE

### I. WORKDAY AND WORKWEEK

- A. A workday is defined as any consecutive 24-hour period beginning at the same time each calendar day. The workday begins at 12:01 a.m.
- B. A workweek is a fixed and regularly recurring period of 7 consecutive 24-hour periods. The workweek begins at 12:01 a.m. Sunday and ends at 12 midnight the following Saturday.

### II. WORK HOURS AND ATTENDANCE

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## California Health Sciences University

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## California Health Sciences University

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## California Health Sciences University

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## California Health Sciences University

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- B. The accommodation may include extended break periods and the use of an appropriate room or other location where milk can be expressed in private. This break time will be required to run concurrently, if possible, with any break time already provided. In the event that it is not possible for the break time for expressing milk to run concurrently with break time already provided, the break time for expressing milk shall be unpaid.
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- Policy Owner: Human Resource
- Effective Date: 11/01/2017
- President Approval Date: 11/01/2017
- Provost Approval Date: 11/01/2017



# California Health Sciences University

## CHSU WORKER'S COMPENSATION

### I. WORKERS' COMPENSATION

- A. CHSU maintains workers' compensation insurance coverage as required by law to protect employees who are injured on the job. This insurance provides medical, surgical, and hospital treatment in addition to payment for loss of earnings that result from work-related injuries. If a work-related injury, illness or accident occurs, regardless of how minor, you are required to immediately notify your supervisor, the Safety Director, and the Office of Human Resources. Additional information, including contact names and titles, is available in the University's Injury and Illness Prevention Program (IIPP) located within the Office of Human Resources.
- B. CHSU or its insurance carrier may not be liable for the payment of workers' compensation benefits for any injury which arises out of an employee's voluntary participation in any off-duty recreational, social, or athletic activity which is not a part of your work-related duties. Any questions regarding workers' compensation should be addressed to your supervisor, the Safety Director, or the Office of Human Resources.

- 
- Policy Owner: Human Resource
  - Effective Date: 12/19/2017
  - Revised Date: 12/18/2017
  - Approval by President Date: 10/18/2017



# California Health Sciences University

## CHSU WORKPLACE VIOLENCE

### I. POLICY STATEMENT

#### A. Workplace Violence

1. CHSU is committed to preventing workplace violence and to maintaining a safe work environment. All employees, students, vendors and third parties should be treated with courtesy and respect at all times.
2. Conduct that threatens, intimidates or coerces another employee, student, vendor or business associate will not be tolerated. University resources may not be used to threaten, stalk or harass anyone at the workplace or outside of the workplace. CHSU treats threats coming from an abusive personal relationship as it does other forms of violence.
3. Workplace violence includes many types of behavior including, but not limited to, the following:
  - a) Any type of physical violence toward a person
  - b) Threats of violence, whether direct, indirect or conditional
  - c) Physical intimidation or aggression
  - d) Possession of a weapon on our campus or during work-related activities
4. Behavior that, from the perspective of a reasonable person, generates a concern that an individual may act out violently may also be reported and investigated under this policy. This may include, but is not limited to stalking, erratic behavior caused by mental illness or substance abuse, and suicidal statements.
5. CHSU will promptly and thoroughly investigate all reports of threats of violence or incidents of actual violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as possible. We will not retaliate against employees making good-faith reports of violence, threats or suspicious individuals or activities. In order to maintain workplace safety and the integrity of its investigation, we may suspend employees suspected of workplace violence or threats of violence, either with or without pay, pending investigation.
6. Anyone found to be responsible for threats of or actual violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.



## California Health Sciences University

7. Employees are encouraged to bring their disputes to the attention of a member of management and/or the Office of Human Resources before the situation escalates. CHSU will not discipline employees for raising such concerns in good faith.

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- Policy Owner: Human Resource
  - Effective Date: 11/01/2017
  - President Approval Date: 11/01/2017
  - Provost Approval Date: 11/01/2017



# California Health Sciences University

## CHSU RELOCATION EXPENSES POLICY

### I. PURPOSE

This policy is to ensure that University funds are appropriately expended in the process of relocating candidates to the surrounding area once they have accepted an offer of employment. All or part of a new faculty, administration or staff members' relocation expenses may be paid for or reimbursed by the University, if assistance with relocation is a significant factor in recruiting the employee to CHSU.

### II. ELIGIBILITY, APPROVAL AND MAXIMUM AMOUNTS

Eligible Individuals associated with the payment of relocation expenses are determined by the hiring manager/administrator. Eligible Individuals may also be extended to include dependents, spouses, domestic partners and/or other significant others of the future employee if they will reside with the employee. Individuals who are tenants or domestic employees of the employee are not Eligible Individuals. Eligibility is not based on position or title, but rather on the University's need to provide relocation assistance as a recruitment tool.

CHSU may pay relocation expenses by: (1) paying a vendor directly on an employee's behalf; or (2) reimbursing an employee for a relocation related expense. In the case of reimbursement, such expenses must be accounted for with appropriate documentation within one (1) month after the expense has incurred. Relocation amounts and packages are determined and funded by the hiring department, consistent with this policy. However, in no event shall relocation packages exceed amounts approved by procedure of the Business Office unless prior written approval from the Chief Financial Officer or the President before an offer is made.

All relocation expenses must be submitted by the hiring manager/administrator via a personnel action form with the appropriate approval signatures to the AVP of Operations (or designee), with a copy to Human Resources. Upon approval of the executed personnel action form, Human Resources will generate an offer of employment letter which will include the maximum amount awarded for relocation expenses. Prior to expenditures taking place, Human Resources (or designee) will provide a separate Relocation Expense Letter which will summarize the relocation expenses and method of payment. If a moving company or other vendor will be used, the Relocation Expense Letter will include the name, appropriate dates and other details related to the use of that particular company or vendor. The new employee must use an approved vendor provided by CHSU or submit an estimate from a vendor they wish to use for approval.



## California Health Sciences University

CHSU has the right to revise the approved relocation expenses as detailed in the initial offer of employment at any time for any reason, including, but not limited to, the amounts CHSU will pay towards an employee's relocation expenses. In the event of a revision, the employee will be provided notice of the changes in writing. CHSU will not be responsible for any relocation expenses an employee incurs beyond what is expressly approved in writing.

### III. TAX IMPACT NOTICE AND TAX REPORTING

An employee's relocation expenses may be taxable as income to the employee. Under the Tax Cuts and Jobs Act of 2017, the personal deduction for moving expenses and exclusion from income of employer-paid moving expenses are suspended from January 1, 2018 through December 31, 2025. California tax law may be applied differently than the federal tax law. CHSU will follow the applicable law in determining how to report relocation expenses for tax purposes, as the law may change from time to time.

CHSU is not responsible for any additional tax liability incurred by an employee as a result of an employee receiving a payment of relocation expenses, or if the employee issues CHSU a refund of such a payment. For determination of individual tax liability, employees who receive a payment of relocation expenses should consult a qualified tax advisor, at the employee's expense, for applicability of federal and California tax laws.

### IV. PROCEDURES FOR RECEIPT OF RELOCATION EXPENSES

#### A. Qualifying Relocation Expenses

Actual and necessary moving expenses eligible for payment include:

1. The cost of packing, crating, transporting, unpacking and uncrating the household goods and personal effects of Eligible Individuals (limit of one household typically no more than 15,000 pounds). This includes transportation of houseplants small enough to fit into a moving truck with other household goods and personal effects.
2. The cost for moving insurance for the household goods and personal effects while in transit, if incurred within any 30-day period after removal of goods and effects from the former primary residence.
3. Storage costs for household goods and personal effects for up to 30 days immediately after removal from the primary residence.



## California Health Sciences University

4. Moving two personal motor vehicles per household (which may include motorcycles). Vehicles may be shipped or driven. If driven, the reimbursement will be at the current IRS mileage reimbursement rate.
5. Meal and travel expenses for Eligible Individuals for two trips in advance of the move to allow for searching for and making arrangements regarding a primary residence in CHSU's surrounding area, and a third trip for making a final move to the primary residence. All meal and travel costs must comply with the University's policy for employee reimbursement of meal and travel expenses.
6. Transportation for up to three (3) common household domesticated pets, such as a cat or dog.

### B. Excluded Relocation Expenses

The following costs may be incurred during an Eligible Individual's relocation, but are not covered by the University:

1. Rents and Mortgages: Rents and mortgage payments on the future employee's new primary, permanent residence.
2. Vehicle Exclusions: Motorized recreational vehicles, boats, kayaks, canoes, airplanes, camping vehicles, snow machines, or jet skis. Costs for car registrations, emissions or smog tests are excluded. Special costs associated with accommodations needed for collector's motor vehicles are also not eligible for reimbursement.
3. Other Recreational or Leisure Equipment: Assembly and disassembly of unusual items such as swing sets, swimming pools, hot tubs, satellite dishes or storage sheds.
4. Animals: Farm animals or unusual domesticated pets such as pigs, poultry, reptiles, rodents or aquariums with live fish. Costs associated with the kenneling of pets upon arrival in CHSU's geographic region are also not eligible for reimbursement.
5. Food: Canned, frozen or bulk food storage and transportation costs.
6. Real Estate: Income taxes, property taxes or assessments associated with the sale of the former primary residence or purchase of the new primary residence, or the cost of physical improvements to enhance the former or primary residence. Selling costs directly associated with the sale of the future employee's former primary residence are also excluded.
7. Miscellaneous: Research supplies, laboratory supplies or equipment, construction and building supplies, farm equipment, or firewood, large plants, trees, shrubbery, rocks or other landscape items. Any expenses for research or laboratory equipment must be handled through the University's start-up research funds policy.



## California Health Sciences University

### C. Timeline for Move

All moves of Eligible Individuals should be completed within one year of the date the future employee reports for work at CHSU.

### D. Documentation of Relocation Expenses by Eligible Individuals

All relocation expenses must be documented with the CHSU Business Office within one (1) month from the expenses were incurred. All other expenses incurred by an Eligible Individual directly must be submitted for reimbursement on the Expense Reimbursement Form with supporting documentation (e.g., hotel folios, mileage maps, itemized receipts, invoices, etc.).

### E. Repayments to CHSU In the Event of Separation from CHSU

Any employee who receives a payment for relocation expenses and voluntarily terminates employment with CHSU or is fired for-cause within twelve (12) months from his/her start date must refund the payment to CHSU. The payment amount to be refunded will be pro-rated based on the number of months the employee was employed CHSU out of the prior twelve (12) month period. For example, an employee who is employed for six (6) months must refund CHSU half of the total payment the employee received. The refund is due to CHSU no later than 60 days after the date the employment is terminated. The amount owed may only be deducted from the employee's final paycheck with prior written authorization from the employee so long as it is large enough to cover all expenses.

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- Policy Owner: Chief Financial Officer
  - Effective Date: 3/07/19
  - Approval by the President Date: 4/04/2019



# California Health Sciences University

## CHSU COURSE SCHEDULING & ACADEMIC CALENDARING

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 Department Chairs and Professional Education Committees 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.

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- Policy Owner: Provost
  - Effective Date: 11/01/2017
  - Approval by President Date: 2/08/2018
  - Approval by Provost Date: 2/08/2018



# California Health Sciences University

## CHSU CREDIT HOUR POLICY

### I. CREDIT HOUR ASSIGNMENT

During each semester, one (1) unit of credit is assigned per hour each week of classroom or direct faculty didactic instruction (that is, per hour of instruction or student in-class time) along with a minimum of two (2) hours of out-of-class student work (pre-class work). For courses that include additional workshop and/or laboratory sessions, one (1) unit of credit is assigned per three (3) hours each week of student time spent in these activities.

Semester is defined as not less than 15 weeks of instruction. Courses offered in shorter timeframes must have an equivalent number of hours dedicated to instruction and student work as that spent in an equivalent semester-based class.

For experiential education (DOCTOR OF PHARMACY) and for clinical clerkships (DOCTOR OF OSTEOPATHIC MEDICINE) one (1) unit of credit is assigned for each 40 contact hours, as defined by the appropriate accreditation agency.

### II. CREDIT HOUR REVIEW PROCEDURE

The assignment of credit hours to courses is reviewed and approved by the appropriate Curriculum Committee annually as the syllabi and schedule of courses are created and finalized.

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- Policy Owner: Provost
  - Effective Date: 10/18/2017
  - Revised Date: 2/21/2019
  - Approval by Provost Date: 2/25/2019



# California Health Sciences University

## CHSU CURRICULUM STRUCTURE AND DELIVERY

Team-Based Learning (TBL) is a well-defined educational strategy that engages students in active learning, problem-solving, and critical thinking. TBL emphasizes the importance of individual accountability, group collaboration, and the application of basic, fundamental concepts to work through team assignments. The role of the instructor is to clearly articulate the learning outcomes, create readiness materials that honor diverse student needs in terms of modality and enable students to efficiently learn all the material in the time allotted, create challenging problems for students to solve, facilitate application exercises in a way that probes students' reasoning in reaching conclusions, and create examinations that reflect the learning outcomes and materials.

At the beginning of each semester, the Academic Affairs Coordinator (or other designee selected by the Provost) will form teams generally comprised of five (5) to seven (7) students based on various criteria that will help achieve an even distribution of talents and experiences across all teams. Students will remain with the same team throughout the semester in all courses. Internal, interprofessional courses may be an exception, since teams will need to be composed of students from all relevant programs. In these cases, the Registrar will coordinate with the Academic Coordinators (or other designee selected by the Provost) from all relevant Colleges.

All students will be accountable for their individual and group work. Peer evaluations will be performed once or twice a semester.

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- Policy Owner: Provost
  - Effective Date: 1/29/2018
  - Revised Date: 1/25/2018
  - Approval by President Date: 1/29/2018
  - Approval by Provost Date: 1/29/2018



# California Health Sciences University

## CHSU EXAM AND ASSESSMENT ITEM REUSE POLICY

### I. POLICY STATEMENT

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.

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  - Effective Date: 9/04/2018
  - Approval by President Date: 9/04/2018
  - Approval by Provost Date: 9/04/2018



# California Health Sciences University

## CHSU FULL SCALE PROGRAM REVIEW POLICY

The assessment and improvement of every academic program are necessary to ensure quality and continued accreditation at the program and institutional levels. Each CHSU program has developed an assessment plan describing ongoing and regular review to support daily operations. The policy describes the full scale program review scheduled at five year intervals. The results will inform resource allocation, curriculum improvement, programmatic goals and objectives and other elements supporting the CHSU mission. The policy ensures CHSU meets the WSCUC Senior College and University Commission Criteria for Review 2.7 and 4.1.

### A. Timeline for the Program Review

1. The Office of the Provost will schedule the full scale program review for a year that does not overlap with accreditation activities for the program, and inform the relevant program of the deadline for report submission.
2. At  $t = - 6$  months, a program review steering committee (PRSC) will be formed and will begin to assemble the data and report as specified in the program review template.
3. At  $t = - 5$  months, the PRSC will identify two external reviewers for submission to the Office of the Provost.
4. Except for the external reviewer identification, the PRSC will manage its project timeline over the six month period.
5. At  $t = 0$ , the PRSC will submit the final report to the Office of the Provost.
6. At  $t = + 1$  month, the Office of the Provost will respond to the PRSC.

### B. Duties of the Program Review Steering Committee (PRSC)

1. The PRSC will be capped at 5 faculty members appointed at the College Dean's discretion: four from within the program, and one invited from another CHSU program. The faculty will represent various levels of appointment (assistant, associate, full professor). One academic administrator, also holding a faculty appointment, and one support staff will be members. The CHSU Standing Rules of Order will be followed.
2. The composition of the PRSC will be communicated to the Office of the Provost, who will appoint the PRSC chair from within the four program faculty.
3. The PRSC may call on existing committees/subcommittees, and empower task forces or *ad hoc* working groups to support their work. Empowered groups will disband at the completion of the work.
4. The PRSC will disband upon receipt of the final memoranda of understanding from the Office of the Provost.



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### C. Creating the Self-Study Report

The PRSC will develop a reflective, data-driven self-study draft for consideration by its internal stakeholders. After any amendments are made, the self-study will be sent to two external reviewers with background and expertise appropriate to the program.

### D. Duties of the External Reviewers

1. The two external reviewers will be selected by the program, will be educators in the field, and chosen from institutions similar to CHSU in mission. Experience is desirable with program administration and/or review. The selected reviewer names and qualifications will be communicated to the Office of the Provost, which may make an alternative suggestion or approve the selection.
2. External reviewers will receive a stipend and travel expense reimbursement, upon submission of the report to CHSU. Expenses will be assumed by the college.
3. The PRSC will provide the external reviewers the self-study report and will be invited for an on-site visit. The visit will be scheduled for a minimum of one day and maximum of three days each.
4. The PRSC will ensure the on-site agenda includes meeting of the external reviewers with the PRSC, educator faculty, student support faculty and staff, students, and select administrators.
5. The external reviewers will conduct an exit interview with the chair of the PRSC and the program dean.
6. The external reviewers will follow a template format for their written evaluation (provided by the Office of the Provost) and return it to the PRSC within three weeks of the visit.

### E. Submission of the Final PRSC Report

1. The PRSC will assemble the final report: the self-study, the external reviewer report, and all relevant documentation (e.g. any institutional response, as relevant).
2. The final PRSC report will follow a template provided by the Office of the Provost that includes the SII (strengths, insights, and improvements), a timeline for implementation(s), accountabilities (using the RACI model) and budget.
3. The PRSC will submit the final report in electronic format to the Office of the Provost.
4. One month after submission, a memorandum of understanding will be provided to the PRSC describing the CHSU commitment to providing resources adequate to address the report findings.



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5. The memorandum of understanding will be included in the Office of the Provost communications to the CHSU President and Board of Trustees.

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  - Effective Date: 4/18/2019
  - Approval by President Date: 5/08/2019
  - Approval by Provost Date: 4/24/2019

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.

## Global Learning Outcomes

**Practitioner** – Possessing the range of competencies required to graduate.

**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.

**Reflector** – Examining and assessing one's own performance and intellectual and emotional state of mind.

**Decision-Maker** – Achieving desired results by systematically gathering appropriate data, considering circumstantial factors, and making decisions and plans that meet contextual standards of excellence.

**Learner** – Planning learning strategically then undertaking it with diligence. Receiving and reflecting on feedback. Adapting and making changes when necessary.

**Collaborator** – Coordinating identities, social processes and human interactions to achieve shared goals in a context of mutual respect (includes negotiation, coordination, escalation, conflict resolution).

**Communicator** – Oral and written exchange of ideas, sentiments, observations and opinions to achieve mutual understanding and influence.

The Global Learning Outcomes are applied to the following:

### Professionally Relevant, Functional Knowledge Domains

**Clinical and Scientific** – The body of evidence-based information about health, diseases, mechanisms and pathogenesis, therapies and interactions, and interpretation of tests, which is broadly applicable to decisions about healthcare

**Ethical and moral** - The frameworks, principles, and ideas that distinguish right and wrong and good and bad behavior

**Sociocultural** – Knowledge of the values, beliefs, customs, language, norms and traditions of identity groups that are distinct for reasons such as heredity, education, politics, religion, and upbringing

**Psychological** – The underpinnings of motivation and behavior

### Relational Contexts, Cultural Groups, and Associations

**Direct Care** – Caring for patients, their families and caregivers

**Team** – Collaboration with others: other professions, community, patients, and families

**Health System** – Evidence based practice, population health, system management and quality improvement

**One’s Profession** – Engagement with and leadership within the profession

**The Community** – Engagement in public education and outreach

Approved by the College of Osteopathic Medicine, February 2019

Approved by the College of Pharmacy, February 2019

Approved by the CHSU Assessment and Outcomes Committee, March 2019 (*per CHSU Standing Rules of Order*)

Approved by the Provost’s Council, April 2019 (*per CHSU Standing Rules of Order*)

Approved by President and Provost, 5/17/19



# California Health Sciences University

## CHSU PATHWAY PROGRAMS & ARTICULATION AGREEMENTS

### I. POLICY STATEMENT

California Health Sciences University (“CHSU”) is committed to maintaining a well-designed, effective process for developing and implementing Pathway for admission to CHSU with undergraduate institutions. Various pathways to CHSU may be developed through implementing or participating in programing for elementary school, middle school, high school and undergraduate students (“Pathway Programs”), and by entering into agreements with partner undergraduate institutions which reflect understandings between CHSU and those institutions regarding academic pathway for undergraduates to be admitted into one of CHSU’s graduate colleges (“Articulation Agreements”).

This policy summarizes the goals, development process, requirements and limitations imposed on Pathway Programs and Articulation Agreements at CHSU.

### II. GOALS FOR PATHWAY PROGRAMS

Pathway Programs serve the goals of increasing awareness regarding careers in the health sciences and providing students a roadmap for how to prepare for admission to graduate health science programs. Most of all, Pathway Programs provide students opportunities for collaboration to provide resources, support and assessment for achieving career goals in the health professions, including students from disadvantaged or underrepresented backgrounds. Following completion of a Pathway program, students will be better positioned to pursue such careers and learn how they can contribute to communities in high needs areas, such as California’s Central Valley, following graduation.

Articulation Agreements serve the goal of developing highly qualified applicants for admission to CHSU by providing clear direction on what undergraduate courses they should take and explaining parameters regarding CHSU’s early decision or priority admission agreements between their undergraduate institution and CHSU. After completing the requirements set forth in an Articulation Agreement, applicants should be academically well-prepared to make the transition to a graduate program at CHSU. In some cases, Articulation Agreements may also be used as tools to shorten the time and financial cost to complete a bachelor’s and/or graduate degree by providing accelerated completion of courses required for such degrees, so long as the accelerated program does not sacrifice the qualifications of the applicants for admission to CHSU.



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Additionally, the Articulation Agreement between CHSU and partner institutions should promote alignment between curricula at both campuses whenever possible.

### III. PROCESS FOR DEVELOPING A PATHWAY PROGRAM OR ARTICULATION AGREEMENT

Both Pathway Programs and Articulation Agreements should be implemented in alignment with CHSU's and the applicable component college's mission, vision, values, goals, strategic plan and accreditation requirements. The process below for each is intended to ensure such alignment with appropriate oversight from the academic administration and admissions committees within each component college.

#### A. Initiation and Notice of Intent to Develop an Articulation Agreement

The request for a Pathway Program or Articulation Agreement may be generated from either a source internal to CHSU, such as an administrator or student, or external to CHSU, such as an administrator at a potential partner institution. Deans of each of CHSU's component colleges are responsible for responding to the requesting party and may determine, in consultation with the Provost, whether to pursue an Articulation Agreement.

The Provost's office will develop a Notice of Intent to Develop Pathway Program form ("Notice of Intent PP") and Notice of Intent to Develop Articulation Agreement form ("Notice of Intent AA").

The Notice of Intent PP must include, at a minimum: (1) which college(s) within CHSU will be preparing the programming; (2) the name of the school district, campus or other organization the program participants (i.e., students) will be recruited from; (3) whether any external third party will support the program and the ways in which such support will be provided; (4) what funding source will be used to support the Pathway Program; (5) the name of faculty members who will participate in the program; and (6) such other information as the Provost may from time to time require.

The Notice of Intent AA must include, at a minimum: (1) which college(s) within CHSU will be preparing the programming; (2) the name and accreditation status of the potential partner institution; (3) whether CHSU has any other articulation agreements with the institution; (4) the name of the CHSU program that will be subject to the articulation agreement; (5) whether the agreement will grant priority admission or early admission decision; and (6) such other information as the Provost may from time to time require.



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Upon determining to pursue a Pathway Program or Articulation Agreement, the dean of the college(s) will submit the Notice of Intent to the Provost. The Provost will provide an approval process for the Notice of Intent forms. If approved, the Notice of Intent with a copy of the approval shall be sent to the dean of the college(s), the University Registrar, and the head of admissions for the participating college(s).

### B. Development of Pathway Programs

Once approval of the Notice of Intent PP is received, the dean(s) shall oversee development of the Pathway Program in accordance with the policies and procedures of the CHSU and the college(s). A proposal or plan for the Pathway Program developed by the college(s) shall be submitted or approval to the Provost. Any modifications to an approved Pathway Program shall also require approval by the Provost. Once approved by the Provost, the Dean (or designee) may begin taking steps with other appropriate stakeholders and departments to implement the Pathway Program. Any contractual documents required for implementation must be reviewed and approved by CHSU's legal counsel prior to execution.

### C. Development of Articulation Agreements

Once approval of the Notice of Intent AA is received, the dean (or designee) of the college entering into the Articulation Agreement shall oversee coordinating communication with the potential partner institution regarding the terms of the agreement, in accordance with the applicable policies and procedures of the college. The dean of the college is ultimately responsible for ensuring the Articulation Agreement is compliant with law and accreditation standard.

CHSU Articulation Agreements are college specific. A single college, some colleges or all colleges within CHSU may enter into Articulation Agreements with CHSU's partner institutions if the Articulation Agreement complies with CHSU policy and applicable accreditation standards.

CHSU's Provost (or designee), in consultation with legal counsel, will develop template Articulation Agreements for use by CHSU's colleges. The dean (or designee) of the college is highly encouraged to use the templates to streamline the process and preserve uniformity across agreements, particularly with respect to which courses qualify to meet CHSU pre-requisite requirements. Any modifications to CHSU's curriculum or pre-requisites must be reviewed and approved by the appropriate faculty committee or governance body within the relevant College. Any modifications to the templates requested by the dean (or designee) of the college or the potential partner institution must be reviewed and approved by CHSU legal counsel prior to execution. If a partnering institution will not agree to use CHSU's template articulation



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agreements, then any proposed agreement prepared by the partner institution must also be reviewed, revised (if needed) and approved by CHSU legal counsel prior to execution.

At a minimum, all Articulation Agreements shall include the following information:

1. Which courses at the partner institution will meet pre-requisite requirements for the CHSU college(s) entering into the articulation agreement.
2. Whether the partner institution has agreed to grant an undergraduate degree by allowing CHSU coursework to qualify for undergraduate degree requirements to allow the student to accelerate their overall educational program. If so, the Articulation Agreement must state that the college(s) first year curriculum matches the final graduation requirements of the partner institution, and fully articulate any additional requirements or limitations imposed for receiving the bachelor's degree by the partner institution.
3. Whether CHSU will grant qualified, eligible students from the partner institution priority in the applicable College's admission process and what additional requirements, if any, the student must meet to be considered for priority admission (e.g., minimum GPA, minimum number of pre-requisites completed at time of application, etc.).
4. Whether applicants who following the Articulation Agreement requirement will be eligible for early decision and what additional requirements, if any, the student must meet to apply for early decision.

Once the Articulation Agreement is ready for signature, the Provost or designee and dean of the college must sign the agreement. To the extent a single articulation agreement is utilized for multiple colleges, all deans must review, approve and sign the agreement. Fully executed Articulation Agreements shall remain on file with the Provost, the University Registrar, legal counsel and the admissions department for the applicable college.

If an Articulation Agreement expires, renewal shall follow the same process as initial approvals.

#### **IV. LIMITATIONS ON PATHWAY PROGRAMS AND ARTICULATION AGREEMENTS**

While participation in a CHSU Pathway Program may be looked upon favorably during the admissions process, Pathway Programs shall not be used to grant priority admission, early decision or reserved seats within a CHSU. An Articulation Agreement must be used for such benefits.

An Articulation Agreement may not create a guarantee of admission into any CHSU college. While Articulation Agreements provide a clear pathway for eligibility for admission, all students



## California Health Sciences University

applying to a CHSU college must meet all requirements for admission set by that college. In other words, completion of courses outlined in an Articulation Agreement may not be substituted for the admissions requirements of the CHSU colleges.

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- Effective Date: 8/06/2018
- Approval by Provost Date: 8/06/2018
- Approval by President Date: 8/08/2018



# California Health Sciences University

## CHSU SECURE STUDENT RECORDKEEPING POLICY

### I. POLICY STATEMENT

CHSU shall 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. Whether the records are paper or electronic they will be stored within the Student Information System(s). If unable to scan certain paper records, they will be stored in locked, fireproof file cabinets in a secure storage room.

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. The following items are designated as "Directory Information" at CHSU: name, address, telephone number, date and place of birth, academic program, dates of attendance, degrees and honors received, and most recent previous institution attended.

All employees of CHSU are required to attend annual FERPA training. 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.

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- Policy Owner: Provost
  - Effective Date: 8/20/2018
  - Approval by Provost Date: 8/20/2018



# California Health Sciences University

## CHSU 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 approved by Faculty at all Colleges, the Deans, and the Provost. 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 Director for Institutional Assessment, Effectiveness, Research and Compliance (or designee selected by the Provost) is responsible for managing all course and instructional evaluation. 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 Director for Institutional Assessment, Effectiveness, Research and Compliance (or designee selected by the Provost) to faculty, Department Chairs and Dean only after the conclusion of the semester in which the evaluation occurs and only after assignment of grades.

### **Focus Groups**

Focus groups, managed by an appropriate administrator selected by the Provost, serve as a means of course and instructional assessment.

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# California Health Sciences University

## 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 Professional Education 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 department(s) 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 Professional Education 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 Professional Education 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 Professional Education 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' Professional Education 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 Professional Education 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.

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# California Health Sciences University

## CHSU TEACH OUT POLICY

### I. SECTION ONE

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 following guidelines govern the termination of University degree programs and teach-out plans:

- A. The academic unit in which the program is housed must first conduct a program review that carefully examines potential factors limiting the program's viability, such as, but not limited to, demographic shifts, regional shifts, professional shifts, external agency requirements, enrollment trends, or financial considerations.
- B. If it is determined that termination of the program, rather than some other action to revise the program, is the best course of action, the academic unit will submit a proposal for termination to the Provost. Such a proposal should contain the appropriate evidence and rationale in support of the decision; a timeline and curriculum plan for the full teach-out; and a plan to notify stakeholders, including students, internal constituents, and external regulatory bodies (e.g., U.S. Department of Education, WSCUC).
- C. Upon approval of the proposal, the Provost will forward a recommendation to the President. The final decision to terminate the program will be made by the President and Board of Trustees.
- D. Of particular concern is that students be notified in writing of a date for program closure as early as possible or as required by state or federal law. The notice will also include the rationale for termination, as well as any additional costs, if any, related to the program closure.
- E. Faculty participating in the program will be notified in writing, as early as possible or as required by state or federal law, of a date for program closure, as well as the rationale for termination.



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- F. Students are to be provided a clear listing of course offerings needed for program completion and a timeline in which such courses will be offered. The University will make every reasonable effort to offer the courses needed and to support students through program completion in a timely manner. As individual needs might require, independent study plans may be developed to assure that the students can meet the goals of their degree plans and be able to graduate in as timely a manner as possible.
- G. CHSU will also work with regional universities to negotiate transfer arrangements when feasible.

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  - President Approval Date: 12/19/2017
  - Provost Approval Date: 12/19/2017



# California Health Sciences University

## CHSU ACADEMIC FREEDOM, INTELLECTUAL HONESTY AND ACADEMIC INTEGRITY

### I. POLICY STATEMENT

#### A. Academic Freedom

1. 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.
2. 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.
3. CHSU expects that its members exercise academic freedom responsibly.
4. 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.
5. 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.

#### B. Academic Freedom has the following limitations:

1. 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.
2. Students do not have the right to interfere or interrupt the education of others in the name of academic freedom.
3. Students do not have the right to avoid teachings in which they do not agree.
4. 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:



## California Health Sciences University

- a) Affect the nomination or election of any candidate for any political office,
  - b) Affect the voting or legal political affiliation of any other employee of the College or of any student, or
  - c) 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
  - d) 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.
5. 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.
6. Procedural safeguards for academic freedom and individual responsibility, including, but not limited to contracts of employment, are in place to ensure the maintenance of intellectual liberty and high standards in teaching and scholarship.
7. 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.
- C. Intellectual Honesty/Academic Integrity
1. 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.



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2. 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.

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  - Effective Date: 6/30/2017
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  - Approval by Provost Date: 6/30/2017



# California Health Sciences University

## CHSU COURSE DIRECTOR RESPONSIBILITIES

The Course Director has the authority and responsibility to make decisions regarding the course in keeping with the course policies and syllabus. All faculty involved in teaching a course should be in agreement regarding the course structure and policies. Furthermore, all course faculty members should have a sense of commitment to the entire course, not limited to the areas in which they teach. To build consensus and commitment, the Course Director should do the following:

1. Prior to the course, meet with the course faculty to reach consensus on the course structure including: teaching and exam schedule, use of active learning components, number of exams, exam construction (format of questions, plan for the cumulative component of all exams, deadline for submission of exam questions and answers), content of course pack (if applicable), deadline/timelines for any other materials or activities required of course faculty, point distribution for exams and other activities, and changes to any policies or procedures on the syllabus (if applicable).
2. In the event consensus cannot be reached regarding the above elements of the course, the final decision should be based upon the majority opinion of the course faculty.
3. Review exam questions for consistency with determined format, grammatical errors and appropriate length. Contact individual faculty regarding any edits to their questions other than grammatical and reach agreement.
4. Following each examination, provide a copy of the grade roster from the exam to those course faculty members who desire a copy. Furthermore, make the complete grade book available to all course faculty members at their request.
5. Provide the item analysis of the entire exam to all faculty members who wrote questions for the exam. If the item analysis indicates a question should be dropped from an exam, the Course Director should contact the faculty member who wrote the question and reach agreement.
6. Contact individual course faculty and take other necessary steps regarding any issues raised by student focus group or other enrollees in the course that pertain directly to that faculty member to achieve joint resolution.
7. Calculate final grades in the course according to the grading scale on the syllabus. Provide these grades to the course faculty who desire a copy. Enter the grades on the official grade roster and submit to the registrar.



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8. At the conclusion of the course, meet with the course faculty to discuss successes and changes for future offerings of the course.
9. Maintain the course syllabus and ensure the syllabus used reflects what was approved by the curriculum committee. The Course Director should adhere to the following policies and/or procedures established by each College's Professional Education Committee.
10. Provide the examination dates to the appropriate designee of the dean within each College prior to the start of the semester.
11. Provide a copy (paper or electronic) of the final course schedule (including teaching and exam dates) and syllabus to the course faculty, each College's Professional Education Committee Chair, each College's Department Chairs, and appropriate designee of the dean within each College prior to the first day of class.
12. Arrange for course shells in the Learning Management System (LMS) in coordination with the university information technology department.
13. Remind course faculty they are responsible for following copyright law including proper referencing of sources, posting copyright notices and obtaining copyright permissions as needed.
14. Get approval from Course Director's Department Chair to pay honoraria for outside lecturers.
15. Provide a copy of the final course schedule and syllabus to the students before the first day of class.
16. Monitor the final course schedule for adherence by course faculty. In the event faculty do not need all allotted time, seek, if possible, utilization of the time for other course activities aimed at enhancing learning in lieu of canceling class.
17. Ensure there are cumulative components to all examinations within and at the end of the course.
18. Return results of examinations to the students in a timely manner.
19. Administer examinations (or arrange for the administration of examinations by other course faculty or staff) including makeup examinations (if applicable).
20. Maintain ultimate responsibility for the grade book, the student's final grade, or changing a student's grade.



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21. Meet deadline for submission of the student's final grade to the University Registrar's Office.
22. Respond to formal grade appeals and student conduct violations in a timely manner according to the appropriate policy.

- 
- Policy Owner: Provost
  - Effective Date: 11/01/2017
  - Approval by President Date: 2/08/2018
  - Approval by Provost Date: 2/08/2018



# California Health Sciences University

## CHSU CREDENTIALING OF 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.



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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 individuals 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.

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- Policy Owner: Academic Affairs /Provost
  - Effective Date: 11/01/2017
  - Revised Date: 10/18/2017
  - Approval by President Date: 10/18/2017
  - Approval by Provost Date: 10/18/2017



# California Health Sciences University

## CHSU 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



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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



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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.

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- Policy Owner: Human Resource
  - Effective Date: 12/07/2017
  - Revised Date: 11/02/2017
  - Approval by President Date: 12/07/2017
  - Approval by Provost Date: 12/07/2017



# California Health Sciences University

## CHSU FACULTY MENTORING POLICY

### 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.



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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.

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- Policy Owner: Provost
  - Effective Date: 11/01/2017
  - Approval by President Date: 2/08/2018
  - Approval by Provost Date: 2/08/2018



# California Health Sciences University

## CHSU FACULTY ORIENTATION POLICY

The purpose of this policy is to standardize the orientation process for all new faculty of the University. The University shall do the following for each new faculty member:

1. Discuss and provide resources regarding faculty benefits and policies.
2. Provide required trainings, if applicable, based on the faculty member's appointment.
3. Tour the campus and make the appropriate introductions. Provide a list of all faculty, staff, and administrative personnel.
4. Acquaint the faculty member with his/her responsibilities for teaching, research or scholarship, and service.
5. Discuss accessing University and College-level policies, including the University Catalog.
6. If the faculty member is appointed at the Instructor or Assistant Professor rank, assign a senior faculty member to serve as mentor. The junior faculty member may later select another mentor compatible with their area of expertise and research interest.
7. Orient the new faculty member to research opportunities, processes and procedures.
8. Orient the new faculty member to team-based learning and other active learning methodologies.
9. Orient the new faculty member to University and classroom technology.

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- Policy Owner: Provost
  - Effective Date: 11/01/2017
  - Approval by President Date: 2/08/2018
  - Approval by Provost Date: 2/08/2018



# California Health Sciences University

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4. Acquaint the faculty member with his/her responsibilities for teaching, research or scholarship, and service.
5. Discuss accessing University and College-level policies, including the University Catalog.
6. If the faculty member is appointed at the Instructor or Assistant Professor rank, assign a senior faculty member to serve as mentor. The junior faculty member may later select another mentor compatible with their area of expertise and research interest.
7. Orient the new faculty member to research opportunities, processes and procedures.
8. Orient the new faculty member to team-based learning and other active learning methodologies.
9. Orient the new faculty member to University and classroom technology.

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- Policy Owner: Provost
  - Effective Date: 11/01/2017
  - Approval by President Date: 2/08/2018
  - Approval by Provost Date: 2/08/2018



# California Health Sciences University

## CHSU FACULTY PERFORMANCE EVALUATIONS

CHSU requires annual, written performance evaluations for members of the faculty at each component College. The objective of the review is to discuss the development and professional needs of each faculty member as well as to assess their performance of duties and responsibilities, professional goals and objectives, and progress towards promotion.

The performance evaluation is not the end goal, but rather a culmination of ongoing dialogue between the faculty member and their supervisor to provide timely and specific feedback regarding performance. The intent of faculty performance evaluations is to promote face-to-face conversations between the administration and faculty members throughout the year on a regular basis. In these conversations, the faculty member's supervisor shall seek out the faculty member's point of view while sharing their own feedback.

The performance evaluation is designed to align and integrate with the mission, vision and values of CHSU and the faculty member's College with the departmental and individual expectations for success. The written evaluation shall establish clear goals and objectives for faculty members and shall provide the faculty member with feedback on their performance as it relates to organizational standards for continuous improvement.

The Dean of each component College and the Office of Human Resources shall establish a written evaluation procedure and forms for use with the faculty within each College. The procedure shall identify the general timeline for evaluations and shall include a mechanism for the faculty member's self-review.

The Office of Human Resources and the faculty member's next level supervisor shall provide oversight regarding the process for faculty evaluations, including review of self-evaluation and the supervisor's written evaluation prior to delivery to the faculty member.

Following delivery of the written evaluation to the faculty member, a collaborative discussion regarding the content shall take place prior to finalizing the document. The final written evaluation shall be provided to the faculty member and the Office of Human Resources. Merit-based increases for the following fiscal year, if any, shall be determined only after completion of the faculty member's performance evaluation.

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- Policy Owner: Human Resources
  - Effective Date: 9/07/2018
  - Approval by Provost Date: 9/07/2018
  - Approval by President Date: 9/07/2018



# California Health Sciences University

## CHSU FULL-TIME FACULTY RECRUITMENT POLICY

### **I. APPLICABILITY OF RECRUITMENT POLICY**

All full-time faculty and Department Chair or immediate supervisor positions at CHSU, including all Colleges, are covered by the following recruitment policy except in the following situations:

- A. Emergency situations as determined by the Dean of the applicable College, in consultation with the Office of Human Resources and the Provost and in compliance with University policy for emergency hires; or
- B. When other exceptional circumstances, as determined by the Dean of the applicable College in consultation with the Office of Human Resources and the Provost, where time, cost or other administrative consideration justifies shortening the period of time in which to complete the search; or
- C. When the Dean appoints a Department Chair from within existing faculty; or
- D. Hiring of part-time or adjunct faculty appointments.

### **II. RECRUITMENT RESPONSIBILITY FOR FULL-TIME FACULTY AND DEPARTMENT CHAIR OR IMMEDIATE SUPERVISOR POSITIONS**

The recruitment of full-time faculty is the responsibility of the Dean of each component College, in consultation with the applicable Department Chair or immediate supervisor. Prior to any search the Dean and Department Chair or immediate supervisor will meet to identify the hiring need and to discuss the recruitment plan. Thereafter, the search committee will meet to discuss the plan for actively recruiting qualified job applicants. The committee shall be responsible for preparing advertisements for the position based on the position job description and template to be approved by the Department Chair or immediate supervisor, and routing them to the Office of Human Resources for posting at appropriate outlets. Prior to use, any and all such advertising materials must be pre-approved by the Office of Human Resources.

Depending on the position to be filled and specialty, if applicable, the most appropriate venue for advertising shall be identified by the search committee. It is the committee's responsibility, in collaboration with the Office of Human Resources, to ensure that access to information about the vacancy is widely disseminated. The committee shall solicit applications so that all qualified personnel are informed of the opening in accordance with the equal opportunity policies of the University.



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### III. 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) a representative from the Office of Human Resources; (b) the Department Chair or immediate supervisor for the department the faculty recruitment is for; (c) and at least two other faculty members 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.

### IV. 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



## California Health Sciences University

a fair applicant selection process, no candidate will be permitted to have an in person meeting in lieu of the telephone or remote screening.

### V. 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.

### VI. 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.

### VII. 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.

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- Policy Owner: Provost
  - Effective Date: 12/19/2017
  - President Approval Date: 12/19/2017
  - Provost Approval Date: 12/19/2017



# California Health Sciences University

## FACULTY RE-APPOINTMENT POLICY

### 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.

### I. 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. Timelines for faculty performance



## California Health Sciences University

evaluations will be set by procedure of the Office of Human Resources and may be changed from time to time to meet the needs of the University.

Notification of salary modifications may come later in the academic year following approval of the upcoming year's budget by the CHSU Board of Trustees. Additionally, from time to time, CHSU may re-issue faculty employment contracts for signature as updates to the agreements are made based on the needs of the University. CHSU may, but is not required, to re-issue faculty employment contracts for signature every year. If new faculty employment contracts are not re-issued for signature, salary modifications shall be documented on the Personnel Action Form (PAF) developed by the Office of Human Resources.

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- Policy Owner: Human Resources
  - Effective Date: 3/21/2019
  - Approval by Provost Date: 4/02/2019
  - Approval by the President Date: 4/04/2019



# California Health Sciences University

## CHSU 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.



# California Health Sciences University

## 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.

## V. ASSESSING FACULTY ACTIVITY

CHSU has adopted the Glassick model of academic assessment<sup>1</sup>.

### A. Assessing Teaching

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. Questions such as the following will provide a framework for the assessment of faculty teaching:

1. **Clear Goals:** Is there congruence between the faculty member's espoused goals and values in teaching and faculty member's goals and values in teaching? Has the faculty member set rigorous and appropriate, course-specific learning goals and measurable outcomes? Are the teaching activities appropriate to the achievement of the established learning goals and objectives? Are the learning outcomes clearly communicated to students (e.g., in the syllabus)? Does the faculty member choose course assignments, learning activities and assessments that enable students to meet



## California Health Sciences University

the course's stated learning outcomes?

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<sup>1</sup>Glassick CE, Taylor Huber M, Maeroff GI, Boyer EL: Scholarship assessed: evaluation of the professoriate, Carnegie Foundation for the Advancement of Teaching. San Francisco: Jossey-Bass, 1997.

2. **Adequate Preparation:** Does the faculty member provide evidence of an intellectual understanding of, and engagement in, the continual process of reflection on, and improvement of, teaching? Does course content reflect current scholarship in the field? Are course syllabi, outlines, and/or any other materials for course use well-constructed, detailed, and informative and are they reviewed and revised regularly?
3. **Appropriate Methods:** Does the faculty member demonstrate a broad repertoire of pedagogical strategies and show evidence of knowing when and how to use different strategies? Does the faculty member use appropriate and various pedagogical and instructional techniques to maximize student learning? Does the faculty member employ innovative and interesting pedagogical approaches? Does the faculty member use appropriate methodologies to measure student performance? In what ways has the faculty member used instructional technology to enhance course content and assignments? Does the faculty member provide timely and helpful feedback to students? Is there evidence that the faculty member is responsive to the needs of students?
4. **Significant Results:** Does the faculty member demonstrate that the faculty member understands how to evaluate student learning in multiple, reliable and valid ways? What evidence is provided that student learning has occurred in a course?
5. **Reflective Critique:** Does the faculty member regularly seek feedback from students and colleagues on the effectiveness of her or his teaching? What evidence is presented that this feedback has been used to improve her or his teaching? Have appropriate learning assessment techniques been applied and is there evidence that results of these assessments have been used to inform course refinements and improve student outcomes in the future?
6. **Effective Mentoring:** What services has the faculty member provided to students outside the instructional context – academic or career advising, for example? What evidence is provided about the effectiveness of these services?
7. **Enhancement of Teaching:** Does the faculty member have clear goals for the ongoing development of faculty member's teaching expertise? Does the faculty member actively engage in conversations about teaching and learning? Does the faculty member engage in activities designed to enhance the effectiveness of her or his teaching?



## California Health Sciences University

### B. Assessing 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. Questions such as the following will provide a framework for the assessment of faculty scholarship:

1. **Clear Goals:** Does the faculty member state the basic purposes of the faculty member's work clearly? Does the faculty member define objectives that are realistic and achievable? Does the scholar identify significant questions in the field?
2. **Adequate Preparation:** Does the faculty member show an understanding of existing scholarship in the field? Does the faculty member bring the necessary skills to the faculty member's work? Is faculty member proactive in acquiring sufficient resources necessary to move the project forward?
3. **Appropriate Methods or Techniques:** Does the faculty member use methods or techniques appropriate to the goals of the discipline or disciplines in which s/he is working? Does the faculty member apply them effectively? Do the methods or techniques of the faculty member have the potential to enhance or expand the discipline or disciplines?
4. **Collaborations:** Where appropriate, does the faculty member collaborate with other scholars or professionals and participate with strong research teams, both within and beyond the University?
5. **Significant Results:** Does the faculty member achieve the goals? Does the faculty member's work add consequentially to the field and/or to learning and teaching in the field? Does the work open additional areas for further exploration?
6. **Evidence of Impact on the Field:** Does the work result in 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? Are the publications cited by other scholars?



## California Health Sciences University

7. **Reflective Critique:** Does the faculty member critically evaluate the faculty member's own work and demonstrate progress in depth and impact of faculty member's scholarship? Does the scholar bring an appropriate breadth of evidence to the scholar's critique?

### C. Assessing 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. Questions such as the following will provide a framework for the assessment of faculty service:

1. **Clear Goals:** Do the activities of the faculty member show evidence of a clear understanding of, and commitment to, service to the University, the profession and the larger community?
2. **Appropriate Methods:** Does the faculty member exercise academic leadership and responsibility at the department, College, and University levels that is appropriate for faculty member's rank, experience and expertise? Has the faculty member been responsible for developing and implementing any major academic initiatives? Does the faculty member 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?
3. **Scholarly Service beyond the Campus:** Does the faculty member exercise academic leadership in faculty member's discipline or field at the regional, national, and international level that is appropriate for faculty member's rank, experience and expertise? Does the faculty member provide services directly related to faculty member's academic expertise to external agencies, Colleges, organizations, communities, and similar groups?
4. **Significant Results:** To what extent were the goals of the service achieved? What tangible products have resulted from the service provided? What impact have the service activities had? Has the faculty member been called upon by governmental agencies, community organizations, Colleges, and/or scholarly or professional organizations to contribute faculty member's expertise?
5. **Evolving Engagement:** Does the faculty member, over time, assume increasing responsibility for providing academic leadership within the University, or at the regional, national and international level?



## California Health Sciences University

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- Policy Owner: Academic Affairs
- Effective Date: 1/09/2018
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- Approval by President Date: 12/07/2017
- Approval by Provost Date: 12/07/2017



# California Health Sciences University

## POLICY ON NON-ACADEMIC HEALTH PROFESSIONALS

California Health Sciences University recognizes the sacred nature of the health care provider-patient relationship. Furthermore, the University also recognizes the special and unique nature of the learner-educator relationship.

Therefore, to maintain the integrity of both types of relationships, it is the policy of California Health Sciences University that any health professional providing health services, via a therapeutic relationship, must recuse him/herself from the academic assessment or promotion of the student receiving those services. This would include but is not limited to educators involved in the assessment of students on campus, as well as preceptors who would be involved in the assessment of students on clinical clerkship rotations.

One possible exception to this situation could involve sessions that have an educational component but where a formal therapeutic relationship does not exist (e.g. clinical skills practice being overseen by faculty whose purpose is educational and not therapeutic in nature).

In the event of an extreme situation where the formation of a therapeutic relationship is unavoidable (such as in an emergency or very rural clinical location), the health of the student is the first priority. If care is needed to be delivered to a student and no other health care professional is available to render said care, the health professional delivering care must recuse themselves from assessing or promoting the student. If no alternate educator or preceptor is readily available for assessing or promoting the student, the educator/preceptor must contact following administrator for further guidance:

1. College of Osteopathic Medicine Students: The Associate Dean for Clinical Affairs in the COM or the Dean of the COM.
2. College of Pharmacy Students: The Dean of the College.

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- Policy Owner: Provost
  - Effective Date: 8/02/2018
  - Revised Date: 8/16/2018
  - Approval by Provost Date: 8/20/2018



# California Health Sciences University

## CHSU STATEMENT ON 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 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.



## California Health Sciences University

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.



# California Health Sciences University

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- Policy Owner: Provost
- Effective Date: 11/01/2017
- Approval by President Date: 2/08/2018
- Approval by Provost Date: 2/08/2018



# California Health Sciences University

## CHSU 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.

The estimated time allocation for faculty teaching, research and scholarship, service, and student advising by department is shown in the table below.



## California Health Sciences University

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- Policy Owner: Provost
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# California Health Sciences University

## FACULTY DEVELOPMENT

The CHSU Faculty Development Program is designed to foster personal and professional growth and is guided by the Faculty Growth Rubric.

The President of the University and Dean of the Colleges are ultimately responsible for the physical and fiscal resources necessary for the implementation and maintenance of the Faculty Development Program. The success of the program is highly dependent on the sustained commitment of the administration to provide the appropriate space and budget. Basic resources needed for a successful faculty development program include:

- Encouragement and support from administration for developmental activities
- Workshops and conferences hosted by the University
- Funds for travel, research and scholarship expenses, and equipment
- Appropriate space and time to conduct scholarship and research

Programmatic responsibility for, and implementation of, the Faculty Development Program is shared between the Assistant/Associate Deans and Department Chairs (or say between Department Chairs and other administrators in each College?) and the individual faculty and preceptors. It is the responsibility of the Department Chair to provide the guidance and counseling necessary to assist the faculty member in focusing on specific needs and facilitating activities to address those needs. However the faculty member is ultimately responsible for taking advantage of development opportunities. Using the Faculty Growth Rubric as a guide, each faculty member should identify his or her own most proximate needs for growth and, through discussions with the Department Chair, and address those needs through the Faculty Development Program.



Capstone		Milestones		Benchmark
4 - Ninja		3 - Proficient	2 - Developing	1 - Entry Level
<b>Instructional Design – from outcomes to assessment, curricula and lesson plans</b>	<p>Based on contemporary graduate performance requirements, starts by designing the learning outcomes and performance criteria, which precede and are reflected in assessment and evaluation processes that measure performance at the conceptual, process, contextual application, and way of being levels.</p>	<p>The content of outcomes (knowledge, process, etc.) is explicitly linked to lesson plan and its implementation.</p>	<p>Follows a syllabus template linking outcomes to lessons; moderately reflected in the implementation of the lesson.</p>	<p>Copies or reproduces, without reflection, remembered approaches from past teachers.</p>
	<p>Designs for the need for student to know, know how, show how and do (Miller) and designs activities accordingly.</p>	<p>Considers the need for student to know, know how, show how and do (Miller).</p>	<p>A text is chosen that seems best to reflect outcomes and this is the primary source of learning; supplementary materials may be chosen to fill in the gaps.</p>	<p>Lesson plan reproduces a text, often chosen based on what others do or have done.</p>
	<p>Facilitates systematic collaboration with other faculty to ensure curriculum continuity.</p>	<p>Collaborates with other faculty to facilitate curriculum continuity.</p>	<p>Testing linked, at least superficially, to outcomes but primarily knowledge based.</p>	<p>Tests compiled just before the exam without a blueprint.</p>
	<p>Produces effective course curricula, including activities, methodologies, and rubrics that support student efforts to meet and exceed the learning outcomes and challenges student growth to help them become self-growers Integrates learning opportunities, in and out of the classroom, to ensure demonstrable achievement learning outcomes.</p>	<p>Designs course assessment and evaluations before designing classroom activities.</p>		
	<p>Designs course assessment and evaluations before designing classroom activities.</p>			

## Capstone

## Milestones

## Benchmark

4 - Ninja

3 - Proficient

2 - Developing

1 - Entry Level

	4 - Ninja	3 - Proficient	2 - Developing	1 - Entry Level
<b>Facilitation of Learning</b>	<p>Learner Focused (LF): Clearly understands and remains focused on the expected outcomes. Determines and addresses the specific needs of every learner. Identifies and promptly acts to solve problems that impede learner growth or progress towards the expected outcomes.</p> <p>Quality Learning Environment (QLE): Establish a high degree of trust and respect. Make sure both learner and mentor are committed to the learner's success. Get student buy-in very early in the process. Challenge students. Set clear and high expectations. Encourage risk-taking. Seek student feedback regularly by using assessment on a consistent and timely basis. Measure and document progress and growth. Create a collaborative learning space. Create a balance between structure and flexibility.</p> <p>Key Facilitation Behaviors: preparation, needs assessment, setup, facilitating experience, closure, and follow-through (see Profile of a Quality Facilitator).</p>	<p>Desires and is mostly successful meeting the descriptors in the LF, QLE, and Key Facilitation Behaviors categories, although not all are met all of the time.</p>	<p>Less than half of the descriptors in the LF, QLE, and Key Facilitation Behaviors categories.</p>	<p>Instructor focused.</p> <p>Regular violations of the QLE leading to a negative or unproductive classroom.</p> <p>Failure in multiple key facilitation behaviors.</p>
<b>Assessment</b>	<p>Is strongly growth oriented and practices assessment with a non-judgmental mindset.</p> <p>Observes and analyzes performance in real-time and makes interpretations that are insightful to others.</p> <p>Remains focused on the specific assessment criteria that are aligned with the purpose of the assessment.</p>	<p>Assessment-oriented, understands the value in having a growth mindset.</p> <p>Conducts performance assessment in real-time to ensure formative feedback is given and useful for improvements to be made.</p> <p>Course learning outcomes are clear and aligned directly to course material, assignments, and exams.</p>	<p>Less evaluation-orientated, learning to practice assessment.</p> <p>Performance evaluation conducted after the fact, but with time improvements to be made in future assignments.</p> <p>Course learning outcomes are broad, but show some linkage to assignments and exams.</p>	<p>Strongly evaluation-oriented.</p> <p>Performance evaluation conducted after the fact, too late for improvements to be made in future assignments.</p> <p>Course learning outcomes are vague and show no connection to assignments and exams.</p>

**Capstone**

**Milestones**

**Benchmark**

4 - Ninja

3 - Proficient

2 - Developing

1 - Entry Level

<b>Mentoring</b>				
	<p>Commitment: Unselfishly committed to help mentee realize personal and professional growth potential. Inspires confidence. Challenges mentee to strive for excellence through a growth cycle (belief, brief, performance and debrief).</p> <p>Planning: Encourages reflection on past experiences and personal mission to set and detail short and long term goals, performance criteria, action plans, with periodic review and revision. Sets high standards for self and for others.</p> <p>Modeling: Models desirable behaviors and values and fosters qualities and academic accomplishments that will allow mentee to also become an effective mentor and leader. Enthusiastic about discipline. Emotionally even-keeled. Appreciates diversity in perspective. Open-minded and culturally sensitive. Voracious learner. Patient, sincere, and honest. Self-confident and assertive, but not arrogant. Excellent communication, interpersonal, and listening skills. Demonstrates willingness to learn and reciprocate in the mentor-mentee relationship.</p> <p>Situation Awareness: Employs timely, effective interventions related to learning skills that stimulate growth in mentee performance. Institutionally savvy. Protects confidentiality. Conscientious. Accessible.</p>	<p>Facilitate development of a personal academic strategic plan of mentee that is aligned to the requirements for success in the department, institution, and profession.</p> <p>Facilitate development of requisite skills (research, teaching, and/or clinical) consistent with mentee’s career path.</p> <p>Facilitate development of a personal academic strategic plan for mentee that is aligned to the requirements for success in the department, institution, and profession.</p> <p>Desires and is mostly successful meeting the descriptors in the commitment, planning, modeling and situation awareness categories, although not all are met all of the time.</p>	<p>Less than half of the descriptors in the commitment, planning, modeling and situation awareness categories.</p>	<p>Indifferent to the growth needs of the mentee; Unaware of own positive and negative behaviors that influence the behavior of others.</p> <p>Participates in departmental faculty assessment as assigned. Limited engagement otherwise.</p>

**Capstone**

**Milestones**

**Benchmark**

**4 - Ninja**

**3 - Proficient**

**2 - Developing**

**1 - Entry Level**

<p><b>Scholarship and Research</b></p>	<p>Longitudinal scholarship history that addresses important or critical barriers, and the results contribute notably in their field.</p> <p>Scholarship challenges and seeks to challenge, improve, and shift current research or clinical practice paradigms by utilizing novel theoretical concepts, methodologies, instruments or interventions.</p> <p>Persevere through skepticism, criticism, rejection from supporters of the status quo.</p> <p>Contributes and disseminates scholarship that include patents and peer reviewed publications, continuing education, and professional meetings.</p> <p>Shares their successes in meaningful ways with collaborators.</p> <p>Recognizes and values diverse scholarship forms (e.g. Boyer’s Model of Scholarship defined in “Scholarship reconsidered: priorities of the professoriate” as Discovery, Integration, Application and Teaching.</p>	<p>Poses meaningful inquiry questions, develops a thorough literature search of what is known, suggests compelling hypotheses that address these questions, and presents project work plans in a manner that attracts funding.</p> <p>Chooses or develops appropriate experimental designs, involving both qualitative and quantitative methods, to test hypotheses which generate valid and reliable results.</p> <p>Communicates findings from research activities in multiple modes to advance a community of scholars.</p> <p>For non-hypothesis scholarship, disseminates through publication, speech, instruction, synthesis, etc. and receives acclaim from peers.</p> <p>Recognizes diverse scholarship forms (e.g. Boyer’s Model of Scholarship defined in “Scholarship reconsidered: priorities of the professoriate” as Discovery, Integration, Application and Teaching.</p>	<p>Poses specific inquiry questions, develops literature search of what is known, evidence of forming hypotheses that address these questions, enlist collaborators with evidence of ongoing record of accomplishments to integrate expertise and resource stewardship.</p> <p>For non-hypothesis scholarship, faculty identify specific topics for development, formulate approaches to advance and disseminate the topic, enlist collaborators/reviewers to integrate expertise.</p>	<p>Set goals to explore research/scholarship opportunities in their field, education, and clinical practices.</p> <p>Set goals to develop literature searches and evidence of seeking mentorship and collaborators.</p>
<p><b>Professional Reputation</b></p>	<p>Is an expert practitioner in discipline, as well as a scholar in the discipline of teaching/ learning.</p> <p>In addition to increasing knowledge and skills within discipline, is capable of advancing discipline.</p> <p>Develops a network within and outside discipline by building personal relationships with key individuals in the local, national, and international communities.</p>	<p>A strong practitioner in discipline, identifies most opportunities for teaching/learning/practice development and scholarship.</p> <p>Has strong learning skills and continually strives to increase knowledge and skills within discipline.</p> <p>Has strong networking skills on a local, national, and international level.</p>	<p>A strong practitioner in discipline, capable of identifying some opportunities for teaching/ learning/practice development.</p> <p>Maintains learning skills to meet minimal discipline requirements with limited contribution to the discipline.</p> <p>Has good networking skills on a local level, with room for growth on a national and international level.</p>	<p>Is a competent practitioner in discipline, with a limited ability to establish relationships without significant guidance.</p> <p>Capable of participating in ongoing projects with limited innovative contribution.</p> <p>Limited networking skills on a local and national level.</p>

## Capstone

## Milestones

## Benchmark

4 - Ninja

3 - Proficient

2 - Developing

1 - Entry Level

	4 - Ninja	3 - Proficient	2 - Developing	1 - Entry Level
<b>Administrative Responsibilities</b>	<p>Strategically proposes and justifies projects along with resource needs, then implements with appropriate personnel teams by recruiting key members, identifies personal needs, delegates work appropriately, and holds people accountable for their contributions to the team's goals.</p> <p>Independently leads committees by aligning their functions with college and university goals and timelines, prioritizes activities, uses consensus, and facilitates effective meetings that exceed expectations.</p> <p>Motivates departmental, college and institutional development by creating or promoting opportunities for growth, institutional advancement and change, initiates activities that improve student/colleague learning and growth, challenges standards using evidence, and advocates for quality assurance and improvement.</p>	<p>Manages project teams by recruiting key members, identifies personal needs, delegates work appropriately, and holds people accountable for their contributions to the team's goals.</p> <p>Independently leads committees by prioritizing charges, using consensus, and facilitating effective meetings to meet expectations.</p> <p>Facilitates departmental, college and institutional development by participating in opportunities for departmental, college or institutional advancement and change, embraces activities that improve student/colleague learning and growth, challenges standards, and participated willingly quality assurance and improvement.</p>	<p>Given clear goals and resources, manages projects to achieve timely goals; manages project teams with some support by supervisors.</p> <p>With clear charges and regular input by supervisor, ensures committee achieves goals – usually in a timely manner.</p> <p>Given external motivators such as annual goals and performance evaluations, participates in institutional learning, improvement and change initiatives.</p>	<p>Refuses projects that serve the greater good (i.e., not completely self-serving) or manages reluctantly, needing regular supervisor involvement.</p> <p>Serves as a committee chair, but does not proactively lead initiatives nor assure accountability for results; meeting facilitation is haphazard.</p> <p>Reactive, subscribes only to initiatives that support personal or interest group agenda.</p>
<b>Supporting Co-Curriculum and Community Engagement</b>	<p>Strategically leads initiatives in collaboration with student and community organizations and communities in multiple roles, producing results that matter, by helping others perform their roles, and by demonstrating teamwork skills that make all team endeavors enjoyable and successful.</p> <p>Initiates broadly applicable innovations/initiatives and champions them by serving as an effective change agent.</p>	<p>Contributes freely to student and community organizations and communities by volunteering for multiple roles, producing results that matter through effective teamwork.</p> <p>Participates in broadly applicable innovations/initiatives and enthusiastically support change agents.</p>	<p>Given external motivators such as annual goals and performance evaluations, meets requirements for supporting co-curriculum and community engagement.</p> <p>Given external motivators such as annual goals and performance evaluations, participates in initiatives.</p>	<p>Eschews student organization and community engagement.</p> <p>Disinterested in initiatives that are not associated with teaching, scholarship or college/university service.</p>

## Capstone

## Milestones

## Benchmark

4 - Ninja

3 - Proficient

2 - Developing

1 - Entry Level

### Citizenship

	4 - Ninja	3 - Proficient	2 - Developing	1 - Entry Level
<b>Fosters Constructive and Trusting Campus Climate</b>	<p>Supports a constructive team climate by doing all of the following:</p> <ul style="list-style-type: none"> <li>• Treats others members respectfully and engages in constructive communication and focuses on problem resolution.</li> <li>• Monitors vocal tone, body language of all members to assist in producing a climate of positive interaction and maximum productivity.</li> <li>• Focuses on the greater good, wanting the campus community and every member to excel, provides assistance and/or encouragement to others. Assists in finding external help if necessary.</li> </ul>	<p>Supports a constructive campus climate by doing the following:</p> <ul style="list-style-type: none"> <li>• Treats others respectfully and engages in constructive communication.</li> <li>• Aware of the role of vocal tone, body language and conveys a positive attitude about the university community and its work and facilitates this in others.</li> <li>• Focuses on the greater good, wants the campus community and all members to excel; provides assistance and/or encouragement to others.</li> </ul>	<p>Supports a constructive campus climate by doing any two of the following:</p> <ul style="list-style-type: none"> <li>• Treats others respectfully and avoids unproductive conflict.</li> <li>• Aware of the role of vocal tone, body language and often conveys a positive attitude about the university community and its work.</li> <li>• Focuses on own and others' interests – some may be left out.</li> </ul>	<p>Supports a constructive campus climate:</p> <ul style="list-style-type: none"> <li>• Treats others politely and avoids conflict.</li> <li>• Relatively unaware of the role of vocal tone, body language.</li> <li>• Focuses on own interests.</li> </ul>
<b>Facilitates Dialogue and Decision-Making</b>	<p>Engages others in ways that facilitate constructive conflict about important ideas using evidence based findings.</p> <p>Promulgates decisions by both building upon and synthesizing the contributions of others as well as engaging non-participants in conflict. Sustains dialogue until all can agree to commit regardless of decision taken.</p>	<p>Engages others to facilitate their contributions to dialogue and inviting non-participants; keeps conflict focused on issues. Decision-making is consensual but commitment is still somewhat uncertain.</p>	<p>Listening to others with no interruptions; takes turns in advocating for personal position; conflict is quickly assuaged at a superficial level (e.g., agree to disagree); decision by vote.</p>	<p>Aggressively advocates for personal position; conflict becomes personal; or withdraws if things are not going way.</p>
<b>Commits to Shared Decisions</b>	<p>Openly and concretely committing to actions, performance criteria and timelines. Proposes plan B and critical junctures to assess whether to move in this direction.</p>	<p>Agrees grudgingly to decisions and proposed actions. Minimally supportive of other parts.</p>	<p>Commits to parts of the decision or action; focuses on these in personal action planning. Not supportive of other parts.</p>	<p>Does not commit or pretends to commit, offering passive resistance to action and outcomes.</p>
<b>Accountability</b>	<p>Completes all assigned tasks by deadline; work accomplished is thorough, comprehensive and advances the project. Proactively helps other others complete their assigned tasks to a similar level of excellence, holds other members accountable.</p>	<p>Completes all assigned tasks by deadline; work accomplished is thorough, comprehensive and advances the project.</p>	<p>Completes all assigned tasks by deadline; work accomplished advances the project.</p>	<p>Completes some assigned tasks by deadline.</p>
<b>Results Oriented</b>	<p>Consistently drives short and long-term results that exceed expectations by setting goals, monitoring progress and motivating others.</p>	<p>Diligent in producing short-term and long-term results.</p>	<p>Responds to pressing need and demands to produce short-term results.</p>	<p>Expects to be told what to do to meet expectations.</p>

Capstone		Milestones		Benchmark
4 - Ninja		3 - Proficient	2 - Developing	1 - Entry Level
<b>Commitment to CHSU Values</b>	Habitually and avidly models and promotes the CHSU values.	Habitually models 4-6 of the CHSU values.	Can describe six or more of the values and explain why they are important to CHSU, and irregularly demonstrates behaviors that align with them.	Evinces one or more value instrumentally - if it serves personal interests.

# Values

- 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.
- 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.
- 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.
- 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.
- Innovation:** We offer opportunity and resources to explore and pursue courageous innovation that matters for our students, faculty, staff, patients, and community.
- Stewardship:** We conscientiously utilize our resources – human, material and financial – in a highly efficient, effective, forward-looking and sustainable manner.
- 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.



# California Health Sciences University

## 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.



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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 nonprofit 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



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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



## California Health Sciences University

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



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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



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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



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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



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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.



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### 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.

- 
- Policy Owner: Provost (or Designee)
  - Effective Date: 2/20/2016
  - Revised Date: 5/15/2019
  - Approval by the Provost Date: 5/22/2019
  - Approval by the President Date: 5/22/2019



# California Health Sciences University

## 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



## California Health Sciences University

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



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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.

- 
- Policy Owner: VP for Research
  - Effective Date: 3/21/2019
  - Approval by Provost Date: 4/02/2019
  - Approval by the President Date: 4/04/2019



# California Health Sciences University

## CHSU SCHOLARSHIP AND RESEARCH PHILOSOPHY

### I. SCHOLARLY FACULTY – SCHOLARLY GRADUATE

A university should be a place in which people - participating in diverse communities dedicated to the ideals and application of critical inquiry - pursue new knowledge, abilities, and a better life for all. With this approach, a university stewards what is best in society while leading prudent change in the public interest.

It is for this reason that a significant proportion of an academic's work is expected to be "scholarly." Regardless of its orientation, scholarly work has:

- Clear, practicable, measurable goals;
- Adequate preparation, with evidence of expert knowledge that is current, relevant, and at a depth appropriate to the goals;
- Appropriate methods and organization;
- Significant, innovative, influential or ground-breaking results that can be replicated;
- Effective communication, including significant content, insightful analysis and enthusiastic/persuasive presentation;
- Reflective critique, and critical evaluation by peer/experts.

The central aspect of CHSU's mission is to prepare students for lives of personal fulfillment, significance and responsibility in their preferred field of healthcare. The scope of research and scholarship at CHSU supports this goal.

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<sup>1</sup> Glassick CM, Huber MT, Maeroff G. Scholarship assessed: evaluation of the professoriate, San Francisco: Jossey-Bass, 1997.



# California Health Sciences University

## CHSU SCHOLARSHIP AND RESEARCH STRATEGIC PLAN

### 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.

### 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



# California Health Sciences University

## BOYER'S MODEL OF SCHOLARSHIP

CHSU embraces Boyer's expanded model of scholarship. Introduced in 1990 by Ernest Boyer, it described 4 categories of scholarship that incorporate a broader understanding of what can be considered generalizable knowledge in the academy:

**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.



# California Health Sciences University

## CHSU POLICY FOR START-UP RESEARCH FUNDS

### 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



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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 (3) year period will revert to the funding source and are not available for use to the department or college for other purposes.

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- Policy Owner: URSCH-Research
  - Effective Date: 9/12/2018
  - Approval by President Date: 9/12/2018
  - Approval by Provost Date: 9/12/2018



# Start-Up Research Funds

## Business Office

Submit completed form to the Business Office with original signatures.

<b>Date:</b>	<b>Faculty Candidate:</b>
--------------	---------------------------

<b>Level:</b> University          COP          COM	<b>Department:</b>
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**Proposal Details:**

**Requested budget per academic year:**

	Year 1	Year 2	Year 3	Total
\$	-	-	-	-

Proposed Budget Details Attached         
  IRB, IACU, etc. Approvals Attached

**All submitted proposals must carry the endorsement of the appropriate University officials. 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.**

**Department Chair**      Approved     Denied

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Dean**      Approved  Denied

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Chief Financial Officer**      Approved     Denied

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Provost**      Approved  Denied

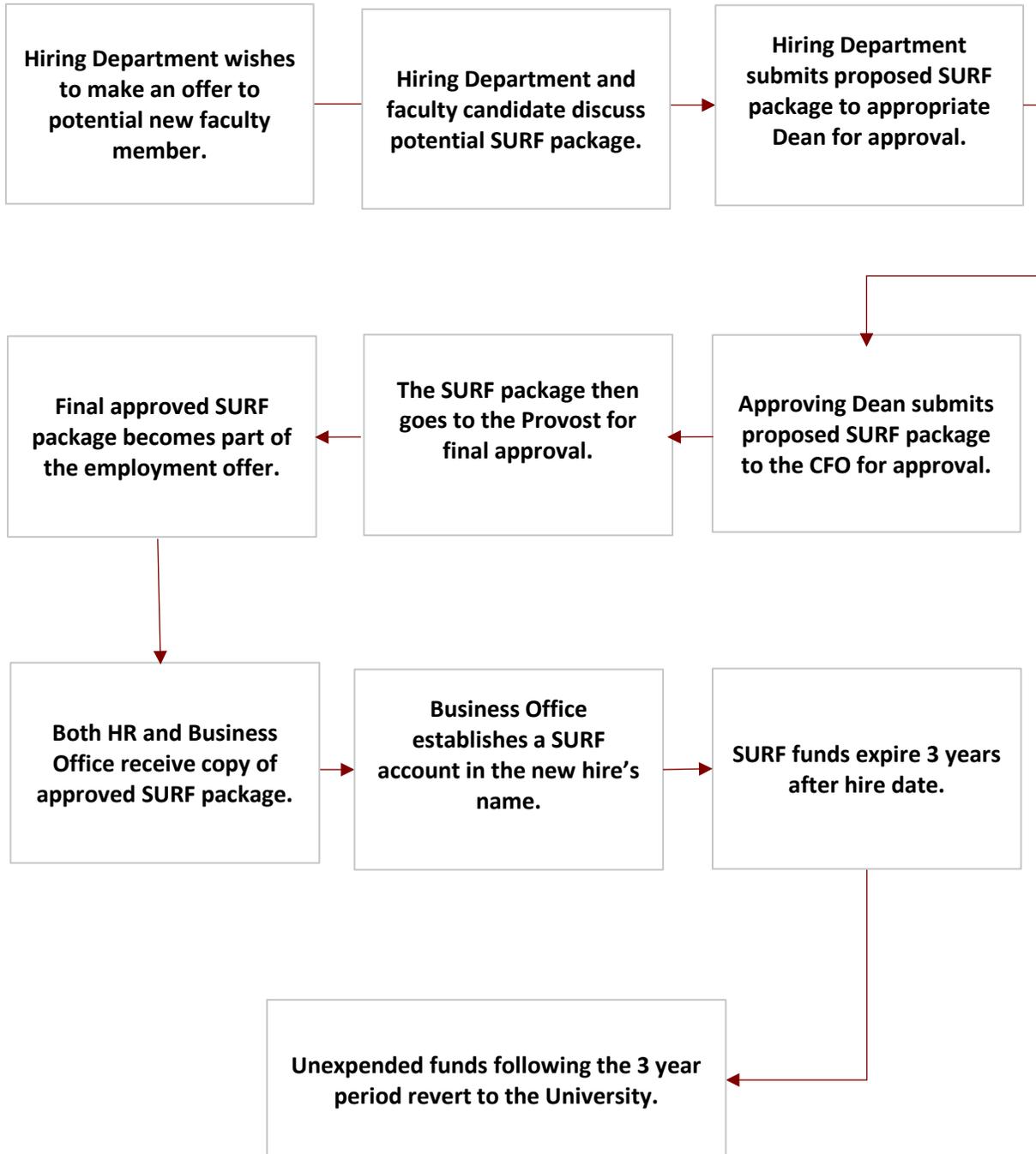
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Business Office Use Only				
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# Start-Up Research Funds

## SURF Roadmap





# California Health Sciences University

## 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.



## California Health Sciences University

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.



## California Health Sciences University

### **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.

- 
- Policy Owner: URSCH-Research
  - Effective Date: 8/20/2018
  - Approval by President Date: 8/20/2018
  - Approval by Provost Date: 8/20/2018



# California Health Sciences University

## 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.



## California Health Sciences University

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.



## California Health Sciences University

### 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.

- 
- Policy Owner: URSCH-Research
  - Effective Date: 9/12/2018
  - Approval by President Date: 9/12/2018
  - Approval by Provost Date: 9/12/2018



# Research & Scholarship Fund Request

## Business Office

Please return the completed form to the Business Office with original signatures.

**Date:** \_\_\_\_\_ **Principal Investigator(s):** \_\_\_\_\_

**Additional Investigators:** \_\_\_\_\_

**Request:** Original Request \_\_\_\_\_ Carry Over \_\_\_\_\_ Renewal \_\_\_\_\_

Requested budget per academic year:							
	Year 1		Year 2		Year 3		Total
\$	-	\$	-	\$	-	\$	-

**Proposal Title:** \_\_\_\_\_

- Proposed Budget Details Attached       IRB, IACU, etc. Approvals Attached

**All submitted proposals must carry the endorsement of the appropriate University officials.**

**Department Chair**      Approved  Denied

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Dean**      Approved  Denied

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**RSC Chair**      Approved  Denied

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Provost**      Approved  Denied

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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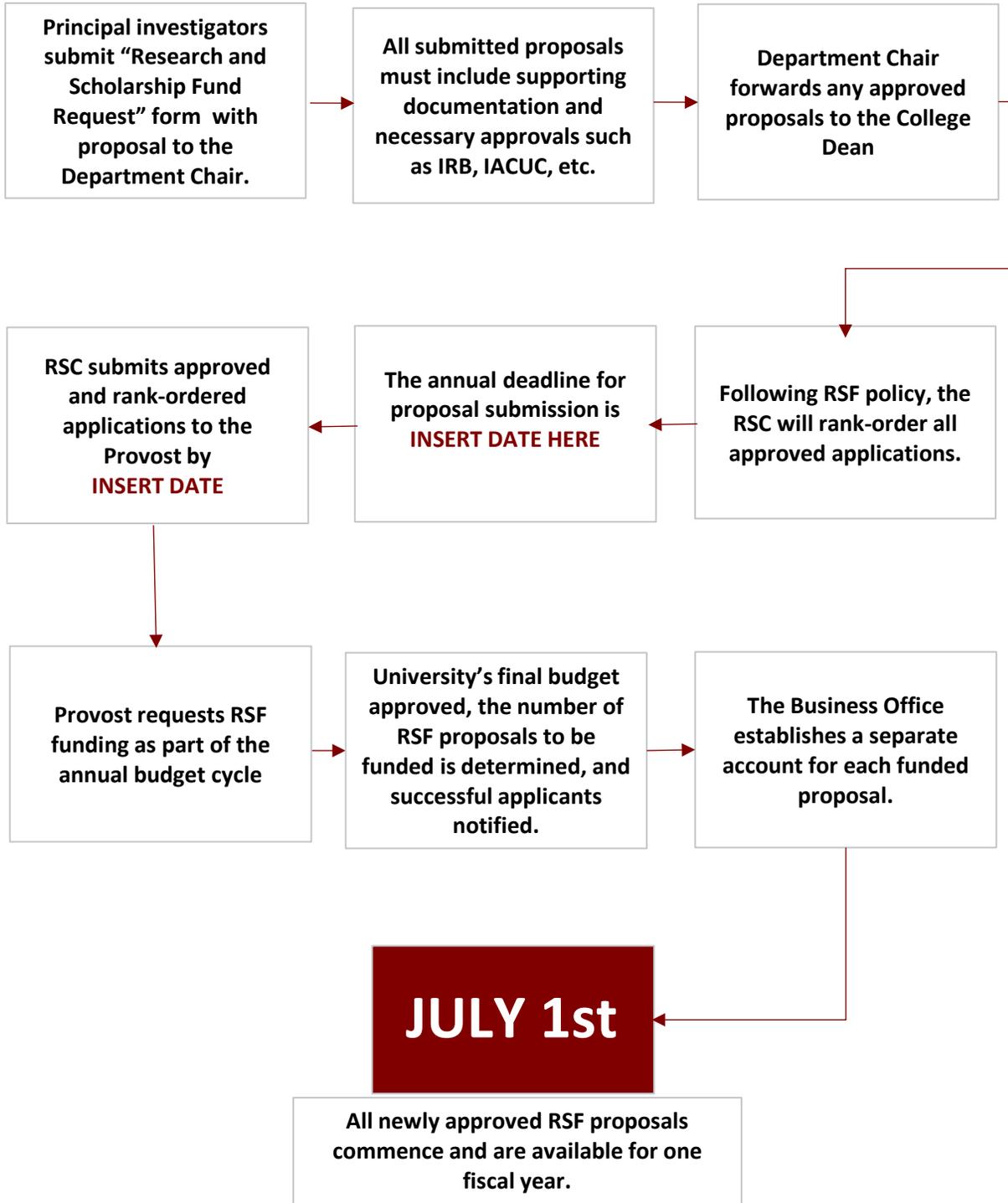
**Business Office Use Only**

Approved Budget:				Total
AY:	AY:	AY:		
\$	\$	\$	\$	

BO Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Account Created: \_\_\_\_\_

# Research & Scholarship Fund

## RSF Roadmap





# California Health Sciences University

## 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.



## California Health Sciences University

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.



# California Health Sciences University

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- Policy Owner: URSCH-Research
- Effective Date: 7/10/2018
- Revised Date: 8/09/18
- Approval by President Date: 8/14/2018
- Approval by Provost Date: 8/14/2018

# External Grant Pre-Application Checklist and Approvals

NOTE: Any application to any agency for external funding must be pre-approved using the checklist and signoffs below BEFORE it can be submitted outside the university. **Copies of all requested documentation must be attached to this checklist.**

Investigators should refer to the approved University Policy on Grant Submissions to External Agencies prior to completing the information below.

Proposal Title:

Name(s) of Principal and any Co-Investigator(s) including % effort of each named individual:

Potential funding agency where grant will be submitted:

Period (dates) of proposed funding:

Total amount to be requested:

Are Biohazards, tissues, or cells involved in the proposed project?

Yes       No

If Yes, have all named personnel completed biohazards safety training?

Yes       No

If Yes, has a Biosafety application been submitted to the RSC?

Yes       No

**If Yes to any of the above, please attach relevant documentation.**

Are laboratory animals involved in the proposed project?

Yes       No

**If Yes, please attach required IACUC approval.**

Are human subjects involved in the proposed project?

Yes       No

**If Yes, please attach:**

**Documentation of CITI training**

**IRB approval or exemption documents**

## Review and Approvals

All signing individuals certify that university resources and time commitments are available to listed personnel to successfully carry out and complete the work proposed.

Department Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Dean: \_\_\_\_\_

Date: \_\_\_\_\_

Provost: \_\_\_\_\_

Date: \_\_\_\_\_



# California Health Sciences University

## CHSU AUTHORSHIP GUIDELINES

### Introduction

Authorship should honestly reflect actual contributions to the final product. Authorship is important to the reputation, academic promotion of the authors, as well as to the reputation of their institution. Discussions of authorship usually concern original, scientific research. However, the same principles apply to all intellectual products: words or images; in paper or electronic media; educational programs, discoveries, and ideas, or published reviews of existing knowledge.

The CHSU Research and Scholarship Committee has endorsed the following statement on authorship.

### Who Is an Author?

1. Makes substantial contributions to the conception, or design of the work — also, the acquisition, analysis, or interpretation of data for the work.
2. Substantial contributions to the work or revising it critically for important intellectual content.
3. Contributes to the approval of the manuscript version to be published.
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of the work are appropriately resolved.
5. Acquisition of funding and provision of technical services, patients, or materials, while they may be essential to the work, are not in themselves justify authorship.

### Corresponding Author

The corresponding author is the one individual who takes primary responsibility for communication with the journal during the manuscript submission and peer review process. Ensures that all the journal's administrative requirements, such as providing ethics committee approval, clinical trial registration documentation, and gathering conflict of interest statements, are properly completed, although these duties may be delegated to one or more coauthors.

### Order of Authorship

Different processes for determining the order of authorship exist across professional disciplines. Examples of authorship policies include descending order of contribution, placing the person who took the lead in writing the manuscript or doing the research first. While the significance of authorship order may be understood in a given setting, the order of authorship has no generally agreed upon meaning.

1. The authors should decide the order of authorship together.
2. The authors should decide the order of authorship in the planning phase of the work.

Research is a rewarding activity, and publication is a vital aspect in the dissemination of scientific research, intellectual products, educational programs, discoveries, and ideas. Many research studies involve interaction with professionals from multiple disciplines that have different traditions concerning authorship. Early planning of study responsibilities and authorship is a vital factor for success.



# California Health Sciences University

## CHSU STUDENT RESEARCH AND SCHOLARLY ACTIVITY POLICY

### I. POLICY STATEMENT

CHSU recognizes the value of research and scholarly activity in supporting academic excellence, the teaching and learning process, and the advancement of innovation within the campus, the broader community, and the medical and pharmaceutical fields.

All Colleges will promote, encourage and sustain a broadly defined research and scholarly activity program that is consistent with the vision, mission and strategic objectives of the University.

Research and scholarly activity will incorporate applied research, developmental research, discipline-based research, and research focused on teaching and learning.

Faculty, staff, and students are encouraged to undertake research and scholarly activity as an enhancement to the curriculum, as a further connection to industry and community, and to improve the teaching and learning process. Research enriches the applied learning environment for students, helps train the next generation of researchers, and provides the community with graduates with an innovation edge. Each College, within its means, will seek to provide the opportunities, infrastructure, and facilities to support and maintain a high level of research and scholarly activity for its students. Collaborative research with academic, community, and clinical partnerships is a key component of research at the College.

#### Goals of Student Research and Scholarly Activity

- Fostering development of analytical and decision making skills
- Provide students with an opportunity to employ their unique skills and talents to pursue a scholarly project of their choosing under the mentorship of an expert in the field
- Provide mentorship and guidance for students interested in careers that integrate research, teaching, and clinical service.

### II. SUPPORT FUNDS

College operations budgets are determined annually through a process that allows academic units to request University funds to support operations. Research supported by internal funds from the University is placed into an account annually and this includes money used for mini grants and general research supplies and non-capital equipment. The method for accessing these funds is described in this policy.



## California Health Sciences University

Internal research funds are limited to use by the full time and part-time (adjunct) faculty. Support for the costs of research being done jointly by students and faculty may be covered by these funds. Students may apply for support from the research budget through a faculty sponsor.

Research funds come from the larger University budget and vary from year to year. The amount available for each College's research enterprise is variable and is managed by the Dean's office to ensure best and effective use of funds.

All funds are subject to University budget rules.

### III. FUNDING POLICY

Annually, the University Research and Scholarship Committee (RSC) issues a call for proposals for Faculty Research Development (FRD) awards. The RSC provides guidelines and application instructions for these grants. These applications are peer reviewed and may be funded fully, funded partially or may be denied on recommendation by a majority of the RSC.

FRD awards represent a portion of the research operations budget. Any funds remaining after awarding FRD grants may be used for general laboratory supplies, reagents and small equipment items as approved by the respective College Dean or Associate Dean. In the event there are any unused funds, the respective College Dean or Associate Dean can request that the funds be rolled to the next fiscal year upon approval from the President Annually, as soon as a dollar amount is established for the FRD program the remaining funds will be made available for the research needs of the faculty. The expenditure of these funds will be managed through the respective Associate Dean of the faculty member's college to assure reasonable distribution and management to prevent expenditures beyond the budget allowable.

Each College recognizes that experiential learning through participation in original research is a distinguishing feature of a well-rounded education and a hallmark of health professions schools in general. The synergistic relationship of student (or resident) to mentor in the research environment provides benefit to both and advances the respect, recognition and reputation of the institution.

It is incumbent on the faculty mentor to be certain that student researchers are capable of accurate and safe work often in an environment they are unaccustomed to. This policy addresses both students and mentors.



## California Health Sciences University

### IV. HEALTH SCIENCE PROFESSIONAL RESIDENTS FROM THE REGION

Regional health science professional residents are invited to the Annual Research Poster Day. Research categories will be in science, clinical and Inter-professional education. Scientists and Clinicians will serve as judges. Award prizes will be offered.

### V. STUDENT SPECIFIC POLICIES

1. Students may seek collaboration from any faculty member to secure a mentored research experience. Students should understand that they may not be able to secure a mentor due to faculty availability. Students should therefore arrange for mentored research experience well in advance of the time they are to begin.
2. Students should expect that their faculty mentors will help them understand the science behind the laboratory work and will provide them the training needed to conduct accurate work and make progress in their research projects.
3. All CHSU students are expected to complete appropriate safety training, responsible conduct of research training through the Collaborative Institutional Training Initiative (CITI) program. It will be the responsibility of the Year 1 Curriculum Director to assure this training is completed.
4. The mentor and student will determine appropriate times when the mentor or their designee will be available for direct supervision, if required for a particular mentoring activity.
5. Students may retain copies of their research findings for preparation of abstracts, posters, reports or papers at the discretion and with the express approval of their mentor.
6. Students working under the mentorship of a faculty member are able to publish or present their research after obtaining the permission of the faculty mentor.
7. Off-site mentors must have an adjunct or clinical appointment with CHSU.
8. Students involved in research involving human subjects are required to ensure that the project they are working on has been approved by an Institutional Review Board (IRB).



## California Health Sciences University

9. Students may only commence off site research activities with approval of the Dean of their college or (designated) Office of Dean representative.
10. Summer student research scholarships of up to \$5,000 may be awarded to those students with proposals that are submitted with appropriate faculty sponsorship.

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- Policy Owner: Provost
  - Effective Date: 12/07/2017  
Revised Date: 9/10/2018
  - Approval by Provost Date: 9/12/2018
  - Approval by President Date: 9/12/2018

**NOTE: THIS FORM MUST BE COMPLETED BEFORE BEGINNING ANY RESEARCH PROJECT AND TURNED IN TO THE DEAN'S OFFICE.**

Proposed Project Title:	
Student Investigator:	Program/Graduation Year:
Student Phone Number:	Student Email Address:
When will the research occur (dates)?	Faculty Mentor:
Mentor's Phone Number:	Mentor's Email Address:
Project Description:	

Are Biohazards, tissues, or cells involved in the proposed project?

Yes       No

If Yes, have all named personnel completed biohazards safety training?

Yes       No

If Yes, has a Biosafety application been submitted to the RSC?

Yes       No

**If Yes to any of the above, please attach relevant documentation.**

Are human subjects involved in the proposed project?

Yes       No

**If Yes, please attach:**

**Documentation of CITI training**

**IRB approval or exemption documents**

### Review and Approvals

All signing individuals certify that university resources and time commitments are available to listed personnel to successfully carry out and complete the work proposed.

Faculty Mentor: \_\_\_\_\_

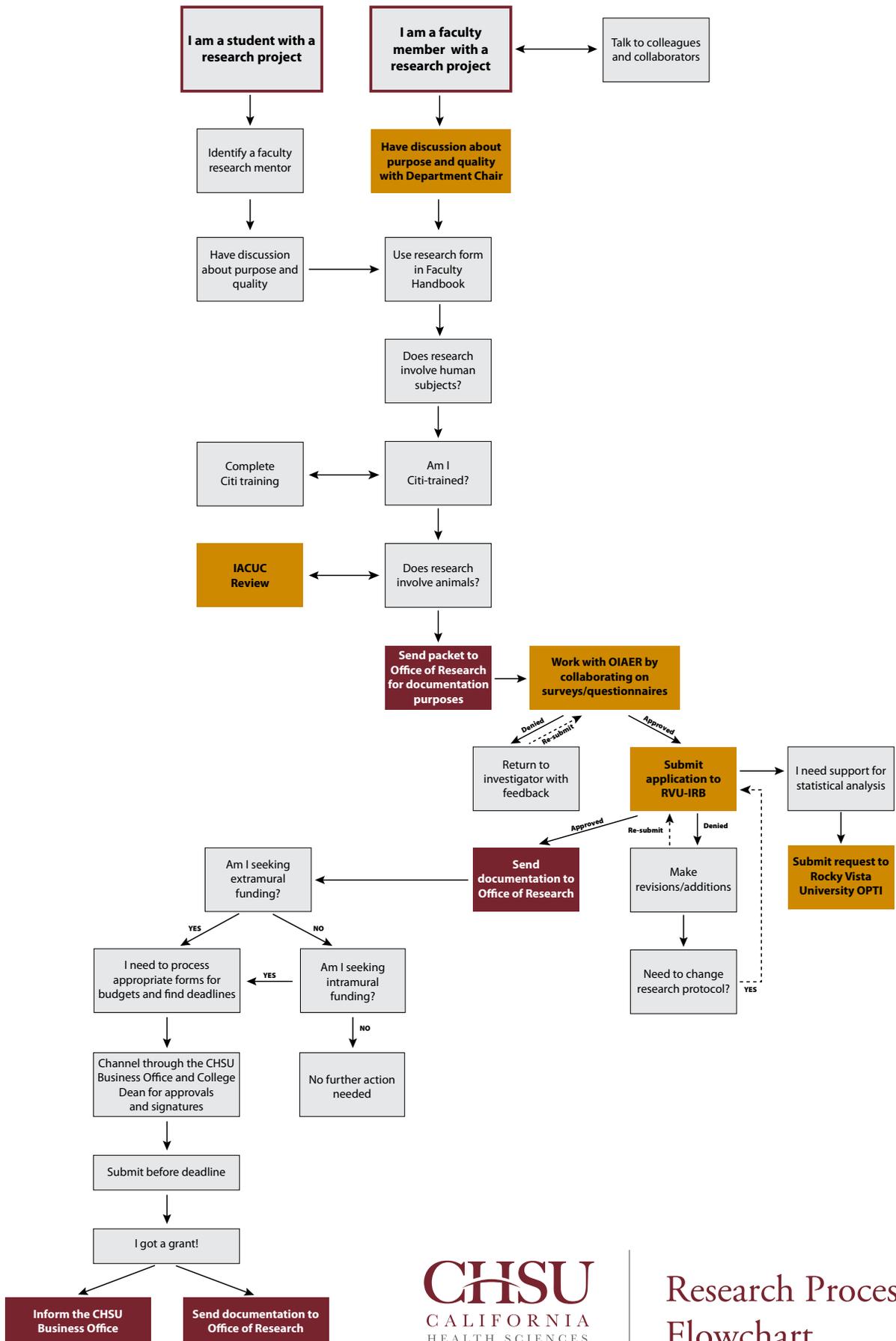
Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Date: \_\_\_\_\_

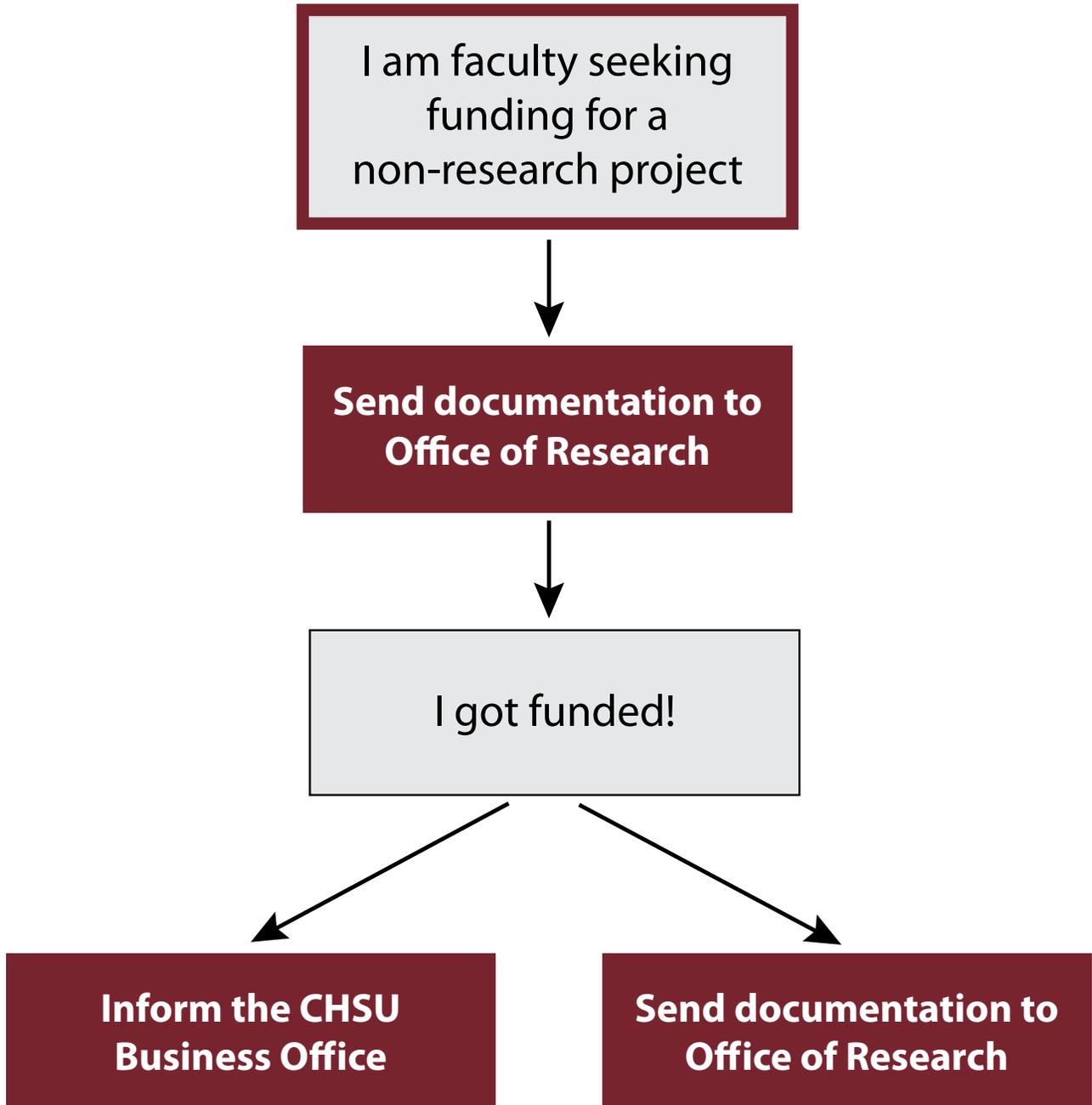
Dean: \_\_\_\_\_

Date: \_\_\_\_\_



# Research Process Flowchart

Updated 06/20/2019





# California Health Sciences University

## CHSU COMMON RULE COMPLIANCE POLICY

CHSU is committed to ensuring that all human subjects research is conducted in accordance with the ethical principles stated in the Belmont Report which provides the ethical foundation for the federal regulations for the protection of human research subjects (<https://www.ncbi.nlm.nih.gov/pubmed/20543620>).

The “Common Rule” is the term for U.S. Federal Policy for the protection of human subjects (45 CFR part 46) which outlines the criteria and mechanisms for IRB (Institutional Review Board) review of human subjects research. All studies approved after January 21, 2019 are required to comply with the Revised Common Rule. Details on the Common Rule and its requirements and revisions can be found at <https://www.hhs.gov>.

All University personnel involved in the conduct and oversight of human subject research must abide by the fundamental principles set forth in the Belmont Report and the requirements of the Common Rule.

Fundamental to compliance with the requirements of the Common Rule is that any research involving human subjects must obtain approval of an IRB prior to initiating any study. Copies of any IRB applications and subsequent IRB action must be submitted to the Provost (or designee). Following IRB approval, should there be any modifications or deviations from the approved protocol, the approving IRB and Provost (or designee) must be notified. Copies of any required resubmission to the IRB must also be provided to the Provost (or designee).

As stated in the approved CHSU IRB Policy, the Rocky Vista University IRB (RVU IRB) is the preferred method through which CHSU research investigators should pursue IRB review and approval. Any IRB which reviews or approves CHSU research must be compliant with the Common Rule requirements.

Further, all IRB-approved research by CHSU investigators that subsequently is suspended or terminated or in any way is non-compliant with IRB approval must be reported by the investigator(s) to both University officials and the approving IRB. In order to resume such research activities, regardless of who initiated the suspension, a modification requesting re-initiation of the study must be submitted for approval to the Provost (or designee) and to the IRB for review.

Among the revised Common Rule requirements it is also mandated that any cooperative research involving multiple institutions must use a single IRB. CHSU investigators who may engage in such cooperative research are obligated to meet this requirement.



## California Health Sciences University

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- Policy Owner: Provost (or designee)
- Effective Date: 4/04/2019
- Approval by Provost Date: 4/10/2019
- Approval by President Date: 4/10/2019

## **Proposed Policy**

### **CITI TRAINING**

The Collaborative Institutional Training Initiative (CITI) program is an online training program designed to educate faculty and students about issues involving human subject research. The design and implementation of the program was funded by the Office of Research Integrity, the Department of Health and Human Services. Any research subject to IRB review and approval (whether exempt or not) requires CITI training.

Since CITI training focuses on research ethics and compliance, CHSU believes that all faculty who engage in scholarship and research should complete the training and thus mandates such training for ALL faculty. Any staff member and any student who may engage in or collaborate in scholarship and research is also bound by this policy.

The Provost's Office serves as the repository for completed training certificates and tracking renewal dates. Copies of all completion certificates should be promptly forwarded to the Provost's Office. Department Chairs are responsible for advising new faculty of this policy and ensuring that the required training is completed in a timely manner and copies of completed certificates are forwarded to the Provost's Office.

Instructions for logging into and creating an account for the CITI program are attached to this policy.

## **CITI TRAINING LOGIN INSTRUCTIONS**

To log onto / register for the Collaborative Institutional Training Initiative (CITI) Program website, follow the instructions below:

1. Open your internet browser, and go to the address below.

<https://www.citiprogram.org/Default.asp?>

2. Click on the “Register” link, under the “Create an account” text to register as a new user.

(If you have a username and password from a previous occasion, use these to login.)

If you have already taken a course in CITIProgram, Go to “My Learner Tools” and select “Add a Course” and Skip to #9 below.

3. In Section 1 (Select your institution or organization), select “Rocky Vista University” from the drop-down list of “Participating Institutions”, then click “Continue to Step 2” at the bottom of the page.

The list is alphabetical, so you will need to scroll quite a way down the list to find RVU. (Ignore the other drop-downs in Section 1.)

4. In Section 2 (Personal Information), enter your first and last names in the appropriate spaces. Then, enter a primary and secondary e-mail address, as directed. (The secondary e-mail address is optional.)

Then click “Continue to Step 3” at the bottom of the page.

5. In Section 3 (Create your Username and Password), create a username and a password. Additionally, select a security question from the drop-down menu, and enter the answer to the security question in the space provided. (Remember to record these securely, as you will need to re-access this site to refresh this training on an annual basis.)

Then click “Continue to Step 4” at the bottom of the page.

6. In Section 4 (Gender, Ethnicity and Race), respond to the listed questions. (If you prefer to not disclose this information, this is offered as an answer option.)

Then click “Continue to Step 5” at the bottom of the page.

7. In Section 5 (CME/CEU credits (required)), click the “No” box, unless you want to use the CITI course(s) for CME/CEU credit. Answering “YES” to this question may result in a charge for the CME/CEU credits awarded.

Additionally, check “Yes” if you are willing to respond to a CITI Program survey. Check “No” if you do not wish to participate in the survey.

Then click “Continue to Step 6” at the bottom of the page.

8. In Section 6, please provide the detailed information requested. All this information will be held as confidential. Note that only certain fields are required. These fields are: “Institutional email address”, “Department”, and “Role in Research”.

Then click “Continue to Step 7” at the bottom of the page.

9. In Section 7, please select the curricular options appropriate for your status and category, as outlined below:

- a. In Question 1, select the “Introduction to Research” radio box.
- b. In Question 2, select the “Not at this time, thank you.” radio box.
- c. In Question 3, select the “Not at this time, thank you” radio box.
- d. In Question 4, select “Not at this time” OR the “Biomedical Responsible Conduct of Research Course” radio box if you are conducting biomedical or clinically-oriented studies or select the “Social & Behavioral Responsible Conduct of Research Course” radio box if you are conducting social, behavioral or educational oriented studies.

e. In Question 5, select the “Not at this time, thank you” radio box.

10. Click on the “Complete Registration” button.

11. You are ready to begin the courses.

a. Enter each course by clicking on the specific course name link under the “Course” column.

b. Follow the directions to complete each required module for each required course.

12. When you complete each required course, you should print the “Certificate of Completion” and provide a copy to the Provost’s Office.



# California Health Sciences University

## CHSU POLICY FOR REQUESTING STUDENT AND EMPLOYEE DATA

### I. PURPOSE OF DATA REQUEST PROCESS

- A. The Office of the Registrar and the Office of Institutional Assessment, Effectiveness and Research have developed the student and employee data request form and accompanying process. The data request form is designed to facilitate sharing of CHSU data for legitimate education interest and conduct of scholarship, while allowing for a coordinated review and response from the relevant CHSU custodians. CHSU complies with the Family Educational Rights and Privacy Act (FERPA), and other state and federal privacy laws.

### II. SCOPE

The policy affects those who seek student and employee data for legitimate education interest and conduct of scholarship. It provides the Office of the Registrar and relevant offices with sufficient information to assess the request. Student and employee data included in this policy refers to information collected about such persons by CHSU as part of its normal operations.

### III. POLICY STATEMENT

- A. All data requests will be reviewed by the Office of the Registrar for compliance with applicable state and federal laws, and University policies and procedures regarding proper use of student and employee data. Data requested for the purposes of surveys of any population must be reviewed by the Institutional Review Board (IRB) prior to data request submission.
- B. The Office of the Registrar will consult with the relevant data holders selected in the request form: The Office of Human Resources for employees and the relevant offices of Student Affairs and Enrollment for students.
- C. The policy does not apply to CHSU-related data available on the public website, annual reports and fact book.
- D. The University reserves the right to deny any such request based on applicable law, CHSU policy or procedure, if the requests relate to proprietary business information or any other lawful purpose. CHSU is not a government entity and as such is not subject to the federal Freedom of Information Act or equivalent state law.
- E. The approval of the Institutional Review Board does not imply or guarantee access to data. The University has no obligation to grant any request for data.

- 
- Policy Owner: Provost
  - Effective Date: 5/30/2019
  - Approval by Provost Date: 6/04/2019
  - Approval by the President: 6/10/2019

# SCHOLARSHIP OF TEACHING AND LEARNING (SOTL) PROPOSAL TEMPLATE

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The document will assist you in designing your educational scholarship. A SOTL Proposal is a complete description of the intended scholarship, usually developed in collaboration with one's department chair<sup>1</sup>. Thoughtfully designed, the proposal will demonstrate convincingly that the study will contribute to generalizable knowledge.

Consider the proposal as the draft to a manuscript, an abstract, presentation.

The full proposal consists of the following:

- Title
- Brief Introduction
- Background and statement of the problem (this in the light of a thorough literature review)
- Scholarly question / hypothesis / aim and objectives
- Study design
- Study population and sampling
- Data collection methods and instruments
- Data analysis methods – if applicable, statistical planning must be fully addressed.
- Mechanisms to assure the quality of the study – e.g. control of bias, safe storage of data
- Timetable for completion of the project
- Participants in the study – all people involved in the study, and the role they play, should be identified.
- Ethical considerations
- Resources required for the study, including budget if applicable
- References
- Appendices (copy of questionnaire, consent forms, etc.)

<b>TYPE THE TITLE OF YOUR PROJECT HERE .....</b>	<b>2</b>
<b>ABSTRACT .....</b>	<b>3</b>
<b>PROBLEM STATEMENT .....</b>	<b>4</b>
OVERVIEW .....	4
SCHOLARSHIP QUESTION/HYPOTHESIS .....	4
<b>OBJECTIVES AND AIMS.....</b>	<b>5</b>
OVERALL OBJECTIVE .....	5
SPECIFIC AIMS .....	5
<b>BACKGROUND AND SIGNIFICANCE.....</b>	<b>6</b>
<b>SCHOLARSHIP DESIGN AND METHODS.....</b>	<b>7</b>
OVERVIEW .....	7
POPULATION AND STUDY SAMPLE .....	7
SAMPLE SIZE AND SELECTION OF SAMPLE .....	7
SOURCES OF DATA.....	7
COLLECTION OF DATA .....	7
DATA MANAGEMENT.....	7
DATA ANALYSIS STRATEGIES.....	7
ETHICS AND HUMAN SUBJECTS ISSUES.....	7
TIMEFRAMES.....	7
<b>STRENGTHS AND WEAKNESSES OF THE STUDY.....</b>	<b>8</b>
<b>EDUCATIONAL SIGNIFICANCE.....</b>	<b>9</b>
SIGNIFICANCE TO CHSU.....	9
SIGNIFICANCE TO OTHER INSTITUTIONS .....	9
<b>BUDGET .....</b>	<b>10</b>
<b>REFERENCES .....</b>	<b>11</b>
<b>APPENDICES.....</b>	<b>12</b>
APPENDIX 1: QUESTIONNAIRE (FOR EXAMPLE) .....	12
APPENDIX 2: ETC. ....	13

## ABSTRACT

*Do not use abbreviations or insert tables, figures or references into your abstract. The abstract generally should be in the range of 250-400 words.*

**Background**

**Methods**

**Results**

**Discussion and Conclusion**

## Problem Statement

*Please fill out this section.*

Overview

Scholarship Question/Hypothesis

## Objectives and Aims

*Please fill out this section.*

Overall Objective

Specific Aims

## Background and Significance

***Please fill out this section.***

This is your literature review.

## Scholarship Design and Methods

***Please address each element: if you cannot answer because the element is not applicable, indicate "N/A". Consult colleagues if you cannot fill because you do not have an answer. Note that the data management section is extremely important in human subject scholarship.***

Overview

Population and Study Sample

Sample Size and Selection of Sample

Sources of Data

Collection of Data

Data Management

Data Analysis Strategies

Ethics and Human Subjects Issues

Timeframes

## Strengths and Weaknesses of the Study

***Please fill out this section.***

## Educational Significance

***Please address each element: if you cannot answer because the element is not applicable, indicate "N/A".  
Consult colleagues if you cannot fill because you do not have an answer.***

Significance to CHSU

Significance to Other Institutions

## Budget

***Please address each element: if you cannot answer because the element is not applicable, indicate "N/A".  
Consult colleagues if you cannot fill because you do not have an answer.***

## References

***Please fill out this section. If you cannot add references, please contact the CHSU Health Sciences Library for assistance.***

## Appendices

***Please fill out this section: if there are no appendices, indicate “N/A”. Consult colleagues if you cannot fill because you do not have an answer.***

Appendix 1: Questionnaire *(for example)*

## Appendix 2: *Etc.*

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*Please note: Those experienced in SOTL may feel comfortable in developing the scholarship alone, but some collaboration and feedback during the process is always encouraged.*



# California Health Sciences University

COLLEGE OF OSTEOPATHIC MEDICINE

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.

## III. 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;



## California Health Sciences University

- 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;

### IV. 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.



## California Health Sciences University

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- Policy Owner: Dean of COM
- Effective Date: 11/01/2017
- Revised Date: 8/16/2018
- Board of Trustees Approval: 8/31/2018
- Approval by President Date: 8/18/2018
- Approval by Provost Date: 8/18/2018



# California Health Sciences University

COLLEGE OF OSTEOPATHIC MEDICINE

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.



## California Health Sciences University

### 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.



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### **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.



## California Health Sciences University

### **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.

- 
- Policy Owner: COM Dean
  - Effective Date: 11/01/2017
  - Revised Date: 11/01/2017
  - Approval by President Date: 11/01/2017
  - Approval by Provost Date: 11/01/2017



**California Health Sciences University**  
COLLEGE OF OSTEOPATHIC MEDICINE  
GOVERNING STATUTE NUMBER 3  
COLLEGE GOVERNANCE AND ROLES OF THE FACULTY

**I. SECTION 1: PURPOSE**

- A. The purpose of this governing statute is to provide operating procedures 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.

**II. SECTION 2: OFFICE OF THE DEAN**

- A. 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.



## California Health Sciences University

### III. SECTION 3: THE ADMINISTRATIVE POSITIONS OF THE COM

#### A. Associate Dean for Academic Affairs

The Associate Dean for Academic Affairs oversees the Biomedical Education Department and administers educational programs and curriculum. The Associate Dean for Academic Affairs also assists in the planning, direction and management of the Academic Affairs Division of the COM, and provides leadership for the development and implementation of new programs, technology and/or services. This Associate Dean reports to the Dean.

#### B. Associate Dean for Graduate Medical Education

The Associate Dean for Graduate Medical Education (GME) develops relationship to develop and plan for residency programs and plans for students to enter residency training. The Associate Dean for GME works with other Associate Deans and Assistant Deans to assure adequate clinical rotations align with the GME mission. The Associate Dean for GME works with the Assistant Dean for GME of the OPTI to ensure continued growth and develop of GME. While the responsibility is primarily for graduate medical education development, the Associate Dean will participate with the proposed COM leadership in overall achievement of the COMs mission and vision. This Associate Dean 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 primarily works to establish relationships with community clinical partners for clinical clerkships as well as early clinical experiences. Working closely with the Assistant Dean of Experiential Education of the College of Pharmacy to insure smooth preceptor relationships throughout the valley. The Associate Dean will develop policies and guidelines for future clinical health care delivery by the faculty on campus or at contracted sites. A primary focus will be on educational policies and procedures that impact the community's health. While the responsibility is primarily for clinical affairs, the Associate Dean participates with the proposed COM leadership in overall achievement of the COMs mission and vision.

#### D. Associate Dean for Osteopathic Clinical Education

The Associate Dean for Osteopathic Clinical Education is responsible for the collaborative clinical curricular components throughout all four (4) years of the curriculum. Working closely with the other Associate Deans and Department Chairs to assure a collaborate development of syllabi and assessment tools to measure outcomes across all 4 years. While the responsibility is primarily for clinical faculty development, the Associate Dean participates with the proposed COM leadership in overall achievement of the COMs mission and vision.



## California Health Sciences University

### E. **Chair, BioMedical Education**

The Chair of BioMedical Education reports to the Associate Dean for Academic Affairs. All BioMedical Education faculty report to the Chair. Additionally, the Chair identifies the needs of students, faculty, staff, affiliates and communities, and takes actions to meet those needs, in collaboration with the Dean and Associate Deans.

### F. **Chair, Osteopathic Principles and Practice**

The Chair of Osteopathic Principles and Practice (OPP) reports to the Associate Dean for Osteopathic Clinical Education. The OPP Chair administers the OPP discipline at the COM and at the COM's affiliated clinical education sites. In this role, the OPP Chair will lead the COM toward excellence in teaching, research, patient care delivery, administrative services and community activities. The OPP Chair will work closely with other Chairs to improve the quality and service of education and patient care. Additionally, the Chair identifies the needs of students, faculty, patients, staff, affiliates and communities, and takes actions to meet those needs, in collaboration with the Dean and Associate Deans.

### G. **Chair, Primary Care**

The Chair of Primary Care reports to the Associate Dean for Osteopathic Clinical Education. The Chair administers the Primary Care activities of the COM, in addition to engaging in teaching, curriculum development, and scholarship. The Primary Care Chair leads and directs clinical faculty in the areas of research, teaching and patient care. In this role, the Primary Care Chair will lead the COM toward excellence in teaching, research, patient care delivery, administrative services and community activities. Additionally, the Chair identifies the needs of students, faculty, patients, staff, affiliates and communities, and takes actions to meet those needs, in collaboration with the Dean and Associate Deans.

### H. **Chair, Specialty Medicine**

The Chair of Specialty Medicine reports to the Associate Dean for Osteopathic Clinical Education. The Chair administers the activities of the specialist faculty of the COM, in addition to engaging in teaching, curriculum development, and scholarship. The Chair leads and directs clinical faculty in the areas of research, teaching and patient care. In this role, the Chair will lead the COM toward excellence in teaching, research, patient care delivery, administrative services and community activities. Additionally, the Chair identifies the needs of students, faculty, patients, staff, affiliates and communities, and takes actions to meet those needs, in collaboration with the Dean and Associate Deans.

## IV. **SECTION 4: THE COLLEGE ADMINISTRATIVE COMMITTEE**

- A. 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



## California Health Sciences University

Dean on the strategic direction of the COM. The COM-CAC is responsible for continually improving 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 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 shall be guided in its administrative and governance responsibilities by policies and procedures proposed by faculty committees and ratified by a vote of the faculty membership, as described below. Areas in which the COM-CAC will advise the Dean include, but are not limited to:

1. Personnel matters;
2. The appointment of the Committee Chair and faculty members nominated to serve on both standing and ad hoc faculty Committees;
3. Disposition of all recommendations and policies made by standing or ad hoc faculty committees;
4. Development of the COM's annual budget recommendations, as well as allocations and adjustments to the approved budget;
5. Strategic planning activities, goals, and initiatives for the COM;
6. Changes to COM policies, procedures and the student catalog;
7. The curriculum of the COM;
8. Enrollment, admissions and other matters related to the student body;
9. The facilities and technology needs of the COM;
10. Creation or dissolution of departments within the COM;
11. Relationships and partnerships between the COM, other colleges within CHSU and external institutions;
12. Other matters that pertain to the educational, clinical, scholarly and research activities of the faculty and the COM.



## California Health Sciences University

- B. 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.
- C. 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 the faculty committee is responsible for submitting such proposals for the COM-CAC's consideration.

### 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 and adjunct faculty, as well as all affiliated Clinical Preceptor Faculty, holding the rank of Professor, Associate Professor, Assistant Professor or Instructor.
- 2. The Voting Faculty of the COM shall refer to all full-time faculty holding appointments in the rank of Professor, Associate Professor, Assistant Professor or Instructor. It shall include adjunct faculty holding an administrative or curricular leadership position. It shall not include, other adjunct faculty, temporary or clinical preceptor faculty members, nor any faculty member holding an administrative appointment at the level of Associate Dean or higher. Each Voting Faculty member shall be entitled to one vote.

#### B. Rights and Responsibilities of Faculty

- 1. The faculty shall advise the Dean on matters most directly related to the educational process including, but not limited to: admission requirements, curriculum and graduation requirements. The faculty may make recommendations to the Dean 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. Additionally, the faculty shall 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. All Faculty Meetings

- 1. Generally, the faculty shall meet at least once a year with a minimum of two weeks' notice prior to each meeting, unless the faculty is being asked to consider an emergency matter in which case 48 hours' notice is required. Full time faculty are



## California Health Sciences University

required to attend all faculty meetings, unless previously excused by the Dean. Attendance shall be taken and recorded in the minutes. Additional meetings of the faculty may be convened at the discretion of the Dean. The Dean shall preside over all faculty meetings, or may appoint a designee to preside over the meeting in the Dean's absence. Such meetings are open to all faculty and are distinct and apart from the Faculty Council meetings described below.

2. A quorum of at least two-thirds (2/3) of the Voting Faculty, shall be required in order to conduct any vote. Informational items may be discussed at faculty meetings without a quorum.

### VI. SECTION 6: STANDING FACULTY COMMITTEES OF THE COM

A. The following are the standing faculty Committees of the COM:

1. Curriculum Committee ("COM-CC")

#### The COM-CC Curriculum Committee 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.

#### a. 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



## California Health Sciences University

substantial information gathered as part of the Student Curriculum Focus Groups.

### b. Structure

- i. The Curriculum Committee meetings will be conducted following Robert's Rules of Order.
- ii. Meetings will be scheduled at least once monthly during the academic year.
- iii. 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.
- iv. A quorum will consist of at least 51% voting members.
- v. Meeting attendance via phone or electronic conference system will be allowed in the event time or distance prohibits on-site attendance,
- vi. 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.
- vii. The Curriculum Committee Chair may appoint ad-hoc subcommittees to address areas of specific curricular needs.
- viii. 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.

### c. 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 for no more than a total of three (3) consecutive years. 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 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.



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- iv. There may be up to three (3) *ex officio*, non-voting members, from the assistant/associate deans.

### 2. Admissions Committee (“COM-AC”)

- a. 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.
- b. 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.
- c. 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.

### 3. Students at Academic Risk Committee (“StARC”)

- a. 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.
- b. 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 Learning Specialists and Clinical Psychologist will also be a member of StARC. All members are appointed by the Dean in consultation with the COM-CAC. The Chair of the committee will be the Assistant Dean of Student Affairs. All members shall have one (1) 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.



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### 4. COM Student Progress Committee (“COM-SPC”)

- a. The SPC’s purpose is to provide input on remediation strategies and programs for the COM’s students. The SPC evaluates individual cases of student academic deficiency in accordance with the COM’s academic probation, progression and remediation policies, to formulate recommendations on the progression of students in the COM program due to their inability to meet minimum academic standards.
- b. The SPC shall be comprised of five (5) full time members of the Voting Faculty members and the Assistant Dean of Academic Affairs. All members are appointed by the Dean in consultation with the CAC. The Dean shall appoint one (1) of the faculty members as Chair of the committee. All members shall have one (1) vote. Faculty members are appointed for two-year (2) terms. Administrative members shall have no term limits. The SPC shall meet as often as necessary to conduct its business, as determined by the SPC’s Chair.

### 5. Rank and Promotion (RAP)

The RAP shall set criteria and review applicants from the faculty for advancement in Academic Rank. The RAP shall review all initial applicants to the Clinical Preceptor Faculty for assignment to appropriate initial rank.

#### a. COM RAP 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



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one (1) meeting during the academic year to review the Rank and Promotion Policy.

- ii. Open sessions will be held, if required, at the determination of the Chair and as deemed necessary by the Committee.
- iii. A quorum will consist of at least 51% voting members.
- 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 COM-RAP 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-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 a five (5) members appointed by the Dean, in consultation with the Chair, 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.

## 6. 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 the COM. The GMEC will be chaired by the Associate Dean for GME. The AD-GME will report on findings and discussions from the member OPTI. The GMEC will advise the COM-CAC and CHSU administrative leadership on all matters related to GME development.

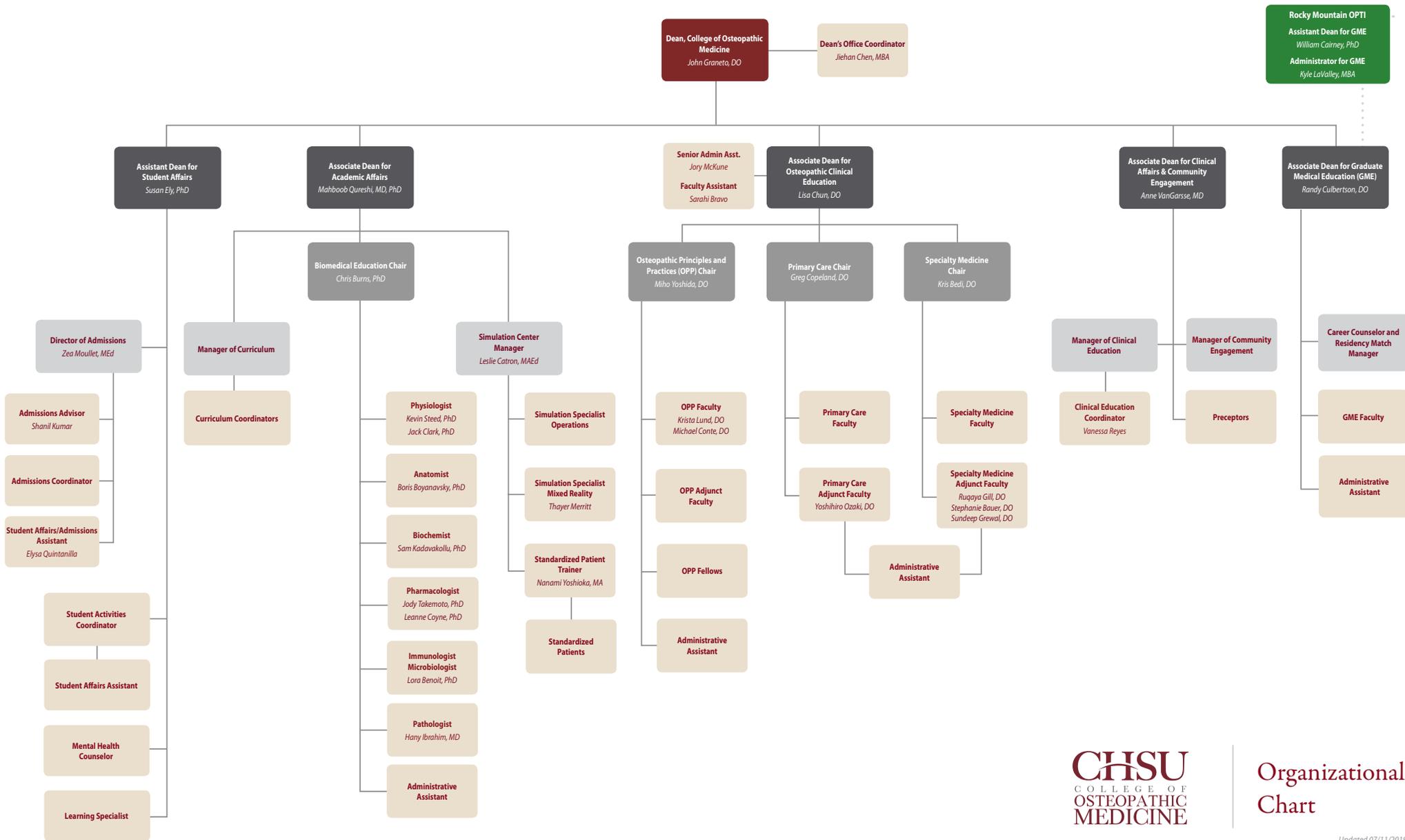


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The GMEC will be composed of faculty members including clinical preceptors from affiliated hospitals and community training programs. The GMEC will meet as often as needed to conduct its business.

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- Policy Owner: COM Dean
- Effective Date: 1/11/2018
- Revised Date: 8/23/2018
- Approval by President Date: 8/24/2018
- Approval by Provost Date: 8/24/2018



# Organizational Chart

Updated 07/11/2019



# California Health Sciences University

## COLLEGE OF OSTEOPATHIC MEDICINE

### ADMISSIONS POLICY

#### **I. DESCRIPTION OF DEGREE PROGRAM & PURPOSE STATEMENT**

The purpose of the College of Osteopathic Medicine (“COM”) Admissions policy is to provide guidance to applicants in the admissions process and to provide transparency in the admissions process. The core of CHSU’s mission is to educate physicians who will be prepared to serve the growing health needs of the Central Valley. CHSU is committed to developing compassionate, highly trained, intellectually curious, adaptive leaders capable of meeting the healthcare needs of the future through a performance-based education.

To accomplish its mission, it is essential that CHSU only admit those students that it believes will be successful in the COM’s program and, ultimately, the Osteopathic Medicine profession. Additionally, CHSU must seek to achieve diversity among its student body. CHSU has a compelling interest in making sure that talented applicants, from all backgrounds, are welcome at CHSU. As such, CHSU uses a holistic approach to admissions that considers more than just an applicant’s GPA and completed coursework. Specifically, factors such as an applicant’s extracurricular activities, relevant life experiences, research, work and volunteer experience (including, but not necessarily limited to, experience in an Osteopathic Medicine or other health care setting), family responsibilities, intellectual curiosity, respect for and knowledge of cultural differences, ability to overcome hardship, integrity, personal maturity, creativity, exceptional circumstances, status as a first generation college student and/or commitment to serving the Central Valley or disadvantaged communities (“Non-Academic Factors”). These Non-Academic Factors are all taken into consideration during the admissions process. Through these Non-Academic factors applicants should demonstrate motivation for and a commitment to health care.

This policy explains the admissions process for applicants at CHSU’s College of Osteopathic Medicine and provides guidance on minimum requirements necessary to be eligible to apply to the program. Additionally, the policy discusses record retention policy for admissions records, and program academic and technical standards.

CHSU’s regional accreditor is the WASC Senior College and University Commission (“WSCUC”). The College of Osteopathic Medicine’s accrediting body is the Commission on Osteopathic College Accreditation (COCA).



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### II. ADMISSIONS COMMITTEE DESCRIPTION

The COM's Admissions Committee and the Admissions Staff review application materials for applicants to the College, and along with input from selected faculty members who have interviewed applicants in accordance with procedures established by the College and makes recommendations regarding admissions decisions to the Dean. The Dean of the College makes the final decision regarding whether an applicant is admitted to the College. The Admissions Committee is comprised of faculty of the College of Osteopathic Medicine, and University or College-level admissions personnel, as appointed by the Dean.

The COM's Admissions Committee's review of candidates for the College of Osteopathic Medicine program helps to ensure that CHSU is selecting a qualified and diverse student body for the program. These values are not compromised regardless of the size or quality of the applicant pool.

The COM does not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, national origin, age or disabilities or religion, or based on any other membership in a protected class. CHSU-COM selects applicants in compliance with CHSU's Governing Statute Number 4, Non-Discrimination and Equal Opportunity Statement.

### III. Competitive Applicant Profiles

National averages for qualifying GPA and MCAT scores for matriculating in an Osteopathic Medical College for the current year can be found at <https://www.aacom.org/become-a-doctor/applying/general-admission-requirements>. A competitive applicant will likely have one or more of the following or similar qualities:

- A demonstrated commitment to healthcare as evidenced by volunteer or employment in a health care setting;
- A demonstrated commitment to or understanding of the osteopathic medical profession (e.g. shadowing one or more osteopathic physician);
- Service to the community (e.g. volunteer humanitarian/altruistic works);
- A determination to learn the continued advancements in biomedical sciences through research and other scholarly activities.

### IV. PRE-APPLICATION AND TIMELINE

Prior to applying to attend CHSU, applicants are required to explore and gain a thorough understanding of what it means to have a career in Osteopathic Medicine. Importantly, before applying, applicants are required to understand and commit to CHSU's Team Based Learning model which emphasizes collaborative learning. Applicants are also required to commit to



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abiding by all CHSU and CHSU-COM policies and procedures upon enrollment, including but not limited to policies regarding smoke-free and drug-free requirements.

CHSU uses a rolling admissions process to select successful applicants. Therefore, admissions decisions will be ongoing throughout the application process. Applicants will be notified by mail and email if they have been accepted into the COM. Instructions and deadlines regarding the AACOMAS application are available from AACOMAS ([www.aacom.org](http://www.aacom.org)).

### V. ADMISSION REQUIREMENTS

The following admissions requirements will be explained in detail below:

- Letters of Recommendation;
- Prerequisite Coursework and Requirements;
- Bachelor's Degree;
- MCAT; and
- English and Other Language Skills

#### A. Letters of Recommendation

CHSU requires either two or three letters of recommendation to be submitted with the applicant's application. Only applicants satisfying this requirement will be considered for admission. The following are the required **letters of recommendation**:

1. One letter from a physician (D.O. or M.D.) that details the applicant's exposure to patients and the applicant's ability to be successful in a medical setting. It can reflect shadowing, volunteer, or work experience. A letter of recommendations from an osteopathic physician is recommended; AND
2. Either of the following:
  - a. A single letter from a pre-medical advisor or committee letter; or
  - b. Two academic letters written by college science professors who have instructed the applicant.

Letters must be on letterhead and include the recommender's academic credentials and a signature. Applicants are responsible for informing faculty of these requirements when requesting letters.

Letters from relatives, spouses, family friends, coaches, personal trainers, veterinarians, dentists, the applicant's family physician will not be accepted – authors should be as objective as possible.



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### B. Prerequisite Coursework Required for Admission

Admission to the College of Osteopathic Medicine requires completion of the undergraduate prerequisite courses identified in the chart below. Applicants may not use the same course to fulfill more than one prerequisite.

When determining whether a course satisfies a prerequisite, the COM looks at a variety of factors including, but not limited to, the course description provided by the education institution where an applicant took the course. To determine whether a particular course meets a prerequisite requirement, applicants should reference equivalency charts prepared by the Office of Admission from the COM's common feeder schools or may request more information from the Office of Admission.

The number of units listed below for prerequisite requirements is the minimum number of units required in each subject area. Different education institutions use different systems for determining the number of units for similar courses. Generally, each semester is equivalent to 1.5 quarter units and applicants to the COM must fulfill either the number of quarter units or semester units stated in the chart. In special circumstances where a course taken does not fit the traditional quarter or semester system, the COM Admissions Staff ("Admissions Staff") may review the course syllabi and course descriptions to ensure the applicant has learned the necessary content for each subject area.

Prerequisite Course	Semester Hours	Quarter Hours
Behavioral Sciences	4	6
Human Biology	8	12
Inorganic or General Chemistry	4	6
Organic Chemistry	8	12
Physics	8	12
English (e.g. Composition/Literature)	6	9

Additional college courses that are recommended but not required include: Anatomy, Physiology, and Biochemistry.

### C. Prerequisite Coursework Requirements

The following requirements apply to all prerequisite coursework identified in section V.B., above:



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### *1. Must Be Taken at Accredited College or University*

All prerequisites must be completed at an accredited four-year undergraduate university, four-year undergraduate university extension program or two-year community college located in the United States prior to enrollment in the COM. For international students, please see separate provisions in this policy applicable to international coursework.

### *2. Deadline for Prerequisite Completion*

Applicants must complete or plan to complete all prerequisites prior to July 1 preceding enrollment in the COM, unless an exception is approved by the Dean's Office.

### *3. Letter Grade of C or Better Required;*

Students must earn a minimum grade of at least a "C" or higher to satisfy completion of each prerequisite course. Grades of "C-", pass/no pass, credit/no credit will not be accepted.

### *4. Distance Learning/Online Coursework*

Generally, distance learning or online courses taken with accredited institutions are not acceptable for most prerequisite requirements.

### *5. Advanced Placement Courses to Satisfy Prerequisites*

Prerequisite course credit for Advanced Placement ("AP") examinations taken in high school is not offered at CHSU-COM.

### *6. Courses Must Be Taken Ten (10) Years or Less Prior to Enrollment*

Generally, all applicants must complete all prerequisite requirements within ten (10) years or less prior to enrollment in the COM. Applicants who have taken prerequisite courses more than ten (10) years prior to enrollment in the COM may be required to repeat that coursework prior to matriculation.

## **D. Bachelor's Degree Required**

To be eligible to apply to the California Health Sciences University, College of Osteopathic Medicine program, a bachelor's degree (B.S. or B.A.) is required. For applicants that will have earned a bachelor's degree prior to enrollment, any undergraduate major is considered but a strong science background is essential. However, in all cases, in order to be eligible for admission, an applicant must satisfactorily complete a minimum total of 108 quarter units or 72 semester units of academic coursework at an accredited college or university in the United States or an equivalent



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foreign university prior to enrollment in the COM. Prerequisite courses will count towards the minimum number of units required.

### **E. MCAT Examination**

To be eligible for admission, all applicants must have achieved a competitive test score on the Medical College Admissions Test (“MCAT”). Only MCATs taken within the past three (3) will be eligible to satisfy this requirement.

### **F. English & Other Language Skills**

The ability to express oneself in both oral and written English is essential to the practice of Osteopathic Medicine in the United States. Accordingly, the COM requires that all students be able to clearly communicate both orally and in writing in English.

Additionally, proficiency in a different language is a skill highly desirable for practicing physicians to allow them to communicate effectively with diverse patient populations. This skill is especially needed to address the needs of disadvantaged patient populations located in California’s Central Valley. Accordingly, an applicant’s proficiency in a language other than English, demonstrated by the applicant’s native language skills or by foreign language course work, is preferred by the COM but not required.

### **G. Admissions Process and Requirements**

The following steps comprise the COM’s admissions process:

- AACOMAS Primary Application Submission;
- Primary Application Review and Invitation to Complete Supplemental Application;
- Candidate Interview Offer and Interviewers Recommendation;
- Admissions Committee Post-Interview Discussion and Recommendations to the Dean;
- Dean’s Admission Decision.

Each of the above steps in the admissions process are described below. Additionally, below is a graphic summarizing the admissions process:

# COM Admissions Process

**1**

**AACOMAS Primary Application Submission**

**2**

**Primary Application Review**

**3**

**Invitation to Complete Supplemental  
Application**

**4**

**Review of Supplemental Application**

**5**

**Offer for Interview**

**6**

**Interview on Campus**

**7**

**Admissions Committee Review and  
Recommendation to the Dean**

**8**

**Dean Makes Final Admission Decision**



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### i. AACOMAS Primary Application Submission

Applicants must first complete a **primary application** through a convenient and centralized online application service, American Association of Colleges of Osteopathic Medicine Application Services (“AACOMAS”), available to all accredited osteopathic medical schools. AACOMAS allows prospective students to complete one application that is verified and subsequently distributed to all osteopathic colleges the applicant has designated. Applicants for admission to the COM are required to submit an application with all of their enclosures through AACOMAS at [www.aacom.org](http://www.aacom.org). Applicants who need to complete paper applications as an accommodation due to disability should contact the COM’s admissions office for more information.

Applicants are required to submit all coursework transcripts, MCAT scores, final transcripts verifying all completed coursework, submit letters of recommendation, a personal statement and an application fee through AACOMAS.

For additional information, applicants can go to [www.AACOM.org](http://www.AACOM.org) or call: (617) 612-2889.

### ii. Primary Application Review and Invitation to Complete Supplemental Application

Once CHSU-COM has received the applicant’s primary application from AACOMAS the applications are screened by the Office of Admissions Staff (“Admissions Staff”) for minimum initial requirements prior to an invitation to complete a supplemental application. These minimum requirements include all of the following:

1. Overall cumulative grade point average (GPA) of 3.0 or higher (on a 4.0 scale).
2. To be competitive, students should have a prerequisite GPA of 3.30 or higher (on a 4.0 scale).
3. GPA calculations will be based upon all courses completed at the time of application.
4. If a student has retaken a course multiple times, all grades received for that course will be accounted for in calculating cumulative GPA.
5. MCAT score of 496 or higher.
6. No score for MCAT sub-sections lower than the 15th percentile.

Applications that meet the minimum initial requirements will receive an email containing login instructions and information on how to complete and submit the supplemental application. The supplemental application will include essay and other questions that may assess the applicant’s



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knowledge of CHSU-COM's mission and values, as well as their knowledge on topics related to healthcare.

All supplemental application requirements will be published by the COM prior to each admissions application cycle.

Only those applicants invited to move on to a Supplemental Application will be required to participate in the CASPer Assessment Program. The CASPer test is an online screening tool designed to evaluate key personal and professional characteristics that make for successful students and graduates. Results from the CASPer exam are not solely determinative of whether an applicant will be admitted or denied admission and it is one of several tools which the COM uses to make admissions decisions. The applicant is responsible for paying both the CASPer test fee as well as the fee for the results to be distributed to the COM. Use of the CASPer increases fairness in applicant evaluation by providing the admissions committee with an additional measure of traits such as professionalism, ethics, communication, and empathy.

After the applicant completes the Supplemental Application, the applications are forwarded to the Admissions Staff. Admissions Staff will review the application in a holistic manner to determine if the applicant has the academic ability and experiences to succeed in osteopathic medical school. Specifically, the Admissions Staff will look at whether the application shows evidence of Non-Academic Factors which support the application.

Based on this review the COM's Admissions Staff will determine whether the applicant will be invited to CHSU for an interview.

### **iii. Candidate Interview Offer and Admissions Committee Recommendation**

CHSU's College of Osteopathic Medicine uses an interview process to make determinations regarding admissions.

The interview will be completed in-person by one or more members of the faculty. The Interviewers will only receive the student's curriculum vitae ("CV") and personal statement from the supplemental application before the interview. The purpose of the interview is to assess oral communication skills, writing skills, leadership skills, professionalism, teamwork and the applicant's potential to be an osteopathic physician. The interview will also assess an applicant's ability to complete the program successfully and advance in the field of Osteopathic Medicine as a contributing member of a patient care team.

If an applicant is offered an interview, the applicant will be provided several interview dates from which to choose. All travel arrangements will be at the applicant's own cost.



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The Interviewers will score the applicant's interview and forward their findings to the Admissions Staff. The Admissions Committee will review the entire Admissions File for each applicant and will make recommendations regarding admission of each applicant to the Dean for final decision. These recommendations will be either to: 1) accept; 2) place on a waiting list; or 3) not accept.

### **iv. Dean's Admission Decisions**

The Dean makes all final admission decisions. The Dean will notify in writing those applicants to be accepted to the COM. The Admissions Staff will notify in writing those applicants who have been placed on a waiting list and those who have not been accepted for the current admissions cycle.

The Admissions Staff will maintain a list of highly competitive applicants who would otherwise be accepted except for the fact that the class is full. Those waiting list candidates will be called by the Admissions Staff whenever a vacancy occurs up to the first day of COM orientation for the new academic year.

### **v. Registrar Verification**

After the admission decision is made and prior to the student's matriculation in the D.O. program, the University Registrar will confirm all final transcripts have been received by CHSU and prerequisite coursework has been completed. All information provided by applicants will be verified and applicants are expected to be honest regarding the information provided throughout the admissions process. Failure to provide honest responses is grounds for rejection of the application, rescission of an offer of admission or, after matriculation, expulsion from the COM.

## **VI. MINIMUM TECHNICAL STANDARDS FOR THE D.O. PROGRAM**

All applicants are required to comply with the Technical Standards for the D.O. program.

The California Health Sciences University acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and PL 11-336, the Americans with Disabilities Act (ADA) 19903, and requires minimum technical standards be present in students accepted into the Doctor of Osteopathic Medicine (D.O.) program.

The program at CHSU is a rigorous and challenging academic program that requires students to possess specific characteristics and abilities within the cognitive, affective and psychomotor domains, referred to here as technical standards. An applicant or student must be able to combine



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the functional use of visual, auditory and somatic senses to observe and demonstrate professional knowledge and skills presented in the classroom, laboratories and practice settings.

Conferring the D.O. degree on a student graduating from the COM indicates that each student has demonstrated that they have acquired and can apply the knowledge and professional skills essential to the roles and functions of a practicing physician.

The acquisition and application of these skills ensure the safety of patients served by the student and physician. Therefore, each student must be able to demonstrate proficiency in these skills with or without reasonable accommodation. These skills are as set forth below in the following Technical Standards that each student must possess in order to successfully complete all of the academic/curricular requirements for the D.O. degree.

The CHSU Admissions Committee reserves the right to deny admission to any applicant who cannot meet the Technical Standards as set forth below, with reasonable accommodations, as determined by the application process, interview and student disclosure. Every applicant is considered without regard to disability. Applicants are not required to disclose the nature of their disability(ies), if any, to the Admissions Committee. Any applicant with questions about these technical standards is strongly encouraged to discuss his/her specific issue(s) with COM Student Affairs prior to the interview process. If appropriate, and upon the request of the applicant, reasonable accommodations will be provided. Once admitted to the program, students will be expected to maintain the technical standards and demonstrate them through their coursework, interaction with peers and faculty, and in their professional experiences throughout the program. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but a student in the Doctor of Osteopathic Medicine program must be able to perform in an independent manner. Students who fail to demonstrate the technical standards while in the program will be evaluated and appropriate action (e.g., remediation, counseling, or dismissal) will be taken. Because this expectation is separate from academic achievement, simply maintaining a passing GPA is not sufficient to prevent a student from being dismissed from the program. Furthermore, the College of Osteopathic Medicine reserves the right to dismiss any student from the program who either fails to disclose information relevant to their qualifications under the Technical Standards or falls out of compliance with the Technical Standards after admission to the program.

### **A. Observation**

A student must be able to observe a patient accurately at a distance and close at hand, noting nonverbal as well as verbal signals. The student must be able to observe and interpret presented information. Specific vision-related requirements include, but are not limited to the following



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abilities: visualizing and discriminating findings on monitoring tests; reading written and illustrated material; discriminating numbers and patterns associated with diagnostic and monitoring instruments and tests; reading information on a computer screen and small print on packages or package inserts; distinguishing shapes, colors, markings, and other characteristics of small objects.

Observation requires not only the functional use of the sense of vision, but other sensory modalities as well such as hearing and other somatic senses. For example, observation can be enhanced in some situations by the use of the sense of smell.

### **B. Communication**

An osteopathic medicine student should be able to speak, hear and observe patients and other health care professionals in order to extract both verbal and non-verbal information, and must be able to communicate effectively with and about patients. Communication (in English) includes speech, reading, writing and computer literacy. The student must be able to perceive and respond appropriately to all types of communication (verbal, non-verbal, written) with faculty, staff, peers, patients, caregivers, family of patients, the public, and all members of the health care team.

Specific requirements include, but are not limited to, the following abilities; reading, writing, speaking and comprehending English with sufficient mastery to accomplish didactic, clinical and laboratory curricular requirements in a timely, professional and accurate manner; eliciting a thorough medical history; and communicating complex findings in appropriate terms that are understood by patients, caregivers, and members of the healthcare team.

Each student must be able to read and record observations and care plans legibly, efficiently and accurately. Students must be able to prepare and communicate concise but complete summaries of individual activities, decisions and encounters with patients. Students must be able to complete forms and appropriately document activities according to directions in a complete and timely fashion.

### **C. Sensory and Motor Coordination and Function**

Osteopathic Medicine students must have sufficient motor function to elicit information by palpation, auscultation, percussion, as well as other diagnostic and therapeutic maneuvers.

Basic laboratory skills to accomplish basic practice tasks utilizing both gross and fine motor skills, include but are not limited to: being able to perform basic laboratory tests (urinalysis, CBC, blood glucose testing, etc.), carry out diagnostic procedures (suturing, endoscopy, paracentesis, etc.) as well as read and interpret EKGs, X-rays and ultrasound images. Other



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motor activities include performing first aid and/or cardiopulmonary resuscitation in the clinical setting. Students must be able to transport himself or herself to off-site clinical settings in a timely manner.

Osteopathic Medicine students must be able to execute motor movements reasonably required to provide general care, osteopathic manipulation treatments and emergency treatments to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, opening of obstructed airways, the Heimlich maneuver and performance of basic obstetric maneuvers.

Such actions require coordination of both gross and fine muscular movements, the ability to stand and equilibrium with the functional use of the senses of touch and vision. Students must be able to lift a minimum of 40 lbs. and stand for a minimum of one hour.

### **D. Intellectual, Conceptual, Integrative, and Quantitative Abilities**

A student should possess sufficient intellectual, conceptual, integrative and quantitative abilities to complete a rigorous and intense didactic and experiential curriculum.

Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, students must be able to comprehend three-dimensional relationships and to understand the spatial relationship of structures. They must be able to sit in a classroom and participate in a full eight-hour day. The practice of medicine requires periods of distinct concentration in surgery, trauma, emergency room care and other patient settings. Osteopathic Medicine students must be capable of extended periods of intense concentration and attention.

Students must be able to retain and recall critical information in an efficient and timely manner. Students must be able to identify and acknowledge the limits of their knowledge to others when appropriate and be able to recognize when the limits of their knowledge indicate further study or investigation before making a decision. Students must be able to interpret graphs or charts describing biologic, economic or outcome relationships. They must be able to learn through a variety of modalities including, but not limited to, classroom instruction, small group activities, individual study, preparation and presentation of reports, and use of computer technology. Students are expected to be fully alert and attentive at all times in classroom and clinical settings.

### **E. Behavioral and Social Attributes**

Students must possess the physical and emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patients, and the development of effective relationships with patients.



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Students must adapt to changing environments and possess coping mechanisms to respond appropriately to continue functioning in the face of uncertainties inherent in academic and clinical environments. Qualities and characteristics that will be assessed during the admission and education process are compassion, integrity, concern for others, interpersonal skills, interest, and motivation. Students must recognize and display respect for differences in culture, values, and ethics among patients, faculty, peers, clinical and administrative staff and colleagues. Students must be able to identify and demonstrate appropriate behavior to protect the safety and well-being of patients, faculty, peers, clinical and administrative staff and colleagues. Students must also be able to handle situations appropriately and professionally when those situations may be physically, emotionally, or intellectually stressful, including those situations that must be handled promptly and calmly. At times, this requires the ability to be aware of and appropriately react to one's own immediate emotional responses and environment.

### **F. Ethical Values**

An applicant and student must demonstrate a professional demeanor, conduct and behavior that are appropriate to his or her standing in the professional degree program. This includes compliance with the administrative rules applicable to the profession of osteopathic medicine and honor codes of the College of Osteopathic Medicine and the California Health Sciences University. Under all circumstances, students must protect the confidentiality of any and all patient information in their professional and personal communications. Students must meet the ethical standards set forth in the profession of osteopathic medicine.

### **G. Osteopathic Skills Labs and Physical Diagnosis Laboratory Policies**

All lab courses that include osteopathic manipulation and physical diagnosis/clinical skills courses include demonstrations, practical laboratory experiences and clinical opportunities. These courses require the active participation of all students in the group setting where students, through the active and tactile examination of others along with reciprocal examination, will learn and demonstrate the ability to evaluate and proficiently treat future patients.

The training of an osteopathic physician requires the ability to perform tactile examinations and osteopathic manipulative techniques on members of the same and opposite gender. The training of an osteopathic physician also requires that students experience and understand tactile diagnostic exercise and manipulative treatment. All students are required to participate both as patients and as examiners in the osteopathic skills lab and physical diagnosis lab and examine and be examined by members of the same and opposite gender, including but not limited to nationalities, ethnicities and other diverse groups.



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As a graduate from the College of Osteopathic Medicine students have the ability to apply for licensure as a physician in all fifty states of the United States. The license is not restricted to any one particular gender, and therefore Osteopathic Medicine students must demonstrate the ability to practice medicine on both males and females.

In addition, students must be able to pass the requisite criminal background check, drug tests/screens, immunization/tests, and trainings required by, California law and/or California Health Sciences University College of Osteopathic medicine affiliated clinical training sites and their accrediting and/or regulatory agencies.

### **VII. TRANSFER APPLICANTS NOT ACCEPTED**

CHSU-COM does not currently accept transfer applicants.

### **VIII. DACA & INTERNATIONAL APPLICANTS**

#### **A. Deferred Action for Childhood Arrival (“DACA”) Applicants**

Deferred Action for Childhood Arrival (“DACA”) is an American immigration policy that allows certain undocumented immigrants who entered the country before their sixteenth (16<sup>th</sup>) birthday and who meet other restrictive criteria to receive renewable two-year work permits and exemption from deportation. CHSU welcomes applicants with DACA status to apply to its Osteopathic Medicine program. However, CHSU cannot guarantee licensure of DACA students by state licensing boards.

#### **B. International Student Applicants**

The COM does not sponsor visas for international applicants that require a visa to enter or remain in the United States.

International applicants who may lawfully enter or reside in the United States without the need for CHSU visa sponsorship are welcome to apply to the COM. However, the COM encourages all such applicants to communicate with the Osteopathic Medical Board of California to determine if they will be eligible to receive a license issued by that agency. Successful completion of the COM program does not guarantee all admitted students will receive such license. The COM will not be held liable to students who matriculate to CHSU and are later denied a California license for any reason, including, but not limited to, denial on a basis related to undocumented or other ineligible immigration status.

The COM accepts applications from international applicants. International students follow the same application steps as all other applicants applying to the D.O. program. International



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students who have completed a bachelor's degree in the United States will be exempt from the below requirements and will be subject to the same admissions standards as described above.

At this time CHSU does not offer English Language Services to international students and fluency in English is required of all students. No instruction will occur in a language other than English.

With regard to international students who have not completed a bachelor's degree in the United States, the COM will consider such application within the context of that applicant's home country's educational environment, subject to the following additional requirements:

- International applicants must provide official copies of academic records (translated into English if received in a foreign language) from all colleges or universities attended after high school or equivalent.
- International applicants with U.S. permanent resident status and/or naturalized citizenship and holders of international visas who complete prerequisite courses from outside the United States must either: (a) submit an official evaluation of their coursework and degree(s), if any, from the World Education Services ("WES") (<http://www.wes.org/>) to AACOMAS; or (b) submit an official evaluation of their coursework and degree(s), if any, from International Education Research Foundation ("IERF") at [<http://www.ierf.org/>] to CHSU. Students may be exempt from the WES or IERF requirements as determined on a case-by-case basis. To request exemption, the applicant must follow the procedures above under "Exceptions to Prerequisite Requirements."
- International applicants applying to attend CHSU who are from a country where English is not the primary language spoken must submit scores on the Test of English as a Foreign Language ("TOEFL"). These scores may be submitted through AACOMAS. Minimum TOEFL scores required for admission are as follows:

<u>TEST TYPE</u>	<u>SCORE</u>
Paper-Based TOEFL	550
Computer-Based TOEFL	213
Internet-Based TOEFL	100



## California Health Sciences University

### **IX. ARTICULATION AGREEMENTS AND PATHWAYS PROGRAMS**

The COM has not entered into any articulation agreements with undergraduate education institutions. CHSU has policies regarding articulation agreements and related pathways programs and the COM will abide by such policies in the future development of such programs.

### **X. RE-ADMISSION OF PRIOR CHSU COM STUDENTS**

Students who withdraw from CHSU-COM, regardless of the reason, may be considered for readmission upon re-application. This policy does not apply to students who have been dismissed for academic performance or misconduct. Students that have been dismissed from CHSU-COM for any reason may not seek readmission to CHSU-COM.

Applicants are required to comply with all of CHSU-COM's admissions requirements for non-readmission applicants. In addition, applicants must submit a letter to the CHSU-COM Admissions Department that includes the following information:

1. Reason for withdrawal
2. Status/activities/academic and professional pursuits since withdrawal
3. Reasons why the applicant should be considered for re-admission

All documents must be submitted at least 90 days in advance of the academic year during which the applicant wishes to re-enroll. The Admissions Committee will review the application for readmission and reserves the right to request additional supporting documentation. All applicants will receive written notification of the Committee's decision via email.

In all cases of re-admission, students must complete the program within the maximum length of time permitted by the COM Graduation Requirements.

CHSU-COM may, in its sole discretion, allow the student to re-enroll in the next class of the same program, with the same enrollment status, number of credits and academic standing as when he/she last attended CHSU-COM. The student may also request admission at a later date, so long as completion of the program occurs within the time frame required by CHSU-COM's accreditor, COCA, as explained above. If the school determines that the student is not prepared to resume the program where they left off, the school must make reasonable efforts to help the student resume and complete the program. Such reasonable efforts include, but are not limited to, providing a refresher course and allowing the student to retake a pretest, as long as such requirements do not place an undue hardship on the College. If reasonable efforts are unsuccessful or the school determines that there are no reasonable efforts that can be taken, the school is not required to readmit the student.



# California Health Sciences University

## **XI. DEFERMENT OF ADMISSIONS**

The COM does not permit the deferment of admission offers. An offer of admission applies only to the specific semester for which the applicant has applied. Applicants who are not able to attend the College of Osteopathic Medicine in the specific semester to which they have applied to and subsequently have been admitted in, will need to reapply for admission. Consequently, a student who was admitted to one semester may not necessarily be offered admission in another semester.

Under certain circumstances, an applicant's request for deferring admission may be considered on a case-by-case basis. Applicants seeking deferment must make such request following admission in writing to the Office of Admissions. Applicants may be required to submit relevant documentation supporting their deferment request. These requests will be forwarded to and then reviewed by the Admissions Committee. The Admissions Committee will make a recommendation regarding deferment to the Dean of the College of Osteopathic Medicine. Ultimately, these requests will be either granted or denied solely at the discretion of the Dean of the College of Osteopathic Medicine.

Applicants who have been granted deferment will not need to re-apply to CHSU and will be permitted to attend CHSU in the semester to which their admission has been deferred to. Deferred applicants must continue to meet all CHSU requirements during the entirety of the deferment period. Prior to enrollment, deferred applicants will need to comply with all admission criteria that were in place at the time they were initially offered admission into the College of Osteopathic Medicine, and not the admission requirements that are in place at the time the applicant actually attends CHSU.

## **XII. RETENTION OF ADMISSIONS RECORDS**

### **A. Applicants That Matriculate to CHSU**

The CHSU Office of the Registrar maintains a record for each enrolled graduate student at CHSU. Upon enrollment, the applicant file for each student will be maintained in the enrolled student's file maintained by the Registrar in accordance with the University's policy on record retention.

### **B. Applicants That Do Not Matriculate to CHSU**

Application materials submitted by applicants that were denied admission or who declined an offer of admission will be maintained by the COM's Admission office as follows:

- International Applicants: three (3) years from date of decision/declination;



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- All other Applicants: two (2) years from date of decision/declination.

Thereafter, the records will be shredded or otherwise disposed of in a manner that maintains confidentiality of the information in accordance with the University's policy on record retention.

### **XIII. ADDITIONAL ENROLLMENT REQUIREMENTS**

All offers of admission to the COM are conditional on meeting additional pre-enrollment requirements. All admitted students must meet the following criteria in order to enroll in the COM:

#### **A. Health Insurance**

As an institution dedicated to the study of health care, CHSU places a great emphasis on personal health and well-being. The CHSU requires that all students be covered by a comprehensive medical and prescription drug insurance plan as required by the CHSU Student Health Insurance Policy.

#### **B. Criminal Background Check and Drug Screening**

Clinical education sites require students to undergo a criminal background check and drug screening prior to participation in clinical education curriculum. Therefore, all admitted students must successfully complete a criminal background check and drug screening prior to enrollment in the COM. In addition, students must be able to pass the requisite criminal background check, drug tests/screens, immunization/tests, as these may be required by either California law and/or California Health Sciences University College of Osteopathic Medicine affiliated clinical sites and their accrediting and/or regulatory agencies.

Admitted students will need to complete both the criminal background check and the drug screening through an appropriate third-party agency. CHSU will provide all students the relevant information to be able to complete both the criminal background check and the drug screening. Once completed, the third-party agency will release the background check and drug screening results to the applicant and CHSU. The COM encourages all applicants with potential issues on their background checks to communicate with the Osteopathic Medical Board of California to determine if they will be eligible to receive licensure by that agency. The College cannot guarantee all admitted students will receive such license.

Acceptance to the program will become final once the Office of Admissions verifies that all required information has been received and that the outcome of the background check is satisfactory. After enrollment, background checks and drug screenings may be repeated for each



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student annually before the beginning of each academic year as needed to ensure eligibility for participation in experiential education curriculum.

The cost of initial and repeat background checks and drug screenings is the responsibility of the admitted or enrolled student.

### **C. Immunization Requirements**

Admitted students must comply with immunization requirements as they change from time to time as stated in the CHSU Immunization Policy. All immunization policies are established yearly by the University Office of Student Affairs (or designee).

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- Policy Owner: Dean of COM
  - Effective Date: 8/08/2018
  - Revised Date: 5/22/2019
  - Approval by Provost Date: 5/22/2019
  - Approval by the President Date: 5/22/2019



# California Health Sciences University

COLLEGE OF OSTEOPATHIC MEDICINE

CLINICAL EDUCATION ASSESSMENT AND COMPARABILITY PROCESS POLICY

## I. POLICY STATEMENT

The CHSU-COM has a rigorous and iterative process for assessment of its clinical education experiences and outcomes. This process ensures students have a robust clinical educational experience that meets the core educational learning objectives of the university and that is comparable across all core educational sites, regardless of where students train.

It is the policy of CHSU-COM that all student clinical education experiences are subject to CHSU-COM's Clinical Education Assessment and Comparability Process.

All Clinical Education experiences have a defined curriculum, uniform assessment tools and structured feedback mechanisms subject to monthly faculty and staff monitoring and subsequent annual review, by the curriculum committee and administration at the curriculum retreat.

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- Policy Owner: COM Dean
  - Effective Date: 8/13/2018
  - Approval by Provost Date: 8/13/2018



# California Health Sciences University

## COLLEGE OF OSTEOPATHIC MEDICINE CLINICAL EDUCATION POLICY

To accomplish the COM's mission, strong and valued partnerships have been established with highly regarded physicians, clinics and hospital systems in the Central Valley of California. CHSU has partnership agreements in place to assure all the third year core and selective clinical education clerkships will be completed in the California Central Valley, with a focus on clinical experiences serving these diverse populations including the underserved communities.

Students must be enrolled in clinical activities throughout the entire academic years of the third and fourth years. A clinical education curriculum has been established which students will follow, that ensures that students complete the entirety of their clinical education prior to graduation.

The COM Clinical Education staff, along with the student led rotations committee, will establish procedures to establish a clerkship lottery system whereby each student is assigned to local clerkship training sites. As part of the lottery, students will be surveyed in the second year for their input into desirability of specific locations.

Third and fourth year clinical education experiences will have opportunities for education in community health centers in a team-based, interprofessional care model. During core clerkships in the community students will also participate in on campus activity that include simulation, EPA assessment and OPP experiences.

Competency based formative and summative assessments of student performance will be utilized during clinical education, in addition to high-stakes end of clerkship content examinations.

The robust assessment and assurance of comparability across clinical education sites is delineated in separate policies and procedures.

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  - Effective Date: 8/20/2018
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  - Approval by Provost Date: 9/07/2018



# California Health Sciences University

## COLLEGE OF OSTEOPATHIC MEDICINE CLINICAL LEARNING AND PATIENT CARE POLICY

### I. PURPOSE

The purpose of this policy is to create clear standards regarding student supervision during the student's participation in the Clinical Clerkship Program during the student's 3rd and 4th year of attendance at COM. Clinical supervision of medical students is fundamental to safeguarding standards, professional expertise and the delivery of quality patient care. These standards will enable students to develop knowledge and competence, assume supervised responsibility and enhance patient safety in complex situations as well as to ensure osteopathic medical student safety.

CHSU's COM requires clinical supervision of osteopathic medical students as an integral part of patient care and will ensure that appropriate and experienced practitioners are selected for this role. The supervising physician will be ultimately responsible for ensuring medical student and patient safety during the student's clinical clerkships. Students in clerkship rotations are unlicensed and as a result supervising physicians must be engaged in all aspects of patient care including: oversight of patient histories and physicals, ordering labs and any form of imaging, prescribing, or during the performance of diagnostic and/or therapeutic procedures. Prior to beginning their clerkships, students will be notified to whom they directly report.

The Clinical Clerkship Program is designed to provide the student with knowledge in the following core areas: internal medicine, surgery, pediatrics, obstetrics/gynecology, behavioral medicine, and family medicine. The program has been organized to allow students completing their clerkships to have the greatest degree of educational exposure in a practical and clinical environment. Additionally, the clerkship allows students to develop expertise in the areas of patient diagnosis and management. Students will participate in a well-structured and systematic training experience in each particular clerkship, with experiences in Inter-Professional Education with health care colleagues in pharmacy, nursing and PAs. Students will comply with all requirements related to patient care as established by the host institution.

### II. CREDENTIALING OF PRECEPTORS

The Office of Clinical Education of CHSU will identify, verify and document the qualifications of each supervising preceptor. CHSU COM and each participating hospital will identify the personnel involved in the clerkship teaching programs, including administrative personnel. Scheduling and coordination of clerkship assignments will be through the Office of the Associate Dean of Clinical



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Affairs. Delivery of clerkship content, structure, and evaluation will be the responsibility of the supervising preceptors and appropriate departments of the hospital and approved by CHSU COM. On-site California Health Sciences University inspections by the Associate Dean of Clinical Affairs (or appointee) will be done periodically to ensure adequate student support and oversight is available at each clerkship site. The following are requirements for student clerkships:

- A.** Each clinical rotation will have an identified preceptor of record who acts as the responsible physician for the clerkship.
- B.** A licensed provider must supervise students at all times.
- C.** Students shall assume responsibility for and perform their assigned duties in accordance with CHSU and the training institution regulations.
- D.** Students shall not be permitted to accept financial compensation or any form of gratuity for any part of their participation in the clerkships.
- E.** Through their supervising preceptor, students may be assigned to specific patients. Emphasis will be placed on obtaining a history and physical examination (H&P), and palpation and structural components will play an integral part of the history and physical examination.
- F.** Student H&Ps should be reviewed and signed by the supervising preceptor.
- G.** Progress notes may be written by the students only under the direct supervision of the supervising preceptor. Progress notes must be signed within the time required by the rules and regulations of the training institution.
- H.** Students shall not order any examinations, tests, medications, or procedures. Students shall not write prescriptions for medication, devices, or anything requiring the authority of a licensed physician.
- I.** Attendance by students is required at all conferences, discussions or study sessions, and any other programs of an educational nature designed specifically for students at the institution. Students should document their attendance at such events. In addition, students should be encouraged to attend lectures for interns, provided these do not interfere with the clinical clerk's own program.
- J.** Students shall be required to participate in the utilization of osteopathic manipulative



## California Health Sciences University

treatment when ordered and supervised by the attending physician.

- K.** Students shall learn and perform procedures under appropriate and proper supervision, in those areas where the training institution regulations permit such instruction.

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  - Effective Date: 8/13/2018
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  - Approval by Provost Date: 9/12/2018



# California Health Sciences University

## 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.



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- 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.

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  - Effective Date: 10/06/2017
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  - Approval by President Date: 5/08/2019
  - Approval by Provost Date: 4/24/2019



# California Health Sciences University

## 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.



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### **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.*



## California Health Sciences University

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- Approval by President Date: 10/18/2017
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# California Health Sciences University

## COLLEGE OF PHARMACY

### GOVERNING STATUTE NUMBER 3

#### COLLEGE GOVERNANCE & 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 Pharmacy (COP), to foster and promote excellence in the academic environment at the COP, consistent with the COP's mission, vision and goals. Specifically, this governing statute delineates the nature and form of shared governance within the COP, defining guidelines for its organization and governance so that members of the Faculty may understand their responsibilities and perform their duties with respect to education, research, service, patient care and administration.

#### **II. SECTION 2: OFFICE OF THE DEAN**

The COP is led by the Dean, who serves as the Chief Academic Officer (CAO) of the COP. The Dean reports to the University Provost and must execute all duties in compliance with CHSU statutes, policies and procedures. The Dean is responsible for ensuring the leadership team and all academic units, offices, and departments are cohesive, and guided by the mission, vision and values of the college and University. Described in full in CHSU's applicable statutes and job description, the Dean's duties include, but are not limited to:

1. The Dean provides leadership and effective management to implement and realize the academic mission and strategic plan of the COP.
2. The Dean, in consultation with the Provost and with appropriate involvement of faculty, ensures the development of the curriculum of the COP and oversees the clinical experiences of students at the COP.
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 COP.
4. The Dean has the responsibility and authority for fiscal management of the COP's budget.
5. The Dean ensures that COP faculty and staff are effectively involved in meeting the accreditation standards that apply to the college and the University.

#### **III. SECTION 3: ADMINISTRATIVE OFFICERS OF THE COP**

The Dean of the COP, in consultation with the Provost, creates, modifies or eliminates administrative positions within the COP as needed to effectively and efficiently achieve the



## California Health Sciences University

mission, vision and goals, subject to constraints imposed by the approved college budget. The Dean appoints individuals with faculty rank as administrative officers. All COP administrative positions report to the Dean, unless otherwise directed by the Dean. The administrative positions of the COP as of the effective date of this policy are described below.

### **A. Executive Associate Dean**

The Executive Associate Dean (EAD) works with the Dean in providing administrative leadership for the academic and service missions of the college and works closely with the faculty and leadership team to ensure a progressive approach to the school's academic development. The EAD is the school's chief operating officer and ensures compliance with state, University, and school policies. Responsibilities include, but are not limited to, supporting the personnel directing experiential education, admissions, assessment, promoting relational coordination across departments and offices, collaborating with the College of Osteopathic Medicine leadership, and future CHSU programs, and other areas as needed.

### **B. Assistant/Associate Dean for Education**

The Assistant/Associate Dean for Education (ADE) is responsible for development of educational infrastructure and empowering faculty as scholarly educators by supporting the research, design, facilitation and assessment of curricula, courses and learning activities within the COP. The ADE promotes the dissemination of new knowledge and innovation in teaching and learning through collaborative scholarship.

### **C. Assistant/Associate Dean for Assessment and Program Excellence**

The Assistant/Associate Dean for Assessment and Program Excellence (ADAPE) provides guidance, advice and support in devising and implementing criterion-based assessments that will measure achievement of learning outcomes, and compliance with regulations and with current best practices. The ADAPE links quality, planning, analysis, budget, accreditation, and accountability in structure and processes to achieve the mission.

### **D. Assistant/Associate Dean for Student Affairs and Enrollment**

The Assistant/Associate Dean of Student Affairs and Enrollment (ADSAE) is primarily responsible for ensuring that pharmacy students develop personally and professionally through the program, from application to graduation. The ADSAE oversees recruitment and admissions, student support services, advising, and student organizations.



## California Health Sciences University

### **E. Assistant/Associate Dean for Interprofessional Community Engagement**

The Assistant/Associate Dean for Interprofessional Community Engagement (ADICE) designs, facilitates and improves community-engaged interprofessional and co-curricular experiences. The ADICE oversees that development of COP program learning outcomes focusing on interprofessional education and community/civic engagement.

### **F. Department Chair(s)**

To ensure efficient operation of the college, the Dean may create a department or departments within the college (per Governing Statute section II, 3.A). Each department is led by a Department Chair. The Department Chair is responsible for relational coordination with the COP Dean's office, administration of the department (e.g. budget) and faculty development within the tripartite CHSU mission. (e.g. annual performance reviews for faculty).

## **IV. SECTION 4: THE COLLEGE ADMINISTRATIVE COMMITTEE**

The College Administrative Committee (CAC) serves as the COP leadership team. The CAC is responsible for setting the strategic direction of the COP and is chaired by the Dean. It is comprised of college administrators and members, as appointed by the Dean. The CAC is tasked with collaborating with the Dean to achieve consensus on administrative matters of the COP.

The CAC deliberates and makes evidence-based decisions regarding the operations of the COP. Examples include, but are not limited to disposition of all recommendations made by standing or ad hoc faculty Committees, development of the annual budget recommendations and strategic planning activities, goals, and initiatives for the COP.

## **V. SECTION 5: ROLES, RIGHTS AND RESPONSIBILITIES OF THE FACULTY**

### **A. Faculty and Voting Faculty Defined**

1. The faculty of the COP includes all full-time, part-time, temporary or adjunct academic employees holding the rank of professor, associate professor, assistant professor or instructor.
2. The CHSU rules of order apply to all deliberations of the faculty. The Voting Faculty of the COP refers to all full-time faculty holding appointments at the rank of professor, associate professor, assistant professor or instructor, including administrative officers. Voting Faculty shall be empowered to vote on any proposal, resolution or referendum presented. Each Voting Faculty member is entitled to one vote.



## California Health Sciences University

### **B. Rights and Responsibilities of Faculty**

1. The faculty of the COP designs, delivers, and monitors the curriculum and establishes policies directly related to the educational process including, but not limited to: admissions requirements, curricular assessment, and graduation requirements. The faculty may make recommendations by submitting proposals through the appropriate college committee.
2. The Voting Faculty votes on proposals already channeled through college governance on the following matters: (1) admissions standards; (2) pre-requisites for admission to the COP; (3) modification of curriculum of the COP; (4) granting of the degree of Doctor of Pharmacy to those students who have fulfilled the requirements for that degree set by CHSU and the COP; (5) other initiatives that impact faculty, as determined by the Dean in consultation with CAC or Faculty Council; and (6) revisions to this governing statute.

### **C. Decision-Making**

Appropriate involvement in the decision-making process and communication of decisions is ensured through the responsibility charting (RACI – defining who is responsible, accountable, consulted and informed about decisions and actions) process. Use of the RACI for initiatives and decisions must be documented in the minutes of the relevant office, committee or working group. Decision-making is undertaken using the procedure described in the CHSU Standing Rules of Order (absentee voting may be accepted). Using this procedure, a vote is only taken when attempts at full alignment and consensus have not been successful, and the vote determines if a decision shall be accepted despite the lack of full consensus. In that case, the majority vote will determine the outcome.

### **D. All Faculty and Staff Meetings**

1. Faculty and staff will participate in meetings for the purpose of relational coordination and because decision-making impacts the COP as a whole. At a minimum, there will be at least four (4) meetings a year. Ad hoc meetings may be called as needed. Meetings are open to all non-Voting Faculty. The Dean shall preside over all Faculty meetings or may appoint a designee.
2. In voting matters, A quorum is defined as at least two-thirds (2/3) of the Voting Faculty.

## **VI. STANDING FACULTY COMMITTEES OF THE COP**

The membership of Faculty committees takes effect each year at the start of the fiscal year



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(July 1). A committee can add or change members, if approved by the Dean.

The CAC, in consultation with the Dean, is responsible for appointing faculty members, administrator or students to serve on committees. Faculty member appointments ensures equitable representation. The Dean selects one of the faculty member appointees to serve as chair of each committee. The Faculty Council elects its own chair from its membership.

College or University level administrators who serve on COP committees have no term limit. Faculty member committee appointments shall be for three-year, up to four years with staggered terms to ensure continuity. Students are appointed for four-year terms. When voting is required, the faculty members of each committee have one vote each. Each COP University administrator has one vote each, unless identified in the committee description as an ex officio member. The student members of each committee have one collective vote, to be determined by a majority of the student members. Committee chairs, in consultation with the Dean, may invite additional members to do the work of the committee as needed. Approved members will be able to vote. Committee charters must align with the CHSU and COP governing statutes.

The following are the standing faculty committees of the COP:

### A. Curriculum Committee (CC)

The CC is advisory to the faculty. The CC purpose is to review new and amended course proposals with corresponding syllabi, to annually review pertinent assessment outcomes in order to evaluate and recommend potential curricular or academic policy changes, to review and approve professional pre-requisites for admission in consultation with the Admissions Committee, and to periodically review the entire curriculum to identify opportunities for improvement. It initiates and acts upon items from within or outside its own membership, and considers and brings to the faculty for approval recommendations concerning curriculum, course content revisions, course designations, course prerequisites, and changes and requirements for the granting of the degree of Doctor of Pharmacy. To effectively assess the courses included in the curriculum, the CC will have access to all pertinent course materials and related assessment tools and data from responsible Faculty and administrators. The CC will work with the committees responsible for quality assurance, and department chairs to recommend and implement changes to the curriculum.

The CC shall meet at a minimum once per month and will be chaired by a COP faculty member.



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### **B. Co-Curriculum Committee (CCC)**

In collaboration with the CC, the CCC coordinates co-curricular activities with the curriculum and is advisory to the faculty and to the CAC. CCC proposes ideas, designs, strategies, and outcomes to be achieved in the areas of co-curricular student activities, student professionalism and student leadership. Activities under the purview of CCC are focused primarily on achieving the colleges program learning outcomes.

The CCC shall meet at least twice per semester and will be chaired by a faculty member.

### **C. Admissions Committee (ADC)**

The ADC is advisory to the faculty, the CAC and the Dean regarding recruitment and the student admissions process. The ADC will provide recommendations to the CAC and faculty regarding the COP admissions standards, pre-requisites for admission, the student interview process and recruitment strategies. The ADC is responsible for the review the application materials of students interview students in accordance with the established COP procedures and recommend to the Dean which applicants should be admitted. The Dean will make the final decision on admission of students to the COP based on these recommendations.

The ADC shall meet as often as necessary to conduct its business and be chaired by a faculty member. Staff members vote only on non-admission decisions of the ADC on other committee- related decisions.

### **D. Academic Performance and Standards Committee (APSC)**

The APSC is advisory to the Dean. The APSC evaluates individual cases of student academic and/or professional deficiency in accordance with the COP academic probation, progression and remediation policies, to formulate student-specific remediation and/or curricular modification strategies. The APSC will provide guidance and resources to students needing additional support throughout the program to promote their ultimate success. The APSC also recommends dismissal of students to the Dean.

The APSC shall meet as often as necessary to conduct its business and will be chaired by a faculty member.

### **E. Assessment Committee (ASC)**

The ASC is advisory to the faculty, the CAC and the Dean. The ASC purpose is to manage and assure the implementation of a comprehensive system of outcomes assessment and program improvements for programs offered by the COP, in accordance with the CHSU institutional assessment plan. ASC prioritizes and makes



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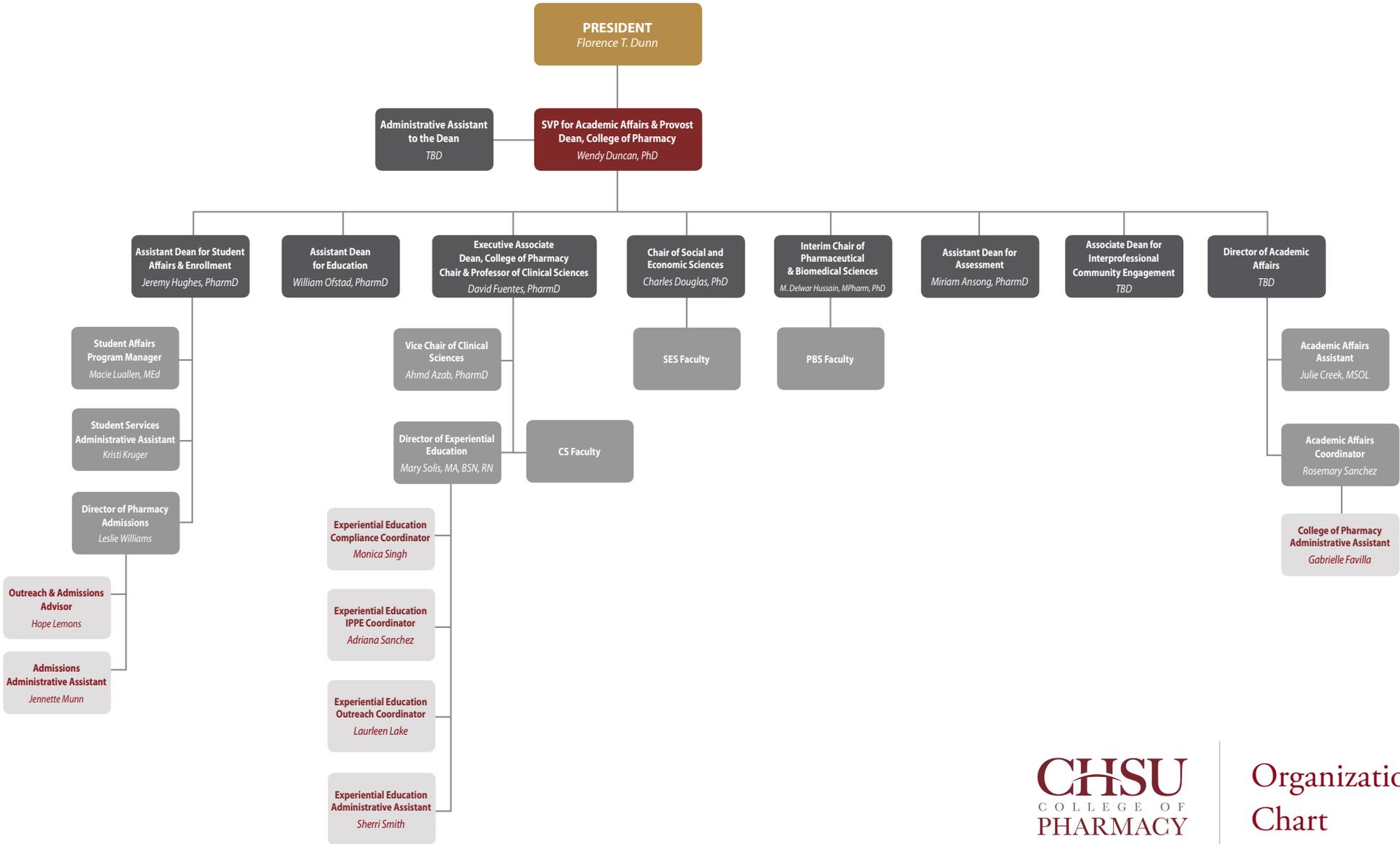
recommendations for the implementation of college specific performance management activities, such as quality improvement projects, institutional assessments and strategic key initiatives. It monitors COP compliance with the accreditation standards established by the Accreditation Council for Pharmacy Education (ACPE).

The ASC shall meet at least monthly and be chaired by a faculty member.

### F. Faculty Council (FC)

The FC purpose is to serve as a liaison between COP Faculty and the CAC in matters pertaining to the faculty experience at CHSU, and to foster opportunities for growth and advancement among COP faculty. The FC assists faculty members with the promotion process, providing peer guidance and advising on strategies for meeting promotion requirements, including oversight of the optional midpoint review process according to the COP Promotion Policy. The FC consists of one elected member from each department, plus a chair, elected by the faculty as a whole. FC shall consist of one member elected from each department plus a chair elected by the faculty. The FC shall meet at least once per semester.

- 
- Policy Owner: Dean of COP
  - Effective Date: 3/27/2018
  - Revised Date: 5/30/2019
  - Approval by President Date: 6/10/2019
  - Approval by Provost Date: 6/04/2019



# Organizational Chart

Updated 07/09/2019



# California Health Sciences University

## COP STUDENT GRADE APPEALS POLICY

A student may file an appeal if he/she disputes a final course grade. The student must initiate a formal grade appeal process using the Course Grade Appeal form and submit the completed form to the course director within ten (10) business days of the grade being posted. The grade appeal form is located on the CHSU web site. The course director shall respond to the student in writing using the submitted Course Grade Appeal form within five (5) business days. If the appeal is not resolved to the student's satisfaction, he/she can submit the appeal form to the Department Chair within two (2) business days of receiving the decision of the course director. (NOTE: If the failed course is an IPPE or APPE rotation, the appeal goes to the Assistant Dean for Experiential Education rather than the Department Chair) The Department Chair (or Assistant Dean for Experiential Education) shall consider the appeal, after discussing the appeal with the student and the course director, and render a written decision on the Course Grade Appeal form, which must be returned to the student within five (5) business days. (If the course director is the Department Chair, the student may appeal the decision made by the course director directly to the Dean.) The student may appeal to the Dean within two (2) business days of being notified of the Department Chair's decision to reject the appeal. The Dean shall meet with the student and the course director within five (5) business days to review the Course Grade Appeal form and any supportive documentation, discuss the reasons for the appeal, and render a final written decision. The Dean shall notify the student, the course director, and the Department Chair (or Assistant Dean for Experiential Education) of the final decision. If the grade appeal is upheld, the Dean shall notify the Registrar about any need to change the student's grade in official academic records. If the grade appeal is rejected by the Dean, the appeal process is thereby terminated. In all matters of grade appeal, the decision of the Dean is final. In the event that the Dean had been personally involved in the determination of the student's grade, or any other circumstance could reasonably be determined to constitute a conflict of interest that might undermine the Dean's ability to render an impartial decision, the Dean shall recuse and the final decision on the grade appeal shall be rendered by the Provost. Records of adjudicated grade appeals shall be retained by the Dean's office.

- 
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  - Effective Date: 12/07/2017
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  - Approval by President Date: 12/07/2017
  - Approval by Provost Date: 12/07/2017



# California Health Sciences University

## COP 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 acknowledgment 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 Professor.

### II. ELIGIBILITY

Faculty in the College Pharmacy are typically eligible to be promoted after having completed 5 years of service at CHSU at the current rank. A faculty member may initiate the promotion process at the start of the 5<sup>th</sup> 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 of the promotion process with the Dean. Any such agreements shall be documented in writing and a copy provided by the applicant to the Department Chair or immediate supervisor.

### III. PROCESS AND TIMEFRAME

#### A. Letter of Intent (No Later Than September 1)

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



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### **B. Submission of Dossier (No Later Than October 1)**

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 required promotion criteria have been met and some achievements may exceed the basic criteria. These guidelines are intended to help faculty effectively use the dossier as a tool to document and showcase their achievements in a clear, 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 may be in either digital form or paper. If printed, it should be provided in a 3-ring binder that is no more than 4 inches in width. If submitted as a binder, the contents must be secure so as not to fall out. Applicants are encouraged to use page protectors and labeled dividers. If paper copies are made, it is the responsibility of the applicant to ensure sufficient copies are available for mailing to external reviewers.

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 using the established CHSU format
6. Reports of the annual faculty performance evaluations conducted by the Department Chair or immediate supervisor (if available) for the past 3 years
7. The percentage of workload distributed between the promotion categories, Teaching, Research & Scholarship, and Service & Leadership
8. The dossier shall then be divided into 3 sections according to the 3 promotion categories: Teaching, Research & Scholarship, 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 expectations for promotion and the second list including achievements that exceed the expectations.
10. Following the 2 bulleted lists for each category, additional supporting documentation should be included, as follows:



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- Teaching
  - A statement of teaching philosophy
  - A list of all courses taught (with percentage involvement) over the past 3 years
  - Instructor (and rotation) evaluations from students for the past 3 years
  - Focus group results for the past 3 years, if available
  - Peer evaluations for the past 3 years, if available
  - A list of developmental or training activities designed 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 published articles (include impact factor and number of citations, if known)
  - A copy of any posters or abstracts presented, along with date, location and title of the conference
  - The title page from any books or book chapters published
  - A description of any grants, awards or research projects with a status update, including applicant's role in project (principal or co-investigator, or other)
  - 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



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- 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 (No Later Than October 15)**

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 equal numbers of members from the PBS and CAS departments if possible, but shall always contain at least one member from the applicant's department. If an insufficient number of at-rank faculty can 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 (No Later Than Nov. 1)**

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 no later than October 1. 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 no later than November 1.



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### **E. Selection of External Reviewers (No Later Than November 1)**

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 no later than December 15.

### **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, no later than January 15. 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, no later than February 15. 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 no later than March 15.

### **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.



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### H. Time Schedule of the Promotion Process

Person Responsible	Action	Due Date
Applicant	Applicant submits a letter of intent to apply for promotion to Department Chair or immediate supervisor and Dean	September 1
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.	September 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	October 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	October 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	November 1
Promotion Committee Chair	Promotion Committee Chair arranges for external review of the applicant's dossier by a suitable number of external reviewers	November 1
Promotion Committee Chair	The Promotion Committee Chair receives letters from external reviewers and includes them in the dossier.	December 15
Promotion Committee Chair	The Promotion Committee Chair provides written report of the committee's findings and submits it, along with the applicant's dossier, to the Dean	January 15
Dean	Dean provides a written recommendation and submits applicant's dossier with the promotion committee's recommendations to the Provost	February 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 on July 1	March 15



# California Health Sciences University

## **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 no later than August 1. 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, no later than December 1. 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 as evidence of compliance for promotion criteria. 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. 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) achievements that should be documented to meet the expectations for promotion, and 2) achievements that exceed the expectations for promotion and may be used as additional evidence to further justify promotion. Satisfactory evidence of "expected criteria" should be provided for the applicant to be granted promotion. Evidence of "exceeds criteria" may

be provided to strengthen the applicant's case for promotion, although an applicant who provides satisfactory evidence for all required criteria should be deemed worthy of promotion. Achievements used as evidence to justify promotion from Assistant Professor to Associate Professor cannot also be applied to promotion from Associate Professor to 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.



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In the event that the Promotion Committee finds some evidence of a required criterion to be equivocal, related achievements that exceed expectations may be taken into account overcome the equivocality. 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 achievements meet the basic expectations for promotion and should be used as evidence to justify promotion:**

- Didactic teaching load consistently meets standards for the position
- Experiential teaching load (if applicable) consistently meets standards for the position
- For faculty preceptors: rotation evaluations reflect student satisfaction
- 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 the past 3 years

**The following achievements exceed the basic expectations and may be used as additional evidence to justify promotion:**

- Recipient of teaching honor or award
- Didactic teaching load consistently exceeds standard for the position
- Experiential teaching load (if applicable) consistently exceeds standards for the position
- Written comments on course evaluations reflect significant student satisfaction
- Student focus group responses are distinctly positive
- For faculty preceptors: rotation evaluations reflect significant student satisfaction
- Develop and deliver a new course
- Distinct evidence of innovative teaching methods
- Peer faculty evaluations are highly rated
- Satisfactory completion of ACCP/AACP teaching certification program or other comprehensive teacher training program
- Serve as instructor for independent study courses or other elective courses
- Serve as course director
- Regular participation at in-house faculty development sessions on teaching
- Regular participation at off-site faculty development sessions on teaching



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- Hold current certification (MTM, Immunizations, etc.) consistent with practice or teaching needs

### **CATEGORY 2 – SCHOLARSHIP AND RESEARCH**

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

- Refereed Publications
  - Primary author (first, corresponding, or senior author) of at least one article published in a peer-reviewed journal
  - Primary or co-author of at least two other articles published in a peer-reviewed journal
- Poster presentation or Grant Submission
  - First or second author of at least two posters or abstracts presented at a state, national or international professional meeting
  - OR
  - Submission of at least one external grant application
- Speaker Presentation
  - Platform speaker on a professional subject at one local, state or national meeting
- Receive at least “meets requirements” for research and scholarship, as determined by the Department Chair or immediate supervisor for the past 3 years

**The following achievements exceed the basic expectations and may be used as additional evidence to justify promotion:**

- Include students in research or scholarly projects
- Include students in publications and/or scholarly presentations
- Authorship of additional articles published in a refereed journal beyond the minimum requirement of 3, including accepted article that are in press.
- Authorship of posters or abstracts at state, national or international professional meetings, exceeding the minimum requirement of 2
- Platform speaker presentations at a state or national professional meeting, exceeding the minimum requirement of 1
- Round table discussion leader at a national professional meeting
- Recipient of research grant as an investigator, co-investigator, or consultant
- Authorship and submission of a research grant, not approved
- Authorship of a professional or continuing education article in a non-refereed publication
- Authorship of a book or a chapter of a book



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- Serve as editor of a professional textbook, journal or newsletter
- Conduct ongoing basic, applied or clinical research
- Conduct collaborative scientific research with outside entities
- Develop and implement new treatment or practice protocols

### **CATEGORY 3 – SERVICE AND LEADERSHIP**

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

- 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
- Participate in student assessment activities outside of curricular coursework
- Participate in recruitment, interview and assessment of faculty candidates
- Participate in admission interviews of student applicants
- Maintain active membership in at least one state or national professional organization
- Serve as an advisor to assigned students
- Actively mentor students in academic, professional and/or research activities
- Regularly attend student functions and activities
- Regularly participate in or support at least one student organization
- Receive at least “meets requirements” for each of the criteria assessed under organizational duties, as determined by the Department Chair or immediate supervisor for the past 3 years
- Receive at least “meets requirements” for leadership and administration (if applicable), as determined by the Department Chair or immediate supervisor for the past 3 years
- Receive at least “meets requirements” for practice (if applicable), as determined by the Department Chair or immediate supervisor for the past 3 years
- Establish meaningful goals annually and make reasonable progress toward achieving goals, as determined by the Department Chair or immediate supervisor for the past 3 years

**The following achievements exceed the basic expectations and may be used as additional evidence to justify promotion:**

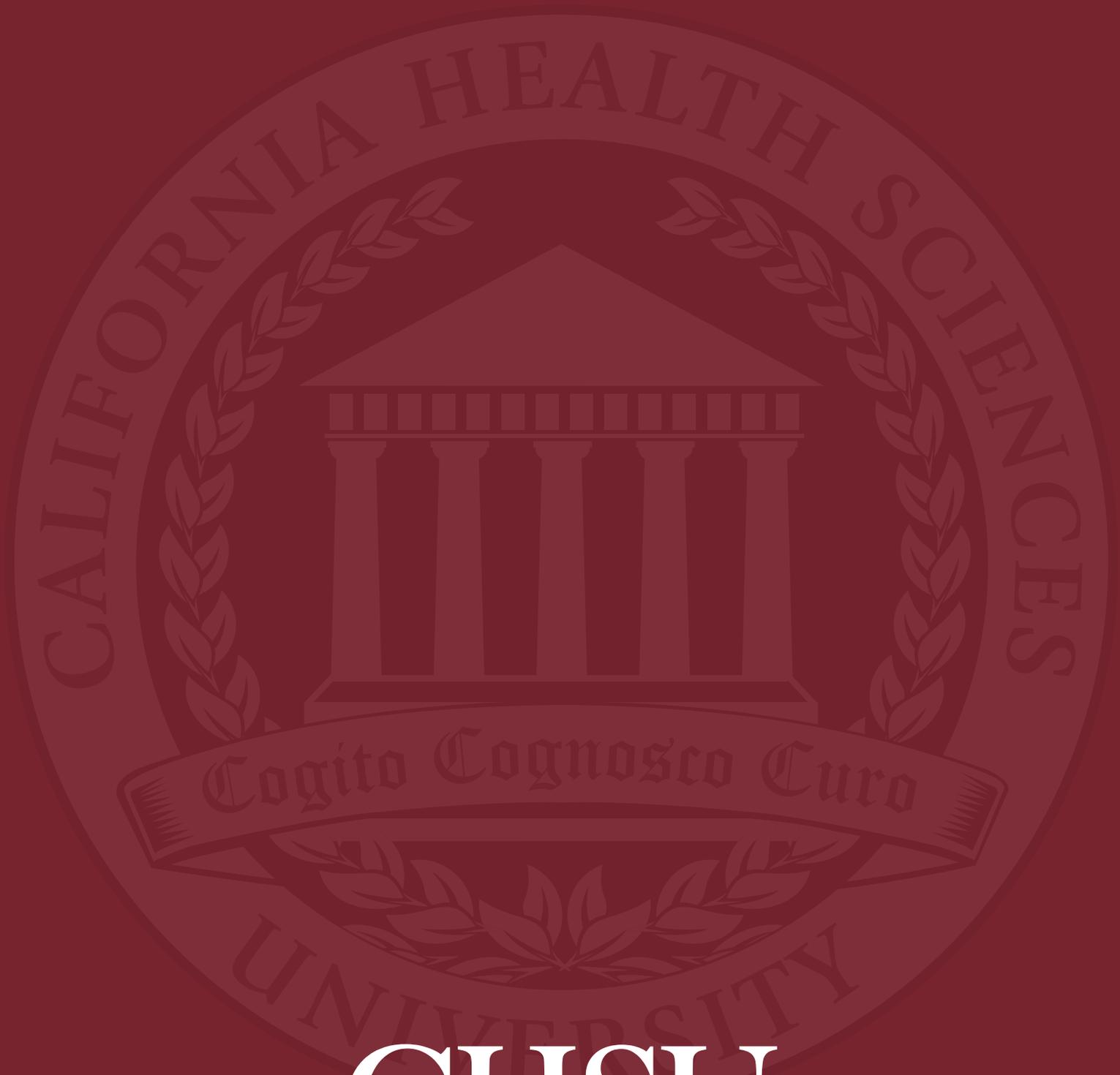
- Develop innovative practice models that are reproducible and sustainable
- Hold current advanced certification or credentials (such as BCPS, CDE, etc.) consistent with practice or teaching needs



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- Hold office with a local, state, or national professional organization
- Serve on a committee of a local, state or national professional organization
- Receive honors or awards consistent with the CHSU mission
- Serve as chair of a college or University committee
- Serve as a reviewer or editorial advisor for a refereed journal
- Serve as an elected delegate for a state or national professional organization
- Provide presentations to area civic organizations
- Serve as a judge or consultant for state or national student competitions
- Actively participate in community engagement or service activities
- Actively serve as a faculty mentor
- Serve as advisor to a student organization
- Serve as a class advisor
- Deliver faculty/preceptor development or certification programs

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# CHSU

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